Clinical Psychology Review 122 (2025) 102669

Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev

Review

Burnout as experienced by autistic people: A systematic review

Dorota Ali [a,1], Mackenzie Bougoure [b,*,1], Brodie Cooper [b], Alice M.G. Quinton [a], Diana Tan [d], Jack Brett [b], William Mandy [c], Murray Maybery [b], Iliana Magiati [b], Francesca Happé [a]

[a] Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK
[b] School of Psychological Science, University of Western Australia, Western Australia, Australia
[c] Department of Clinical, Educational and Health Psychology, University College London, UK
[d] Maquarie School of Education, Macquarie University, New South Wales, Australia

ARTICLE INFO

Keywords:
Autism
Autistic burnout
Burnout
Mental health
Well-being

ABSTRACT

'Autistic burnout' is described as a debilitating state of exhaustion experienced by autistic people due to living in a world that often lacks accommodations and understanding of their needs. This systematic review thematically synthesised research on how autistic people understand and experience burnout. We reviewed 48 studies (30 qualitative, seven quantitative, and 11 mixed methods), which included approximately 4000 autistic people, predominantly featuring White, female, late-diagnosed autistic adults with at least average intellectual and/or verbal abilities. Our findings suggest that burnout, as experienced by these autistic people, consisted of debilitating exhaustion and increased disability, which could be chronic with intermittent crises. Sensory and social overwhelm, camouflaging, ignorance and stigma, everyday life challenges, and alexithymia contributed to burnout. Burnout held negative consequences for health and well-being, community involvement, and maintaining hope for the future. Having a more accurate framework for self-understanding, meeting the needs for rest, solitude, and sensory relief, and having individual and community support helped with recovery. Addressing burnout effectively will require individual coping strategies, clinical recognition, and broader societal awareness and acceptance of supporting diverse needs and ways of being. Future research should investigate burnout and its associated factors in more representative autistic samples.

1. Introduction

Autistic people,[2] particularly within online communities, have long described experiences of profound, chronic and/or acute forms of exhaustion and fatigue, commonly referred to as 'autistic burnout' (Mantzalas et al., 2022a). This term captures a uniquely distressing experience which is proposed to differ meaningfully from the burnout experienced by non-autistic people. Autistic burnout is understood as the consequence of the sustained effort required to navigate and survive in a predominantly non-autistic world that frequently neglects and invalidates autistic ways of being.

Historically, there has been a lack of research on, and clinical exploration of, burnout as experienced by autistic people, with the first study specifically on 'autistic burnout' published in 2020 by Raymaker and colleagues. In this study, Raymaker et al. (2020) thematically analysed interview data from 19 autistic adults and 19 social media documents. Based on their findings, they developed a working definition that distinguished 'autistic burnout' from other conditions such as depression. They defined 'autistic burnout' as "a syndrome [...] resulting from chronic life stress and a mismatch of expectations and abilities without adequate supports. It is characterized by pervasive, long-term (typically 3+ months) exhaustion, loss of function, and reduced tolerance to stimulus" (Raymaker et al., 2020, p. 140). Since the publication of this study, interest in understanding burnout in the context of autistic lives has grown.

Drawing (non-systematically) on some of the emerging studies, Mantzalas et al. (2022b) created a conceptual model of risk and protective factors associated with 'autistic burnout'. The proposed model maps relationships between measurable variables that can act as both protective and risk factors, depending on context. These include

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* Corresponding author.
E-mail address: mackenzie.bougoure@research.uwa.edu.au (M. Bougoure).

[1] Dorota Ali and Mackenzie Bougoure are joint first authors

[2] In this review, we used identity-first language (e.g. autistic adult, rather than adult with autism; Botha et al., 2023), while we acknowledge that the literature on language preferences is not consistent and there is no unanimous consensus (Dwyer, 2022).

https://doi.org/10.1016/j.cpr.2025.102669
Received 28 April 2025; Received in revised form 9 October 2025; Accepted 27 October 2025

personal demands (e.g., camouflaging[3]), personal resources (e.g., self-awareness), mental strain (e.g., anxiety), well-being (e.g., satisfaction with life) and social, demographic or environmental factors (e.g., discrimination; Mantzalas et al., 2022b). In the model, burnout is primarily characterised by symptoms of exhaustion and social withdrawal, and, at least implicitly, it is disassociated from other conditions (Mantzalas et al., 2022b).

In a scoping review of burnout experienced by disabled people (including, but not limited to, autistic people), Wolbring and Lillywhite (2023) employed the framework of Equity/Equality, Diversity and Inclusion, a policy framework used to improve work experiences of marginalised groups. They outlined several types of burnout, including occupational (resulting from barriers that disabled people may face at work), activist (stemming from the long-term stressors related to sustained activism), and life burnout (arising from systemic discrimination). The authors identified eight academic abstracts related to defining, measuring, or recovering from ‘autistic burnout’. While an important starting point for integrating these studies, their scoping review was limited to compiling scientific abstracts and did not specifically focus on autistic experiences.

Autistic people experience well-documented poor mental and physical health outcomes (Tafolla and Lord, 2024; Ward et al., 2023). In addition, multiple testimonies from autistic people describe the debilitating experiences and impacts of burnout (e.g., Higgins et al., 2021), with burnout being identified by the autistic and autism communities as a priority outcome to understand and measure in a recent participatory research study (Nicolaidis et al., 2025). Several studies suggest that psychosocial and societal pressures, including camouflaging, contribute to burnout (e.g., Mantzalas et al., 2022b; Zhuang et al., 2023). Burnout as experienced by autistic people, furthermore, does not appear to be specific to occupational stressors, and, thus, clarifying the factors that contribute to burnout as experienced by autistic people is crucial. Together, these highlight the profound impact of burnout on some autistic people and the pressing need for a comprehensive systematic synthesis of existing literature.

This systematic review contributes to this research area by identifying, thematically synthesising and conceptually mapping broad empirical research on burnout as experienced by autistic people, critically appraising study quality and findings, and identifying knowledge gaps to inform future research, policy development, and support initiatives. We were guided by the following research questions:

1. What are the characteristics of burnout as experienced by autistic people?
2. What factors are identified as contributing to burnout in autistic people?
3. What consequences are linked with burnout in autistic people?
4. What factors are identified as protecting autistic people from burnout?

A recent scoping review (Jahandideh et al., 2025) – published while our own systematic work was under peer review - has begun to map this field by narratively synthesising 12 empirical studies and two theoretical works focused explicitly on ‘autistic burnout’. A broader, more comprehensive and systematic review is needed, however, to provide a thorough and rigorous critical integration and appraisal of the evidence base and to systematically synthesize empirical findings beyond a scoping of the literature. From a research standpoint, a systematic synthesis encompassing a broader range of studies – including those that do not have burnout as the key area of investigation (for example, studies focusing on camouflaging) and studies that use alternative language to ‘autistic burnout’ (for example, fatigue) - can identify inconsistencies and drive targeted and relevant future burnout research. From a clinical and services’ perspective, comprehensively and critically integrating findings on the risk and protective factors implicated in burnout experienced by autistic people can inform appropriate formulations and supports. From a societal standpoint, synthesising and appraising findings on the factors that contribute to or protect against burnout in autistic lives can help drive support initiatives that seek to create environments and social settings (such as within school, work, or health systems) that minimise identified burnout risk factors.

2. Methods

The review was pre-registered with PROSPERO (ID: CRD42024520448) and was conducted and reported in accordance with the latest Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021).

2.1. Positionality and community involvement

The research team consisted of neurodiverse researchers, including an autistic researcher and a researcher with ADHD, both of whom have experienced burnout. Additionally, an autistic clinician with lived experience of autistic burnout was consulted throughout the review. The authors’ perspectives were primarily informed by the social model of disability (Oliver, 2013), the minority stress theory (Botha and Frost, 2018), and the neurodiversity paradigm (Kapp, 2020; Pellicano and den Houting, 2022).

2.2. Search strategy

With feedback from librarians at the King’s College London systematic review forum, a structured search strategy was developed and adapted for each of the four databases searched: Web of Science, PsycINFO, Embase, and MEDLINE (see Supplementary Material A).

Search terms involved the following combination of free-text terms in the title abstract or keywords fields: (“autis*” OR “asperger*”) AND (“burnout” OR “burn-out” OR “fatigue” OR “exhaust*”). The terms “fatigue” and “exhaustion” were included as synonyms for burnoutbecause autistic individuals often use them to describe their experiences of burnout. Autism-related search terms (“autis*” OR “asperger*”) were required in titles and abstracts. Burnout-related terms (“burnout” OR “burn-out” OR “fatigue” OR “exhaust*”) were searched across titles abstracts and full texts to capture studies discussing burnout related to autism even if not explicitly mentioned in the title

The initial database searches in Web of Science, PsycINFO, Embase, and MEDLINE were conducted on 8th April 2024. Google Scholar was also searched on the 2nd of July 2024 to identify emerging research. Finally, the searches were re-run on the 5th of March and 25th of July 2025 to ensure the review was current and updated. Backward and forward citation searches of the reference lists of the included studies supplemented electronic searches.

2.3. Inclusion and exclusion criteria

This review included peer-reviewed qualitative, quantitative, and mixed-methods studies reporting primary research data on burnout experienced by autistic people. DA and MB independently screened potentially relevant articles at the title, abstract and full-text stages based on the criteria in Table 1. Only publications in English were included due to a lack of translation resources. When an article was unavailable in English, we contacted the paper’s authors to request an English version. Date limits were not applied to the search.

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[3] We use ‘camouflaging’ as an umbrella term to describe a set of conscious or unconscious strategies autistic people are often pressured to use to hide their autistic traits as a way to navigate and manage in a predominantly non-autistic social world. These are also referred to as ‘masking’ (Pearson and Rose, 2021), ‘compensation’ (Livingston and Happé, 2017), and ‘adaptive morphing’ (Lawson, 2020) in the literature.

Table 1
Inclusion and Exclusion Criteria for Full-Text Screening.

Inclusion Criteria	Exclusion Criteria
1. Primary qualitative or quantitative research explicitly relating to burnout as experienced by autistic people. a) In quantitative studies, articles measure and report on burnout in the analyses/results. b) For qualitative studies, burnout is clearly identified as a key concept in the qualitative analyses/results section. In the case where burnout is mentioned or included among other experiences or factors (e.g., burnout and trauma), the experience of burnout should be clearly disaggregated from, or compared to, the other identified experiences/factors. 2. Studies must investigate burnout in autistic people who have a professional diagnosis of an autism spectrum condition or who self-identify as autistic. Studies which include both autistic people and non-autistic people in their sample must present burnout-related findings separately for autistic people. 3. Peer reviewed articles published anytime.	1. Articles do not report primary data (e.g., theoretical papers, systematic reviews, meta-analyses, commentaries, opinion articles, books, or book chapters[a]). 2. Grey literature: pre-prints, clinical evaluation reviews/reports, dissertations, and book chapters. 3. Qualitative studies where burnout may be mentioned in the analyses/ results' section, but where burnout is not a clear theme, subtheme, or concept. 4. Studies that report on burnout unrelated to autistic people, including those that report on burnout experienced by family members, teachers, and mental health professionals working with autistic people. 5. Studies that report on burnout in relation to autistic traits in the general population or in non-autistic samples, where there is no reporting of autism diagnosis status and/or identifying as autistic.
4. Available in full text in English.	6. Studies relating to non-human subjects.

[a] These papers were not retained for the review. However, we conducted forward and backward searching where appropriate to ensure that we did not miss any relevant papers.

2.4. Study selection

The complete study selection procedure is visually summarised in the PRISMA diagram (Fig. 1).

After the joint first authors completed the literature search, the references were imported to Endnote (version 20; Clarivate Analytics) before being imported to Covidence[4] (Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia. Available at www.covidence.org). Both lead reviewers screened all publications at the title and abstract stage. Where there were disagreements regarding the inclusion or exclusion of an article, it was retained for further scrutiny at the next stage. Next, both authors screened the full articles for potential eligibility. When required, arbitration was conducted independently by one or more co-authors before making a final decision.

2.5. Data extraction & synthesis

As the current review included both qualitative and quantitative data, an integrated approach to thematic synthesis was undertaken (Hong et al., 2017; Thomas and Harden, 2008) in which quantitative and qualitative data were synthesised through data transformation. This transformation involved 'qualitising' quantitative data, a strategy that entails narratively describing quantitative data (e.g., percentages, means, correlations, regression results) thematically to enable integration with the qualitative studies' findings.

The joint first authors conducted dual extraction to ensure consistency, with any discrepancies identified and resolved to maintain accuracy. Data extracted included: (1) publication details (authors, year, country), (2) participant characteristics, (3) study aims, design and methods, and (4) quantitative and/or qualitative findings (including themes, subthemes and direct participant quotes) on burnout, organised in relation to the review's main questions: (a) characteristics of burnout, (b) contributors to burnout (i.e., environmental, relational, and psychological contributors), (c) consequences associated with burnout (i.e., mental health, physical, socio-economic, and relational), and (d) protective factors or recovery strategies related to burnout.

Extracted data were uploaded to NVivo for thematic synthesis, which followed these stages: (a) line-by-line coding of findings, (b) organisation of codes into descriptive themes, and (c) development of analytical themes to address the review's specific research questions. DA conducted the initial coding, with draft codes reviewed and discussed with MB. The authors followed a cyclical process of refinement and reorganisation until the themes adequately captured the data.

Grounded in critical realism (Bhaskar, 2008), our thematic synthesis and analytical approach recognised that the researchers and the included studies original authors' lived and professional experience, perspectives, and beliefs inform the construction of knowledge. We used both an inductive and a deductive approach to thematically synthesising the data, coding in waves. The inductive side of the approach meant that, within qualitative and mixed-methods studies, we looked closely at exact quotations, evaluating the original authors' interpretations of them, as well as our own. The deductive side of the approach meant that we used established concepts, such as that of 'camouflaging', to understand the data. This allowed us to judge if a given concept supported the creation of a coherent and meaningful theme.

2.6. Quality assessment

Quality assessment of the included studies was conducted by the joint first authors using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2017), which has sound validity and reliability (Hong et al., 2017). This tool was chosen because it is designed to appraise studies of diverse designs, including qualitative, quantitative, and mixed methods studies (refer to Supplementary Table S1 for the quality criteria corresponding to each study design).

When appraising study quality using the MMAT, each study receives a rating of 'yes' if it meets a criterion, 'no' if it fails to meet the criterion, or 'can't tell' if there is insufficient evidence to make a judgement. Following the recommendations of Hong et al. (2017), we provided a detailed description of each criterion's ratings rather than calculating an overall quality score, allowing for a more comprehensive understanding of the included studies. Quality assessment was carried out independently by both lead authors. Any uncertainties or discrepancies in the quality appraisal ratings were discussed and resolved.

3. Results

3.1. Overview of included studies and participant characteristics

We identified a total of 3685 records through database searches, along with 25 records identified via citation searching (n = 24) and personal readings (n = 1). After removing duplicates (n = 1172), the titles and abstracts of 2538 articles were screened for eligibility, resulting in 196 articles selected for full-text review. Forty-eight studies that passed the full-text screening met the inclusion criteria (please see Fig. 1 for the PRISMA flow diagram).

Among the included studies (see Supplementary Table S2 for a summary of study and sample characteristics), the majority were qualitative (n = 30), while seven studies were quantitative and 11 employed mixed methods. Across these studies, 4053 autistic people were involved. The research was primarily conducted in the United Kingdom (n = 14) and Australia (n = 13), followed by Canada (n = 5), the United States (n = 5) the Netherlands (n = 3), Poland (n = 2), Sweden (n = 1), France (n = 1) and Israel (n = 1).

We organised the included studies into a 3-tiered system that evaluated the extent of focus on burnout. 14 papers were assigned to the

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[4] Covidence is a web-based collaborative software platform that streamlines the production of systematic and other literature reviews.

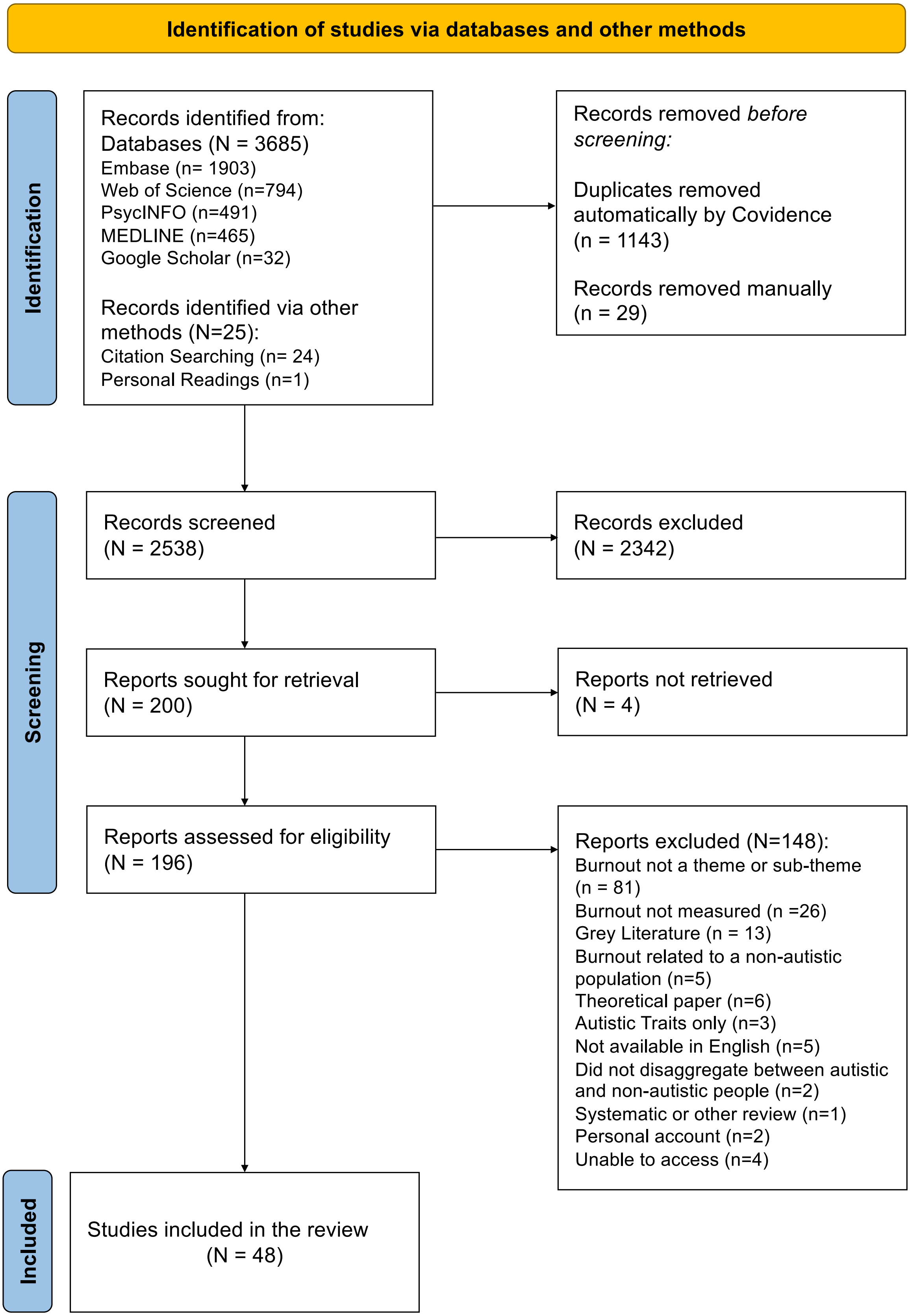

Fig. 1. PRISMA flowchart mapping included and excluded studies.

upper tier, indicating a strong emphasis on burnout. 20 were assigned to the middle tier, suggesting that while burnout was not the primary focus, it was measured alongside other variables or was a notable theme or sub-theme. Lastly, 14 studies were assigned to the lower tier, acknowledging that whilst the papers did not directly address burnout, it was a concept situated within broader themes (please see Supplementary Table S3 for a breakdown of the papers by ranking).

Based on the aggregated participant characteristics, most participants in the included studies were white, educated, female, and diagnosed later in life. Only two papers included individuals with intellectual disabilities, with three people reporting having an intellectual disability across all included studies. Seven studies involved autistic children or adolescents. As a result, most findings pertain specifically to the experiences of autistic adults diagnosed later in life. Most of the studies had autistic people reporting on their own experiences of burnout. Seven studies included other, or additional, informants: mothers/parents of autistic children (Ferguson et al., 2024; Ghanouni et al., 2021; Keville et al., 2021; McGuinness, 2021); supervisors, line-managers or other informants of autistic employees (Lee et al., 2025; Raymaker et al., 2023); and service providers working with autistic adults (Ghanouni et al., 2021; Zener, 2019).

3.2. *Methodological quality of included studies*

Most studies included in this review were qualitative ($n = 30$), and 93 % of these satisfied at least three of the five MMAT criteria, indicating generally good methodological quality. The most common limitations were that interpretations were not sufficiently supported ($n = 6$) and that the findings were not adequately derived from the data ($n = 5$). For quantitative studies ($n = 7$), three papers met at least three quality criteria, with the most significant issue being that they all lacked sample representativeness. For the mixed-methods studies ($n = 11$), ten met at least three criteria, reflecting strong quality overall. The primary methodological concern here was that several studies did not justify their use of a mixed-methods design. Across all studies, the majority met at least three of the five quality criteria, suggesting that most of the included literature demonstrated moderate to high methodological rigour.

3.3. *Thematic synthesis of findings*

The following sections, organised according to our research questions, provide a thematic synthesis of qualitative and quantitative findings. Please refer to Supplementary Tables S4-S7 for an overview of which studies contributed to each theme and Figs. S1- S4 for a visual representation of themes.

RQ.1: What Are the Characteristics of Burnout as Experienced by Autistic People?

Theme 1.1. A Condition of Debilitating Exhaustion That Leaves You "Drained, Depleted and Fatigued". Eleven qualitative (Ferguson et al., 2024; Gore et al., 2024; Grove et al., 2023; Keville et al., 2021; Mantzalas et al., 2022a; Murray et al., 2023; Phung et al., 2021; Raymaker et al., 2020; Smith et al., 2025; Welch et al., 2021; Zener, 2019), two quantitative (Arnold et al., 2023b; Mantzalas et al., 2024) and six mixed methods studies (Arnold et al., 2023a; Cage and McMenemy, 2022; Clarey et al., 2025; Higgins et al., 2021; Lee et al., 2025; Petty et al., 2025) contributed to the theme of the profound exhaustion autistic people experienced across contexts.

In relation to employment, many participants expressed their love, commitment, and interest in their work, along with the desire to contribute meaningfully. However, they also reflected on the significant stress, exhaustion, overwhelm, and burnout that accompanied their roles (Brouwers et al., 2024; Gore et al., 2024; Lee et al., 2025; Smith et al., 2025). A participant in Lee et al. (2025, p. 7) noted, *"…by the time I'd get home from work, there'd be nothing left for me really. And most of the time, I'd spend the weekends just recovering"*. Additionally, autistic working mothers described themselves as "burnt-out," "exhausted," "tired," and "overwhelmed" (Gore et al., 2024, p. 53).

The exhaustion associated with autistic burnout extended beyond occupational contexts to university settings, and private life (Cage and McMenemy, 2022; Clarey et al., 2025; Cundill et al., 2023; Ferguson et al., 2024; Grove et al., 2023; Mantzalas et al., 2022a; Phung et al., 2021; Welch et al., 2021; Zener, 2019). Regardless of context, autistic participants described being entirely drained of energy (Higgins et al., 2021; Mantzalas et al., 2022a; Raymaker et al., 2020). Participants were reported to describe their "*video game energy bar*" being drained (Higgins et al., 2021, p. 2360), that **"***[their] battery [had] run dry*" (Raymaker et al., 2020, p. 140), leading to being "*drained, depleted, and fatigued*" (Higgins et al., 2021, p. 2362). Mothers described their autistic children as "*exhausted*" and "*collapsed*" (Keville et al., 2021, p. 214). One person expressed that burnout was "*much more likely to be chronic and exhausting*" for autistic people than the burnout reported by non-autistic people (Murray et al., 2023, p. 226). Supporting this assertion, one mixed-methods study reported autistic students experiencing significantly higher levels of personal burnout compared to their non-autistic peers (Cage and McManemy, 2022).

Exhaustion was further captured as a core measurable component of burnout across psychometric studies. In the development of the Autistic Burnout Severity Items measure (ABSI; Arnold et al., 2023b), exhaustion was the most strongly endorsed characteristic, with the items "*I felt extremely worn out*" and "*I was mentally exhausted*" receiving the highest agreement among all survey items. Factor analytic testing revealed a four-factor structure of the ABSI, with one factor labelled 'Exhaustion' (Arnold et al., 2023b). Similarly, the AASPIRE Autistic Burnout Scale (ABM) by Raymaker and colleagues had a four-factor model (Mantzalas et al., 2024), which included the factor 'Avoidance and Exhaustion,' reflecting increased mental and physical exhaustion, with items such as "*I've felt more mentally exhausted than I usually do.*"

Theme 1.2. A Condition Where Loss of Existing Abilities Leads to (Increased) Disability. Seven qualitative (Bradley et al., 2021; Cundill et al., 2023; Ghanouni et al., 2021; Keville et al., 2021; Mantzalas et al., 2022a; Phung et al., 2021; Raymaker et al., 2020), four quantitative (Arnold et al., 2023b; Mantzalas et al., 2024; Pyszkowska et al., 2023; Schoondermark et al., 2024) and four mixed-methods studies (Arnold et al., 2023a; Clarey et al., 2025; Higgins et al., 2021; Ratto et al., 2023) contributed to this theme that focused on a loss of a wide range of abilities, resulting in a heightened level of disability.

The studies suggested that autistic people lose previously acquired abilities during periods of burnout. This loss encompasses the interconnected ability to process sensory stimuli and emotions, to think, and to perform everyday life activities. Some people described this phenomenon as becoming "*more autistic*" (Mantzalas et al., 2022a, p. 8), while others noted an increased visibility of "*autistic traits*" (Ghanouni et al., 2021, p. 7; Higgins et al., 2021, p. 2361) and experiencing "*autistic regression*" (Raymaker et al., 2020, p.135).

Subtheme 1.2.1. Unable to Process Sensory Stimuli. Autistic people reported a reduced tolerance to sensory stimuli during periods of burnout, including the sensory aspects of social interactions (Arnold et al., 2023a; Higgins et al., 2021; Mantzalas et al., 2022a; Raymaker et al., 2020). For some, this involved difficulty coping with, processing, and filtering out sensory information (Raymaker et al., 2020), making everyday tasks such as accessing public spaces, eating certain foods, attending social gatherings, or communicating with others challenging (Higgins et al., 2021; Mantzalas et al., 2022a; Raymaker et al., 2020). One person described having "*VERY low sensory tolerance*" and that "*many routine noises had become quite painful*", making it consequently "*VERY difficult and taxing to access public spaces, shopping, parks, and social gatherings*" (Raymaker et al., 2020, p. 136). Others stated they often "*can't step outside because the sun is too bright*", or feeling discomfort from "*rough fabrics*" (Clarey et al., 2025, p. 5). Within quantitative studies, participants highly endorsed items relating to sensory sensitivity, such as "*I found some of the following more distressing than usual: Sudden or loud noises, bright or flickering lights*" (Arnold et al., 2023a; Arnold et al., 2023b).

Subtheme 1.2.2. Unable to Process Emotions. For some autistic people, the inability to filter out sensory and social stimuli in the context of burnout appeared to increase difficulty coping with emotions and to trigger heightened stress responses – such as fight, flight, or freeze reactions (Grove et al., 2023; Higgins et al., 2021; Mantzalas et al., 2022a). Some participants described experiencing more frequent meltdowns ("*many artificial scents have started to make me MAD*"; Raymaker et al., 2020, p. 136), while others experienced shutdowns characterised by withdrawal and feeling "*completely emotionally numb*" (Higgins et al., 2021, p. 2361). Reflecting on these challenges, an autistic mother likened her emotional coping strategies to their child's, sharing: "*I'm the adult, I shouldn't be doing this. I'm supposed to be demonstrating emotional regulation, and yet I can't regulate my own emotions at times*" (Ferguson et al., 2024, p. 6). Some autistic adults reported that sensory and social overload in the workplace contributed directly to emotional dysregulation: "*When I reach a certain level of overload, the wheels fall off, I get really irritable, and I'm not able to modulate my emotions*" (Lee et al., 2025, p.7).

Quantitative studies further reinforced the link between burnout and a reduced capacity to filter out and cope with emotional stimuli. Items relating to heightened emotional responses were strongly endorsed by participants (Arnold et al., 2023a), as were those linked to relating to other people e.g., "*I found it more difficult to relate to people socially*" (Arnold et al., 2023b). Within the ABM, as psychometrically explored by Mantzalas et al. (2024), one of the four identified factors was '*Emotional and Sensory Dysregulation*'. Furthermore, 'autistic burnout' positively correlated with negative affect ($r = 0.50$; Pyszkowska et al., 2023). Interpersonal sensitivity ($r = 0.51$) and hostility ($r = 0.48$), as measured by the Symptom Checklist-90-Revised (SCL-90-R), also had significant positive correlations with the ABM 'autistic burnout' measure (Schoondermark et al., 2024).

Subtheme 1.2.3. Unable to Think. Autistic people also reported experiencing cognitive depletion, overwhelm or difficulty associated with deterioration of memory, speech, or broad executive function (Arnold et al., 2023a; Bradley et al., 2021; Clarey et al., 2025; Cundill et al., 2023; Higgins et al., 2021; Mantzalas et al., 2022a; Phung et al., 2021; Raymaker et al., 2020). Some described experiencing a complete cognitive shutdown, where thinking became impossible, speech was inaccessible, and decision-making was impaired (Clarey et al., 2025; Higgins et al., 2021; Raymaker et al., 2020). In an extreme case, a participant described experiencing dissociative episodes, with another stating, "*…[I] became unable to think….and [went] into a kind of fugue state. I thought I was going insane*" (Higgins et al., 2021, p. 2362).

The quantitative studies reinforced these accounts, with 'Cognitive Disruption' (Arnold et al., 2023b) and 'Cognitive and Functional Difficulty' (Mantzalas et al., 2024) emerging as dimensions of burnout in factor analyses of the ABSI and the ABM burnout measures, respectively. Difficulties related to, for example, memory recall and verbal expression (Arnold et al., 2023b; Mantzalas et al., 2024). Another cross-sectional quantitative study showed moderate correlations between 'autistic burnout', measured by the ABM, and cognitive performance difficulties, measured by the SCL-90-R (Schoondermark et al., 2024), suggesting burnout may contribute to measurable declines in cognitive ability in some autistic women.

Subtheme 1.2.4. Unable to Take Part in Every-day Life. Across qualitative data, participants described struggling with cooking, cleaning, personal hygiene, self-care and general 'functioning' (Arnold et al., 2023a; Bradley et al., 2021; Higgins et al., 2021; Keville et al., 2021; Mantzalas et al., 2022a; Mantzalas et al., 2024). One participant described their loss of ability to do many of their every-day life activities, stating, "*I don't know how to cook, how to clean the house, can't go to the store. […] I shut down so badly I don't dare to drive anymore (too dangerous)*" (Mantzalas et al., 2022a, p. 8), with another participant describing burnout as a complete " *regression of skills*" (Raymaker et al., 2020, p. 136).

Both recently developed measures of 'autistic burnout' (ABM; Raymaker et al., personal communication, and ABSI; Arnold et al., 2023b) included highly endorsed items that captured loss of day-to-day abilities, such as "*In the past three months, I've had a harder time doing basic day-to-day activities (for example eating, cleaning, shopping, or showering) than I usually do*" (ABM) and "*I had difficulty doing my usual work and keeping up with daily responsibilities*" (ABSI). Further, in the creation of a new self-report measure of autistic traits, guided by autistic experts, 'autistic burnout' was conceptualised under 'The Executive Functioning and Related Traits Domain' (Ratto et al., 2023), suggesting an inherent link between burnout and ability loss.

Theme 1.3. A Chronic Condition, With Variable Durations, and Intermittent Acute Crises. Data from three qualitative (Mantzalas et al., 2022a; Murray et al., 2023; Raymaker et al., 2020), three quantitative (Arnold et al., 2023b; Bougoure et al., 2025; Mantzalas et al., 2024) and three mixed method (Arnold et al., 2023a; Clarey et al., 2025; Higgins et al., 2021) studies contributed to this theme, which focused on duration and frequency of burnout episodes.

Raymaker et al. (2020) first conceptualised autistic burnout as a relatively chronic state, lasting three months or more, with Murray et al. (2023, p. 226) later supporting this view, suggesting that burnout was "*more likely to be chronic*" for autistic people compared to non-autistic people. Early quantitative findings also support the notion of burnout chronicity in autistic adults, as evidenced by a 12-month test-retest correlation of 0.59 in the self-report ABM (Bougoure et al., 2025). However, there was variability in the perceived frequency and duration of burnout across included studies. Some autistic participants described experiencing brief, intermittent burnouts lasting hours to days, while others described long-term, recurrent burnouts spanning months or even years (Arnold et al., 2023a; Clarey et al., 2025; Higgins et al., 2021; Mantzalas et al., 2022a). In terms of frequency, out of 136 participants, 2 % reported experiencing burnout daily, 17 % experienced it a few times per week, and 5 % reported having at least weekly occurrences (Arnold et al., 2023a). Less frequent patterns were also observed, with 8 % experiencing burnout a few times per month, 12 % monthly, 32 % a few times per year, and 18 % less than once a year (Arnold et al., 2023a). Elsewhere, the highest percentage of the 248 autistic participants (46.2 %) reported experiencing burnout "*four or more times*", with the second highest endorsed (9.2 %) being "*twice*" (Mantzalas et al., 2024). Several participants in Arnold et al. (2023b) endorsed that they experienced both the "*longitudinal aspect of burnout*" along with much shorter "*incidental burnouts*".

Studies reported an increase in the frequency and duration of burnout episodes over time as internal resources became increasingly depleted by accumulated stress and ongoing life demands (Clarey et al., 2025; Mantzalas et al., 2022a; Raymaker et al., 2020). Some studies described participants experiencing slow or incomplete recoveries (Clarey et al., 2025; Higgins et al., 2021; Raymaker et al., 2020), making it difficult to perceive when one 'episode' ended, and another began, "*This one lasted for close to a year. It's hard to tell when it ended as it did so gradually*" (Higgins et al., 2021, p. 2362).

RQ2: What Factors are Identified as Contributing to Burnout in Autistic People?

Theme 2.1. Sensory and Social Stimuli Are Exhausting – The Relentless Weight of the Autistic Sensory and Social Experience. Data from seven qualitative (Keville et al., 2021; Mantzalas et al., 2022a; McPeake et al., 2023; Merrington et al., 2024; Vinayagam et al., 2024; Welch et al., 2021; Zener, 2019), and three mixed-method studies (Arnold et al., 2023a; Clarey et al., 2025; Higgins et al., 2021) contributed to this theme, which focused on sensory experiences as contributors to burnout.

Across these studies, autistic people reported that excessive sensory and social stimuli and insufficient recovery time after sensory and social exposure contributed to burnout. One participant noted they experienced, "[…] *too many inputs that can't be processed, both sensory and social"* (Higgins et al., 2021, p. 2361); "*Being overloaded by sensory and social information in my environment"* had the second highest endorsement out of 22 items of the ABSI (Arnold et al., 2023a).

This overwhelm seemed to impact autistic people at all points of life. Mothers of autistic children linked their children's fatigue to "*stimulation*", with one mother noting, "'*I think her brain is going a mile a minute every single day. […] Think of what it's like to be an autistic person with the sights and the smells and the sounds. There's so much more to process. We just filter it in like every day, neurotypical people, doesn't bother us at all"* (Keville et al., 2021, p. 213). An autistic adult described how their first burnout occurred in childhood in the context of having no respite from overwhelming sensory input, "*The lights, sounds, business of a full 8-hour day was too much. I was physically sick from it […]"* (Mantzalas et al., 2022a, p. 6). During adolescence and young adulthood, these exhausting sensory experiences could occur, for example, at university. Student participants spoke of "*sensorial peculiarities*", which drained their energy, as exemplified by one student, *"[…] And the lights in fact for me are, how to say…it's hell for me. […]"* (McPeake et al., 2023, p. 9). These issues often persisted into adulthood (Merrington et al., 2024; Zener, 2019). Clarey et al., (2025, p. 7) identified "Increased sensory sensitivities" as one of the core characteristics of the burnout experience, with one adult stating, "*my autistic traits such as my aversion to lighting becomes debilitating*". Merrington et al. (2024, p. 6) also noted that "*sensory issues*" contributed to exhaustion and burnout for autistic adults. Elsewhere, a blogger described the "*constant battle with sensory overload*" as a cause of burnout specific to autistic people (Welch et al., 2021, p. 3164), highlighting how heightened sensory sensitivities make 'autistic burnout' qualitatively distinct from other forms of burnout. In the context of health management, an autistic adult with diabetes explained that they could not complete aspects of their diabetes care due to "*exhaustion they experienced from sensory overload*" (Vinayagam et al., 2024, p. 7).

Theme 2.2. Camouflaging is Exhausting - Learning the Non-autistic Language and Culture, While Suppressing Your Own. Data across 14 qualitative (Black et al., 2023; Bradley et al., 2021; Brady et al., 2024; Grove et al., 2023; Mantzalas et al., 2022a; Merrington et al., 2024; Miller et al., 2021; Pearson et al., 2023; Raymaker et al., 2020; Rebbettes and Bacon, 2025; Smith et al., 2025; Vinayagam et al., 2024; Welch et al., 2021; Zener, 2019), four quantitative (Arnold et al., 2023b; Bougoure et al., 2025; Mantzalas et al., 2024; Pyszkowska, 2024) and five mixed-methods (Arnold et al., 2023a; Grove et al., 2024; Higgins et al., 2021; Lee et al., 2025; Petty et al., 2025) studies contributed to this theme, capturing how facing external and internalised pressures to camouflage was draining.

The autistic experts in Higgins et al.'s (2021) study contributed the metaphor of having to translate between different neurotype languages as being a precursor to their burnout. Communication mismatches between autistic and non-autistic people meant that both sending and receiving information was difficult and autistic people described using extensive effort and measures to understand non-autistic social communication. The struggle to recognise and mend misunderstandings in social interactions led to "*[using up] energy and to [the] onset of burnout*" (Higgins et al., 2021, p. 2361). Authors described participants "*making a script*" (Black et al., 2023, p. 6), "*analys*[ing] *conversations*" (Black et al., 2023, p. 9), and social interactions being akin to "*[solving] mathematical equations in your head all day long while carrying on as normal*" that left participants feeling "*cognitively overloaded*", "*overwhelmed*", "*burnt-out*", "*drained*" and "*wanting to cry*" (Bradley et al., 2021, p. 324–325; Lee et al., 2025, p. 7; Rebettes and Bacon, 2025, p.5). Making sense of and enacting facial expressions, cues, and body language, and coping with multiple social sources was also deemed exhausting (Merrington et al., 2024; Petty et al., 2025; Smith et al., 2025; Welch et al., 2021; Zener, 2019).

Camouflaging also involved suppressing autistic needs and identity. Arguably exemplifying this, Zener (2019, p. 152) introduced the lives of her autistic clients thus: "*Girls and women often come to see me completely drained, burnt out and exhausted. They have tried to fulfil the societal expectations of a neurotypical woman, with the wiring of an autistic. They push themselves to take on as much as they can to prove they are capable.*" Fitting into the social world around them, including suppressing their neurodivergence that resulted in burnout, was an experience of autistic people across several studies (Brady et al., 2024; Grove et al., 2023; Grove et al., 2024; Higgins et al., 2021; Lee et al., 2025; Mantzalas et al., 2022a; Miller et al., 2021; Pearson et al., 2023; Raymaker et al., 2020; Rebbettes and Bacon, 2025; Smith et al., 2025). One autistic participant indicated the extent of this external pressure to camouflage: "*[…] the world makes Autistic people sick in essence because we're expected to be someone we're not*" (Vinayagam et al., 2024, p. 6).

Quantitative research to date is also beginning to provide some cross-sectional evidence for the relationship between camouflaging and burnout as experienced by autistic people, with several studies reporting that higher camouflaging, as measured by the self-report Camouflaging of Autistic Traits Questionnaire (CAT-Q; Hull et al., 2019), is associated with higher burnout (correlations range between 0.26 and 0.36) as measured by the ABM, ABSI, and an adapted version of the exhaustion subscale of the Parental Burnout Assessment (Arnold et al., 2023b; Benatov et al., 2025; Bougoure et al., 2025; Mantzalas et al., 2024; Pyszkowska, 2024).

Theme 2.3. Ignorance and Stigma Are Exhausting - In a World Where Autistic People Have Little Control and Support, the Baseline Can Be Survival. Data from 16 qualitative (Brady et al., 2024; Brouwers et al., 2024; Ghanouni et al., 2021; Grove et al., 2023; Keville et al., 2021; Lee et al., 2024; Mantzalas et al., 2022a; McPeake et al., 2023; Merrington et al., 2024; Smethurst et al., 2024; Pearson et al., 2023; Phung et al., 2021; Rabba et al., 2024; Raymaker et al., 2020; Vinayagam et al., 2024), one quantitative (Pyszkowska, 2024), and one mixed-method study (Arnold et al., 2023a) contributed to this theme focussing on lack of understanding, and stigma, of the autistic experience in many communities, as burnout contributors.

That "*every autistic person has a trauma history*" was suggested by one participant (Grove et al., 2023, p. 8), referring to autistic people growing up in a world that is not built for them. Lack of autism awareness and acceptance by society was a contributor to worsened sensory overload through dismissal and lack of accommodations, and to the internalised pressure to camouflage. One individual described their experiences at work thus: "*Lack of understanding from colleagues of the impact that,* e.g.*, alarms or excessive light have on me. I cannot work in those environments, but I am always told that 'it is what it is' (*Smith et al., *2025, p.13)*. The fear of outing oneself (Grove et al., 2023; Mantzalas et al., 2022a; Smethurst et al., 2024) was interpreted as directly linked to this unaccepting and, sometimes unintentionally, hostile world. Pearson et al. (2023) made this connection overtly, describing that trauma from victimisation contributed to their participants' camouflaging, which in turn contributed to their burnout, and burnout led to further loss of camouflaging capabilities. This then led to further victimisation, thus perpetuating, and deepening, a harmful cycle.

Arnold et al. (2023a, p. 5) described a "*perspective disconnect*", whereby non-autistic people found it hard to understand autistic people's needs. Across studies, perspective disconnect was not solely due to not knowing that a given person was autistic but also due to a lack of understanding of what being autistic meant. In some cases, this perspective disconnect meant overt disbelief in a person's autism, and in their distress (Arnold et al., 2023a; Smith et al., 2025).

It was often in this context of perspective disconnect that participants asked for accommodations or support – for example, on a smaller scale, asking for space (Arnold et al., 2023a), or, on a larger scale, asking for a service (Brady et al., 2024; Ghanouni et al., 2021). This help-seeking was sometimes met with dismissal. The self-advocacy, whether on an informal or formal level, and across contexts, was found to be exhausting, and a precursor to burnout (Brady et al., 2024; Mantzalas et al., 2022a; Merrington et al., 2024). Across contexts, well-meaning attempts of others to give support could also be ineffective due to a lack of understanding (McPeake et al., 2023; Raymaker et al., 2020). Some participants were reported to give up on seeking support, feeling hopeless and lacking in control (Ghanouni et al., 2021; Gore et al., 2024; Higgins et al., 2021; Mantzalas et al., 2022a; Rabba et al., 2024). As one participant noted (Rabba et al., 2024, p. 6), they "*gave up doing heavy advocacy about two years ago, because it burnt me out and it wasn't making any difference*", while another asked, ""*Do I as an #ActuallyAutistic person deserve to* […] *fight for accommodations and mental health care?* […] *To have a burn-out each year? Is this what I deserve? Survival?*" (Mantzalas et al., 2022a, p. 6).

Within "*health care, education, employment, and family systems*" (Mantzalas et al., 2022a, p. 6), the pattern seemed similar regarding lack of autism awareness and supports. School was the first place where autistic people could encounter burnout-inducing experiences. Mums of autistic children reported "*inflexible school structures*", which made "*mismanagement [of fatigue] inevitable*" (Keville et al., 2021, p. 217), leaving them feeling they are "*the problem*" (Rabba et al., 2024, p. 5). Managing full days of school seemed exhausting for some children, "… *he would end up having a day off where I literally just couldn't get him out the bed because he was so tired. […]*" (Keville et al., 2021, p. 217). One autistic young person described an education assistant dismissing their plea for a break: "*I was, like "please no, I'm extremely tired, like, I'm not even joking." And he was like "no, no no, you're going to do the work" like, "No, I'm tired. And I was getting more agitated*"" (Phung et al., 2021, p. 8).

For adults, work environments were described as "*damaging*" (Brouwers et al., 2024, p. 4), "*toxic or unaccommodating*" (Raymaker et al., 2023, p. 70), and as not being appropriate for an autistic mind, in terms of their pace and structure, "*[…] when others are not organised and make last minute changes or expect me to quickly switch to give an update on a different activity than the one I'm currently working on it zaps my brain power and I lose my ability to do either that day usually*" (Arnold et al., 2023a, p. 7). The effort of coping with lack of sensory accommodations, for example, could lead to all energy being put to cope with work, and work sapping all energy (Lee et al., 2025; Smith et al., 2025). As one participant noted: "*I kept the last job for 2 years but it took ALL my time up so I couldn't even keep up with hygiene and eating regularly and sleep and exercise. Let alone a social life or dating or other skills and experiences I desire*" *(*Lee et al., 2024, p. 485).

Similar to education and work environments, social or health care services knew little about autistic people, or how to work with them. Raymaker et al. (2020, p. 140) noted participants were not able to get "*sufficient relief*", with a lack of support across "*disability services, effective therapy,* [and] *childcare respite*". One participant illustrated mistreatment in healthcare systems, understood by the authors to be caused by lack of autism awareness: "*People who don't understand Autism are seeing behaviours that they assume are mental health problems. Confusing Burnout for depression, seeing meltdowns & only seeing it as inappropriate negative behaviour, not sensory overwhelm. Using restraints, drugs and ineffective therapy*" (Mantzalas et al., 2022a, p. 7). For autistic participants with diabetes, their doctors did not understand how being autistic may impact their diabetes management. Thus, the expectations that autistic participants felt were placed on them were often inappropriate, ultimately contributing to burnout (Vinayagam et al., 2024).

One cross-sectional study gave initial quantitative evidence linking public stigma to burnout. Perceived public stigma was significantly associated with burnout with a small effect size ($r = 0.19$, $p < .001$), reinforcing the impact of negative societal attitudes on autistic wellbeing (Pyszkowska, 2024).

Theme 2.4. Day-to-Day Life Is Exhausting - It Feels Too Much to Juggle 'Normal' Responsibilities and Transitions While Taking Care of Autistic Needs. Data from 15 qualitative (Al Ansari et al., 2024; Bertilsdotter Rosqvist et al., 2023; Brouwers et al., 2024; Brouwers et al., 2025; Gore et al., 2024; Grove et al., 2023; Keville et al., 2021; Mantzalas et al., 2022a; McPeake et al., 2023; Merrington et al., 2024; Phung et al., 2021; Rabba et al., 2024; Raymaker et al., 2020; Vinayagam et al., 2024; Zener, 2019), four quantitative (Arnold et al., 2023b; Mantzalas et al., 2024; Pyszkowska, 2024; Schoondermark et al., 2024) and three mixed-method studies (Arnold et al., 2023a; Grove et al., 2024; Higgins et al., 2021) contributed to this theme, which focused on the draining nature of every-day life as a contributor to burnout.

In the broader context of sensory and social overload, camouflaging efforts, and lack of accommodations and understanding, managing everyday responsibilities and transitions was further draining. Participants experienced "*being overwhelmed by life* […]" (Higgins et al., 2021, p. 2361) "*trying to do it all*" (Gore et al., 2024, p. 53), with burnout occurring as a final stage of a build-up of "*demands*" (Mantzalas et al., 2022a, p. 6), and "*too many stressors that add up over time*" (Arnold et al., 2023a, p. 5). This exhaustion was exacerbated by co-occurring conditions such as anxiety, depression, post-traumatic stress and chronic illnesses (e.g., diabetes; Arnold et al., 2023a; Arnold et al., 2023b; Brady et al., 2024; Gore et al., 2024; Grove et al., 2023; Grove et al., 2024; Higgins et al., 2021; Mantzalas et al., 2022a; Mantzalas et al., 2024; Pyszkowska, 2024; Vinayagam et al., 2024; Schoondermark et al., 2024) that, without adequate support, intensified the exhaustion of day-to-day life.

Across studies, participants found day-to-day life difficult. Autistic people felt drained of energy by these every-day activities, finding it difficult to prioritise, yet experiencing the pressure of needing to keep on top of responsibilities. Day-to-day life came with difficulty in planning tasks, as well as in rationing energy, whether at school (Phung et al., 2021), university (McPeake et al., 2023), employment (Brouwers et al., 2025; Zener, 2019) or, generally, across multiple different life domains (Bertilsdotter Rosqvist et al., 2023; Grove et al., 2023; Merrington et al., 2024). Such difficulty could turn dangerous, as was exemplified by an autistic woman who slept in her car on the side of the road, because, in the evenings, she had no remaining energy to drive home (Zener, 2019).

While living independently was considered very important to some autistic people, who linked it to autonomy, freedom, and exploring their capabilities (Al Ansari et al., 2024), independence came at a cost. Living independently was confusing and overwhelming, managing of finances, and taking care of the home, whilst lacking support, was seen as very challenging (Al Ansari et al., 2024). Burnout was discussed as resulting from this "*complex nature of independent living*" (Al Ansari et al., 2024, p. 5). This juggling was also potentially gendered, with women and gender-diverse people mentioning the burdens of childcare and housework (Gore et al., 2024). Even when successfully completing these tasks, the effort to do so led to burnout for some (Gore et al., 2024). At work, some of those who tried hard to remain employed paid a price through their wellbeing and within other life areas, "*I kept going [with full-time employment] for sixteen years, but it [..] cost me so much energy that in fact I was only working and sleeping. I just did not have any room for other things anymore*" (Brouwers et al., 2024, p. 4).

Life transitions, both expected and unexpected, were a further source of energy depletion. Transitions included "*transition to secondary school*" (Keville et al., 2021, p. 217), "*developmental transition changes (e.g., transition to and from high school)*" (Mantzalas et al., 2022a, p. 6), moving to a new home (Higgins et al., 2021; Raymaker et al., 2020), migrating (Higgins et al., 2021), caring responsibilities (Higgins et al., 2021; Rabba et al., 2024), bereavement (Raymaker et al., 2020), health problems (Higgins et al., 2021), and "*dealing with unexpected life events*" (Arnold et al., 2023a, p. 7). One participant offered a reason why these transitions were so exhausting for them: "*[…] a large life event tips you way over because you can't process this information as easy as others*" (Higgins et al., 2021, p. 2361).

Theme 2.5. Alexithymia Hides Exhaustion - By the Time You Realise What Is Happening, It Can Be Too Late. Data from four qualitative (Al Ansari et al., 2024; Brouwers et al., 2024; Mantzalas et al., 2022a; Zener, 2019), one quantitative (Arnold et al., 2023b) and two mixed-method studies (Arnold et al., 2023a; McGuinness, 2021) contributed to this theme, which focused on how the difficulties of recognising the signs of approaching burnout sometimes contributed to experiencing burnout.

Participants referred to "*alexithymia*" – a trait that means a person may have difficulty with identifying, and describing one's own emotions (Preece et al., 2017) - as making it "*difficult to know when burnout is coming on*" (Arnold et al., 2023a, p. 5); burnout seeming sudden "*because* [they] *cannot see the signs*" (Arnold et al., 2023a, p. 5); and "*not recognizing or respecting* […] *own (energy) boundaries*" as leading to burnout (Brouwers et al., 2024, p. 4). Mantzalas et al. (2021, p. 8) noted that "*[autistic participants'] ability to recognise the buildup of pressures […] influenced whether they experienced burnout*". "*Because they are missing the early warning signs their body is giving them to tell them when things are too much, they often crash from fatigue*" was concluded by Zener (2019, p. 152). McGuinness (2021) developed a visual toolkit using a battery metaphor to explain 'autistic burnout' and interoceptive differences. Despite mixed findings and the poor methodological quality, it helped some parents and autistic people better understand, communicate and respond to their energy levels.

From a quantitative perspective, a self-report measure of alexithymia – via the Perth Alexithymia Questionnaire – was found to be significantly and positively correlated with the ABSI ($r = 0.47$; Arnold et al., 2023b).

RQ 3: What Consequences are Linked with Burnout in Autistic People?

Theme 3.1. There Are Adverse Impacts on Your Health and Wellbeing. Data from seven qualitative (Bradley et al., 2021; Brouwers et al., 2024; Mantzalas et al., 2022a; Phung et al., 2021; Raymaker et al., 2020; Rebbettes and Bacon, 2025; Vinayagam et al., 2024), five quantitative (Arnold et al., 2023b; Benatov et al., 2025; Bougoure et al., 2025; Mantzalas et al., 2024; Schoondermark et al., 2024) and two mixed-method (Arnold et al., 2023a; Higgins et al., 2021) studies contributed to this theme, which focused on the adverse and wide-ranging negative impacts on health that some participants reported experiencing as a result of burnout.

Long-lasting disability, including incomplete recovery from burnout, seemed to be a shared experience across some participants in the included studies. Continuing fatigue (Arnold et al., 2023a), difficulty with clear thinking (Brouwers et al., 2024) and being unable to function (Mantzalas et al., 2022a, p. 8) and express one's "*intelligence*" (Higgins et al., 2021, p. 2362) were some experiences that were described as burnout consequences. There was a sense that burnout could permanently take away an important part of oneself ("*[…] it ate part of me*"; Mantzalas et al., 2022a, p. 6), leaving a person feeling broken: "*I got burned out first, and then I got really ill [...Now] I feel like I am broken [..]. My body and brain just don't feel good [..]*" (Brouwers et al., 2024, p. 4).

Indeed, burnout seemed to lead, for some, to anxiety and depression (Higgins et al., 2021; Merrington et al., 2024; Raymaker et al., 2020) and increased meltdowns (Bradley et al., 2021; Phung et al., 2021); or to worsen anxiety and depression (Mantzalas et al., 2022a) and diabetes (Vinayagam et al., 2024). For instance, in the latter study, participants highlighted how being in burnout prevented them from self-managing their diabetes, as well as having a physical impact on glucose levels due to participants' general poor state of wellbeing (Vinayagam et al., 2024). Burnout was also associated with an increase in self-injurious behaviours: "*I'll push myself too far I end up burning myself out and then my mood drops and I end up falling back on the self-harm*" (Rebbettes and Bacon, 2025, p. 5).

In the four quantitative and one mixed-method studies, burnout as experienced by autistic people was associated with poor mental health outcomes. All four empirical studies to date, using either the ABM (Bougoure et al., 2025; Mantzalas et al., 2024; Schoondermark et al., 2024) or the ABSI (Arnold et al., 2023b), found consistently medium or large associations with depression and anxiety in the expected direction (higher levels of burnout associated with greater depression and anxiety). Authors noted that the strong correlations between burnout and depression may partly reflect conceptual overlap between the two constructs (Bougoure et al., 2025; Mantzalas et al., 2024). Additional associations were observed with agoraphobia ($r = 0.42$) and somatisation ($r = 0.57$) (Schoondermark et al., 2024), as well as with distress ($r = 0.58$) (Mantzalas et al., 2024). Although their sample was small, Benatov et al. (2025) found 'burnout-exhaustion', as measured by the adapted Parental Burnout Assessment, partly mediated the relationship between camouflaging (CAT-Q) and depression (PHQ-9). Given the cross-sectional nature of these studies, however, it remains unclear whether the associated factors represent characteristics, contributors, or consequences of burnout in the context of autistic lives.

Theme 3.2. There Are Adverse Impacts on Your Place in the Community. Data from 10 qualitative (Al Ansari et al., 2024; Brouwers et al., 2024; Brouwers et al., 2025; Ghanouni et al., 2021; Mantzalas et al., 2022a; McPeake et al., 2023; Raymaker et al., 2020; Raymaker et al., 2023; Smethurst et al., 2024; Smith et al., 2025; Welch et al., 2021), and three mixed-method (Arnold et al., 2023a; Cage and McManemy, 2022; Lee et al., 2025) studies contributed to this theme, which focused on the adverse and wide-ranging negative impacts on a person's place in the community, including education and employment.

The consequences of burnout, which, for some, started as early as adolescence, could be lifelong. Experiencing burnout/s during teen years impacted opportunities later in life by negatively affecting education and employment attainment: *"[…] goodbye income, goodbye lifestyle, goodbye independence […]"* (Mantzalas et al., 2022a, p. 8). Negative experiences at work, which had, for some, contributed to their burnout, resulted in some unemployed participants expressing fear of returning to work (Brouwers et al., 2024;Lee et al., 2025; Smethurst et al., 2024; Smith et al., 2025). Within several studies, there was an implication that those participants who burned out left, or considered leaving, their education or employment, lost their jobs or accepted positions they did not desire (Brouwers et al., 2024; Brouwers et al., 2025; Cage and McManemy, 2022; McPeake et al., 2023; Raymaker et al., 2020; Raymaker et al., 2023). One participant described burnout as akin to a survival mechanism that protects a person from overload, but at the same time, as they described, it prevented them from taking part in life, including work and education: *"[Burnout] stops the overload. Because it stops my ability to function at all, which handily includes my ability to go to school or work or do the things that were draining my energy faster than I could replenish it"* (Welch et al., 2021, p. 3164).

As some participants found employment difficult, "*worse financial situation*" was a material consequence of burnout (Arnold et al., 2023a, p. 8). Some also reported experiencing homelessness (Mantzalas et al., 2022a), needing to move back in with their parents (Al Ansari et al., 2024), or being admitted to a psychiatric hospital (Mantzalas et al., 2022a). To protect themselves against burnout, people sometimes had to give up on their desired goals, making a conscious calculation between their health and their other needs. One participant noted, "*'Cause occasionally we do have to make sacrifices, if some things [are] just not going to work out. Like sometimes the sacrifices are temporary, others are permanent. […] I have got to a point, [I] have given up on a lot of my goals. …my mental health and developmental issues came up and [I am] just working around that, [it] took enough of my time and energy"* (Ghanouni et al., 2021, p. 6).

Theme 3.3. It Can Be Hard to Remain Hopeful About the Future and Yourself. Data from five qualitative (Ferguson et al., 2024; Mantzalas et al., 2022a; Merrington et al., 2024; Miller et al., 2021; Raymaker et al., 2020), one quantitative (Arnold et al., 2023b) and two mixed-method (Arnold et al., 2023a; Higgins et al., 2021) studies contributed to this theme, which focused on burnout leading to lost hope and a negative view of oneself and the future.

With the adverse impacts on one's health, employment and/or other life areas, some participants began to view themselves and their future (even more) negatively. This included experiencing low self-esteem (Arnold et al., 2023a), low self-confidence (Arnold et al., 2023a), low sense of self-worth (Merrington et al., 2024), doubting one's abilities (Arnold et al., 2023a; Ferguson et al., 2024), increased self-criticism (Arnold et al., 2023b), and comparing oneself unfavourably to perceived non-autistic others (Higgins et al., 2021; Merrington et al., 2024). In terms of negative comparisons to non-autistic others, one participant described an "*inferiority complex*" (Merrington et al., 2024, p. 7), while another stated *"[…]* [burnout] *re-inforced that I will never be able to function at the same level as someone without ASD*" (Higgins et al., 2021, p. 2362).

A few participants expressed an even deeper-seeming despair: "[burnout] *strongly increased sense of hopelessness, loss of purpose in life and sense of self*"; Higgins et al., 2021, p. 2362), including suicidality (Arnold et al., 2023a; Higgins et al., 2021; Mantzalas et al., 2022a; Miller et al., 2021; Raymaker et al., 2020). It is important to note that several participants overtly expressed that they did not wish to die, but that they felt trapped and did not know how else to free themselves: "*I did not want to die, I've never wanted to die. I needed to remove myself from the environment and take myself elsewhere. But the only way I knew how to do that was to die. So I tried"* (Raymaker et al., 2020, p. 140). Another expressed, *"[…] … Not really suicidal, just wanting to be finished."* (Mantzalas et al., 2022a, p. 8). These negative perceptions of and worries for the future as a result of burnout could start early in life, with one adolescent sharing their thoughts about what their prospective future would be like, living in the world as an autistic person, "*I feel like it's going to be a very rocky road. It's the fact that I do have autism, I feel that might be a massive contributor to the way I branch out in my life*" (Merrington et al., 2024, p. 7).

RQ4: What Factors are Identified as Protecting Autistic People from Burnout?

Theme 4.1. The Power of Knowledge - When You Have a More Accurate Framework for Self-Understanding, Life Can Become Slightly Easier. Data from 10 qualitative studies (Al Ansari et al., 2024; Bradley et al., 2021; Brady et al., 2024; Brouwers et al., 2025; Ferguson et al., 2024; Mantzalas et al., 2022a; Miller et al., 2021; Raymaker et al., 2020; Smethurst et al., 2024; Smith et al., 2025; Zener, 2019) and four mixed-method (Crowson et al., 2024; Grove et al., 2024; Higgins et al., 2021; Lee et al., 2025) studies contributed to this theme, which focused on how being recognised as autistic led to greater self-knowledge and self-acceptance, as well as potentially acting as a protective factor for future burnouts.

For participants in several studies, the negative impact of being undiagnosed and not knowing they were autistic meant that they lived without recognising, understanding or meeting their autistic needs (Al Ansari et al., 2024; Bradley et al., 2021; Brady et al., 2024; Brouwers et al., 2025; Grove et al., 2024; Higgins et al., 2021; Miller et al., 2021; Raymaker et al., 2020; Zener, 2019). This could lead to support needs being hidden – especially when combined with camouflaging (Mantzalas et al., 2022a) - contributing to burnout.

Recognising that they were autistic had emotional and practical benefits, as having this framework allowed participants to understand their patterns and make "*strategic decisions*" when it came to wellbeing (Raymaker et al., 2020), including seeking accommodations at work (Lee et al., 2025; Smethurst et al., 2024; Smith et al., 2025), as well as fostering a sense of clarity and validation (Ferguson et al., 2024). For instance, it could help participants out of misunderstandings and confusion that were part of how they understood the world, *"[…] [prior to knowing I was autistic] I just assumed that social situations were mentally taxing for everyone and that everyone was exhausted*" (Miller et al., 2021, p. 335). This transformative impact of diagnosis was similarly captured in the reflections of autistic mothers experiencing burnout, with one mother explaining, "*People always say you're the same person you always were before you knew you were autistic. And I'm like, I'm absolutely not the same person*" (Ferguson et al., 2024, p. 7). Once the participants accepted burnout as a genuine experience, they were less likely to see themselves as "*doing life badly*" (Ferguson et al., 2024, p. 7). Indeed, "*re- evaluation of the current diagnostic process to ensure they are identified earlier*", in order to prevent reaching a stage of being "*mentally exhausted*", was one of the research priorities identified by (female and gender-diverse) participants (Grove et al., 2024, p. 8), with "*help with autistic fatigue*" being one of the identified priorities for post-diagnostic support (Crowson et al., 2024, p. 859).

Theme 4.2. The Power of Taking Care of the (Autistic) Need for Rest, Solitude, and Sensory Relief. Data from eight qualitative (Bertilsdotter Rosqvist et al., 2023; Ferguson et al., 2024; Keville et al., 2021; Mantzalas et al., 2022a; Pearson et al., 2023; Raymaker et al., 2020; Vinayagam et al., 2024; Zener, 2019), one quantitative (Arnold et al., 2023b) and two mixed-method (Arnold et al., 2023a; Higgins et al., 2021) studies contributed to this theme, which focused on how looking after one's own needs reduces the risk of experiencing burnout.

To rest and recover their energy, participants began to pace themselves and set new parameters on their daily activities and social interactions (Ferguson et al., 2024; Higgins et al., 2021; Raymaker et al., 2020; Zener, 2019). Lee et al. (2025) explained how working from home helped some autistic people meet their needs for sensory and social respite, with one person noting, *"working from home [is] meeting all my needs around like reducing my sensory overload and issues with focus and anxiety around socialising"* (p. 7). Making these adjustments made people feel empowered: "*I actually feel it's so much better for me. I can manage my time and my interaction with other people"* (Lee et al., 2025, p. 8); and these adjustments meant that people were feeling less vulnerable to burnout.

Subtheme 4.2.1. Leaning Into Solitude and Sensory Respite. Across studies and phases of life, autistic people were described as needing and seeking time alone and away from sensory stimuli to recover from burnout. "*Downtime*" was a "*need"* not a "*want*" for autistic children struggling with fatigue, as reported by their mothers (Keville et al., 2021, p. 214). Adults across studies required: "*an enormous time alone with as much sensory deprivation as possible"* (Arnold et al., 2023a, p. 9); "*withdrawing from (all) interpersonal situations*" (Arnold et al., 2023a, p. 8; Higgins et al., 2021, p. 2361); "*sensory breaks*" (Raymaker et al., 2020, p. 138); "*withdrawing from the world*" (Raymaker et al., 2020, p. 138); being a "*recluse*" (Pearson et al., 2023, p. 505) and "*limiting interactions*" (Vinayagam et al., 2024, p. 7). A participant argued for the benefits of solitude and sensory respite as a response to energy depletion and burnout thus: "*I was told for years that avoiding things will only make everything worse. And while that is commonly true for my [anxiety] it absolutely isn't true for my [autism] related problems. Exposure there makes it WORSE because it causes overload, then burnout. Avoidance HELPS this*" (Mantzalas et al., 2022a, p. 9). Similarly, autistic mothers with experience of burnout described the importance of making intentional space for low-demand time in their family's routine, with one stating "*Now Saturdays are our day where we don't make any plans… I'm not gonna try and push myself*" (Ferguson et al., 2024, p. 6). Some quantitative data indicated high endorsement of items related to social withdrawal, such as "*I withdrew from social situations*" (Arnold et al., 2023b).

Subtheme 4.2.2. Using Camouflaging as a Tool, Rather Than as a Way of Being. Compensating for one's differences and assimilating into non-autistic cultures through camouflaging was often noted as a potential risk for burnout (see Theme 2.2). Becoming more aware of one's camouflaging efforts and exploring if and when it may be possible to consciously reduce pressures or efforts to camouflage was explored as a possible protective measure in some of the included studies[5] (Mantzalas et al., 2022a; Raymaker et al., 2020), with a participant stating, "*The biggest thing of all you can do to prevent, or at least mitigate burnout, is to start identifying what you do when you Mask and stop. Even just little things*

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[5] Please note that "unmasking" could be complex, as some participants may lose their ability to camouflage when burned-out, which is not by choice but through depletion.

like eye contact, which so many of us do, or at least pretend to do. Allow yourself not to be sociable if you don't want to be" (Raymaker et al., 2020, p. 138). However, it was not necessarily that camouflaging was described as inherently or always damaging, but rather that the way and extent to which it was being utilised could be a risk for burnout. Camouflaging could be understood as a pragmatic skill that one might need to use in a practical way, as opposed to camouflaging being a way of being. An autistic adult explained, "*Masking is a tool that should be used to get things: nothing less, nothing more. Like with anything in life, overdoing it leads to problems. With masking there can be quite serious burnout, forgetting who you are, constant anxiety from fear of slipping and being exposed* (Mantzalas et al., 2022a, p. 7).

Subtheme 4.2.3. Engaging in Preferred Passions, Activities, and Stimming. In connection to seeking solitude, rest, and gaining greater control over camouflaging, participants across studies referred to engaging in active and passive interests that were meaningful and important to them (Arnold et al., 2023a; Mantzalas et al., 2022a). These included playing video games, engaging in creative writing, researching family genealogy (Bertilsdotter Rosqvist et al., 2023) or watching videos (Higgins et al., 2021). It also extended to self-stimulating behaviours (stimming), which, in the case of an autistic child included thumb-sucking (Keville et al., 2021), with another participant explaining, "*Stimming is the autistic way of dealing with stress. Even a few minutes here and there in the bathroom could be of help* (Mantzalas et al., 2022a, p. 8).

Theme 4.3. The Power of Others: Individual and Community Engagement and Support. Data from four qualitative (Mantzalas et al., 2022a; Murray et al., 2023; Raymaker et al., 2020; Smith et al., 2025) and two mixed methods studies (Arnold et al., 2023a; Higgins et al., 2021) contributed to this theme, which focused on the important recovery and protective role of other individuals and communities, and their support.

Subtheme 4.3.1. Being Trusted, Accepted, and Seen. "*Having a supportive environment*" had a positive impact on energy levels (Higgins et al., 2021, p. 2360) and, complimenting or parallelling self-acceptance, having "*a healthy support system setup of people who will accept you as you are and not try to change, fix or shame you*" (Raymaker et al., 2020, p. 138) was seen as needed for getting better. One participant described their supportive brother thus, "*[.] he spoke to me [.] very quietly and calmly and slowly and directly so that I could clearly understand what he was saying and I did not have to spend energy interpreting or trying to understand his words […]*" (Mantzalas et al., 2022a, p. 8). Another participant summarised the necessity of others' support and acceptance, "*If autistic burnout is related to spending more resources coping than you have, avoiding burnout can't be done alone. Mostly because many strategies people have to avoid or recover from burnout involve being able to behave like an ACTUAL autistic person, being accepted as autistic, and getting support and accommodation, all things that require the cooperation of others*" (Murray et al., 2021, p. 226). This was echoed by autistic mothers, who highlighted the uniquely validating and restorative role of peer support: "*I finally have somebody in front of me who understands me. And she definitely did help me through the burnout*" (Ferguson et al., 2024, p. 8).

Subtheme 4.3.2. Having Access to Appropriate and Timely Services and Adjustments. Disability services and psychological therapies were key services that participants linked to burnout prevention or recovery. Raymaker et al. (2020) interpreted their findings as suggesting that such services would help burnout indirectly, through supporting mental health conditions that contribute to burnout. In Arnold et al. (2023a, p. 8), the statement, "*External resources (such as disability services, child-care respite) are helpful to prevent or recover…*" had high mean endorsement of 3.65 as a support strategy. Elsewhere, however, it was suggested that currently very few support services exist specifically for autistic people experiencing burnout. A consensus process involving autistic adults and experts identified 'autistic burnout' as an important outcome for services, along with factors such as quality of life, mental health, and community participation. Since most existing measurement tools were found to be inadequate, an urgent need for autism-specific tools and tailored interventions to support those experiencing burnout was also highlighted (Nicolaidis et al., 2025).

Employment was another context where autistic people needed acceptance and active supports and services. One participant in Raymaker et al. (2020, p. 138) described their situation and the meeting of their needs through external support, "*I told the [human resources] department that I was autistic and they said, okay well we'll deal with this.so it was like an 8 or 9 page document that we presented and at the end of it [they] said we're going to give you a permanent accommodation. The accommodation that they gave me was the ability to with short notice take time off without pay. I have the lights taken out above my desk, now I wear clip on sunglasses, all those things gave me back time, gave me back energy*". As one autistic mother reflected (Ferguson et al., 2024, p. 8), "*I feel like there does need to be more kind of like professional support because you have to also realise that those people are going through their own struggles. They have their own like lifetime of traumas and ableism and stuff… I feel like, you know, they're not your therapist. They're your friend,*" reinforcing that while peer support is vital, it cannot replace the role of adequately resourced professional services. Importantly, however, participants also emphasised that adjustments and supports need to be genuine rather than tokenistic, with one autistic clinician reflecting: "*As it stands, some people in positions of power take tokenistic steps to outwardly appear inclusive and tick a box, whilst actively promoting ableism and discounting of hidden disabilities in their practice on the ground*" (Smith et al., 2025, p. 14).

4. Discussion

This mixed-methods systematic review thematically synthesised findings from 30 qualitative, 11 mixed-methods studies and seven quantitative studies, with approximately 4000 autistic people. We focused on integrating findings relating to how autistic people experienced burnout, factors that contributed to, as well as protected against, burnout, and its consequences. In Fig. 2, we visually integrate and summarise the themes and subthemes of this review. In the following sections, we discuss the included research, referring to its limitations and strengths, and social, clinical and research implications. We also note the limitations and strengths of our review.

4.1. Characteristics of burnout in the context of autistic people's experiences

Despite some variations in the emphasis, methodology and interpretation, across the included studies there appeared to be a broad consensus in the reviewed research on the phenomenology and the experiences comprising burnout as experienced by autistic people. The experience of burnout among autistic people was described as a severe and debilitating state of exhaustion that significantly impacted daily functioning, and commonly included difficulties with memory, communication and executive functioning; loss of previously acquired abilities; and heightened sensory and social overwhelm. While these core experiences were widely reported across the included studies, there was more variability in the temporal course, duration, and frequency of experienced burnout: some described brief or short-lived bouts lasting days or weeks, while others shared experiencing long-lasting and recurring burnout, sometimes without a clear boundary between 'episodes'. And for some, such 'episodes' progressively worsened over time.

We also noted some differences in conceptual framing and interpretation of burnout across the synthesised studies. For example, Higgins et al. (2021) approached 'autistic burnout' as a potential medical condition and proposed a set of DSM-style diagnostic criteria, whereas Phung et al. (2021) focused on the phenomenology and experience of burnout without attempting to establish a working medical diagnostic operationalisation. How 'autistic burnout' is interpreted and conceptualised based on empirical research and what assumptions and motivations underly these conceptualisations should continue to be

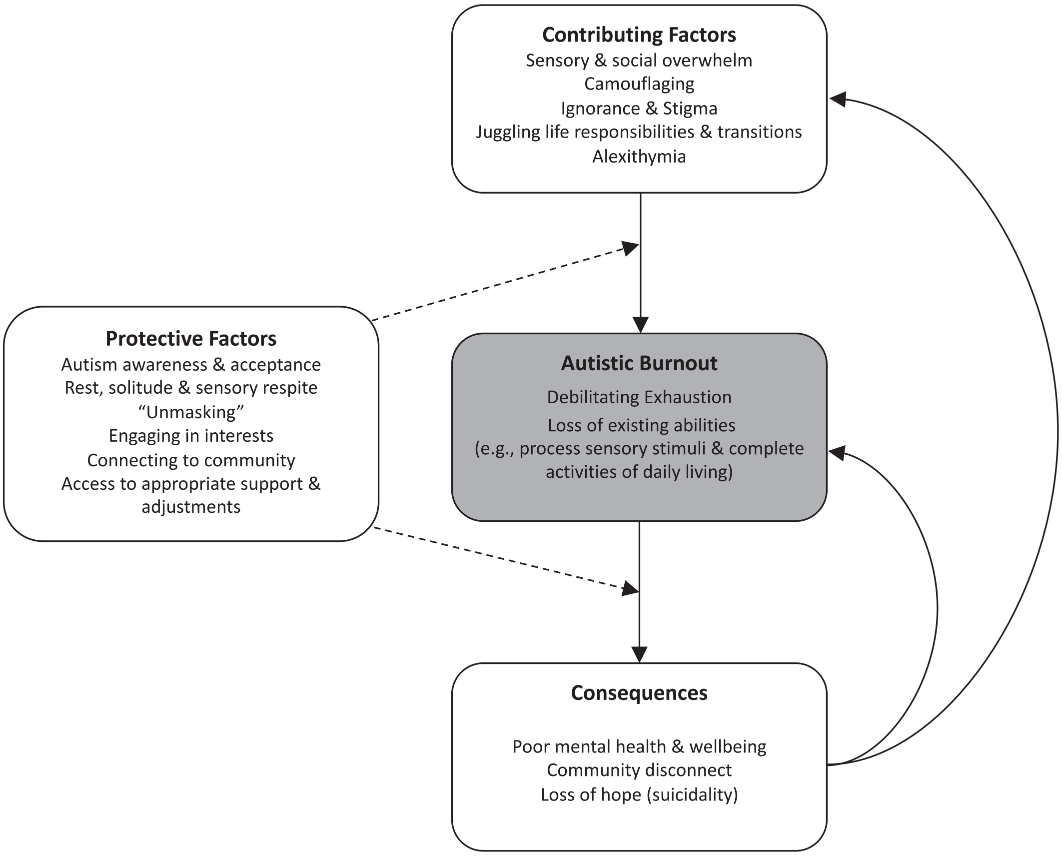

Fig. 2. Integrated model of 'autistic burnout'.

explored.

4.2. Risk and protective factors of burnout in the context of an autistic experience

The literature reviewed explored burnout in relation to the processes and conditions that influence its onset, persistence, and recovery. Critically synthesising the findings from the included studies, burnout as experienced by autistic people arose from a complex interplay of multiple factors, including sensory and social overload, chronic camouflaging, the stigma and ignorance surrounding what it means to be autistic, the challenges of day-to-day life, and alexithymia. The risk factors identified in this systematic synthesis of the literature to date (see Fig. 2) broadly align with those explored in Mantzalas et al.'s (2022b) conceptual model of 'autistic burnout' risk and protective factors. As in Mantzalas et al.'s (2022b) model, we suggest that the qualitative opposites of these risk factors can act as protective factors – for example, overwhelming sensory environments can contribute to burnout, whereas creating and finding sensory respite can support a person to recover. The findings of this review and Mantzalas et al.'s (2022b) model can be helpful conceptual tools to guide the empirical testing of hypothesised relationships between specified risk and protective variables and 'autistic burnout' in research. They are also likely helpful for clinicians in exploring and conceptualising experiences of burnout, its causes, and what can support recovery and prevention of future burnout with their autistic clients.

Autistic people may experience several interacting vulnerabilities to burnout: the presence of individual risk factors (e.g., sensory processing differences, alexithymia), social risk factors (e.g., belonging to a minoritised group) and environmental risk factors (e.g., work environments built for the non-autistic majority). For instance, in the general population, it is thought that sensory processing is impacted by stress (e.g., Harrold et al., 2024). Since autistic people may experience sensory processing differences at baseline (e.g., hypersensitivity; Tavassoli et al., 2014), sensory and other stressors may have particularly adverse impacts on this population, including increasing burnout risk. Alexithymia – which is thought to be significantly higher in autistic than non-autistic people (Kinnaird et al., 2019) – has too been suggested as an individual factor connected to mental health difficulties, and burnout, in the autistic population (Albantakis et al., 2020; Josyfon et al., 2023).

The relationship between social and individual risk factors is, however, complex. In the reviewed studies, autistic people often described facing ignorance and stigma, leading to both internalised and externalised pressures to camouflage. Camouflaging is a set of 'survival' strategies, sometimes developed in response to previous traumatic experiences (Hull et al., 2019) to avoid stigma, victimisation and discrimination (Zhuang et al., 2023). The double bind of camouflaging creates a paradox whereby autistic people conceal their needs to navigate non-autistic spaces yet doing so can take up considerable resources leading to exhaustion, depletion and burnout (Zhuang et al., 2023). Miller et al. (2021) further suggested that prolonged camouflaging may impair interoceptive awareness and contribute to diminished awareness of internal states (including emotions), which may explain why some autistic people overlook or misinterpret signs of exhaustion, pushing themselves beyond their limits. Engaging in camouflaging may, therefore, contribute to a negative feedback loop: as individuals become increasingly burnt out, their capacity to sustain camouflaging reduces, making the autistic self more visible; in turn, this heightened visibility may leave them more vulnerable to the very discrimination and stigma that initially compelled them to camouflage (Jahandideh et al., 2025; Pearson et al., 2023).

Autistic people in the included studies described a lack of understanding of their needs in schools, workplaces, and healthcare settings, contributing to burnout. Since autistic people face high levels of underemployment and unemployment (Department for Work and Pensions, 2024; Nicholls, 2025), as well as a high prevalence of co-occurring mental and physical health conditions (Ward et al., 2023), the lack of accessible healthcare and other support services, including at work, likely leaves many people struggling without adequate resources. Systemic stigma and discrimination create adverse life experiences, with the constant challenges associated with navigating non-accommodating and hostile environments leading to encountering a high frequency of stressors (Botha and Frost, 2018). This consistent exposure to such stressors could contribute to the depletion of an autistic person's energy further, increasing burnout vulnerability. Hence, it may not be surprising that some autistic people's burnout experiences were chronic and recurring, with some autistic people explaining they never completely recovered. The exhaustion associated with an ongoing need for self-advocacy can be likened to the burnout experienced by disabled advocates in general, a phenomenon in which individuals become physically and emotionally drained from the continuous effort of fighting for recognition, and basic support (Grove et al., 2023). Indeed, finding life transitions difficult has been consistently associated, by autistic people and their families, with lacking external support to manage these shifts successfully (Cage and Howes, 2020; Cheak-Zamora et al., 2015). Conversely, feeling supported during transitions by relevant services and individuals, has been linked to better transition outcomes (Pillay et al., 2022; White et al., 2024).

As mentioned, qualitative 'opposites' of these discussed risk factors can act protectively. We thematically synthesised social and sensory respite as a protective strategy because, across studies, withdrawing socially seemed to be a precursor to and necessary for burnout recovery, protecting against sensory and social overwhelm. As Jahandideh et al. (2025) pointed out in their scoping review, withdrawing socially may result in loneliness. Nevertheless, voluntary solitude can be beneficial for autistic people (Neville et al., 2024) and non-autistic people (Weinstein et al., 2023) alike – creating social structures that support a helpful balance between voluntary solitude and enjoyable socialising for any given autistic person may be a future goal in reducing and preventing burnout.

Finally, receiving an autism diagnosis catalysed many of the late-diagnosed autistic participants in some of the included studies to understand themselves more accurately. Consequently, they began taking steps to change aspects of their lives within their control to reduce or prevent burnout. This process that has been described as helpful for some in reducing stressors following late autism diagnosis aligns with the process of Biographical Illumination (Tan, 2018), an experience of self-concept transformation whereby medical meaning is utilised and transcended, resulting in an enriched sense of personhood and relationships. Understanding that they were autistic allowed some people in the synthesised studies to recalibrate expectations, advocate for necessary adjustments and accommodation, as well as access appropriate supports (Tan, 2018).

4.3. *Impacts of burnout on autistic people's lives*

Although longitudinal studies are lacking, the reviewed studies pointed towards several consequences of burnout as experienced by autistic people. Burnout was not only linked to direct short-term exhaustion, cognitive overwhelm, and reduced capacity for everyday functioning but, also resulted for some in indirect long-term impacts, including decreased self-worth and increased hopelessness, chronic disability, leading to or worsening anxiety and depression, and reduced educational or career opportunities.

Though not all (autistic) people will share the same hopes for and values of what constitutes meaningful employment, having paid employment can increase financial security (Taylor et al., 2024), improve wellbeing through daily structure (Paul et al., 2023) and provide a sense of fulfilment (Koša and Lisá, 2025). Yet, as mentioned, the autistic population faces high rates of unemployment and underemployment and many barriers to accessing school or higher education (Ambitious About Autism, 2021; Cage and Howes, 2020). The studies included in this review suggest a possible two-way relationship between burnout and employment/education difficulties: occupational/educational difficulties, stressors and barriers can contribute to burnout and burnout can perpetuate or escalate work or school/university difficulties.

Some studies reported that burnout could contribute to the onset, or worsening, of anxiety and depression; a proposed path from burnout to suicidality was also suggested. For some participants, suicidality seemed to be related to chronic lack of support, and perception of self as less able than non-autistic others. Applying the interpersonal theory of suicide in the context of autistic lives (e.g., Hill and Katusic, 2020), autistic people may be more likely to consider suicide if they perceive themselves to be a high burden on their loved ones or on society and if they feel a low sense of belonging with and acceptance from others (Chu et al., 2017; Moseley et al., 2022). The exhaustion, depletion and increased negative impact on functioning, capabilities and resulting disability that may occur as a consequence of burnout for some autistic people could feasibly contribute to an increased sense of burdensomeness in a society that often does not consider, accept or include autistic people. This could in turn contribute to suicidality, and worsen stress, anxiety and depression.

4.4. *Strengths and limitations*

First, we note the strengths and limitations of the reviewed literature. Across studies, and regardless of their methodologies, there was an overrepresentation of late diagnosed, highly educated, Western and white autistic women. Therefore, the findings may not represent the experiences of all autistic people and future research should adopt an intersectional approach that considers how overlapping identities may shape burnout experiences. The generalisability of the quantitative findings in this review was further limited by a significant lack of research, particularly large-scale studies, to date. Although qualitative research is essential as it offers valuable, rich and detailed insights into people's lived experience, quantitative research is required to empirically test hypotheses about the relationships between identified risk and protective factors. There were also no prospective follow-up studies. Further, there is only preliminary evidence of the validity and reliability of self-report measures of 'autistic burnout' (in samples not representative of autistic populations), with the measures of burnout used in some of the quantitative studies not being psychometrically validated in autistic populations at all (e.g., Benatov et al., 2025).

A key strength of the reviewed research studies was their focus on centring autistic voices. Notably, many studies seemed to be influenced by the social model of disability as opposed to a more medicalised understanding, in the sense that an autistic person's environment seemed to be emphasised more strongly as a burnout contributor, as opposed to emphasis being on inherent vulnerability due to 'deficits' associated with autism. At least 74 % of the included studies adopted inclusive research practices, such as involving autistic people as advisors, consultants, collaborators or co-researchers, and using identity-first language (Pellicano and den Houting, 2022). Several authors were autistic themselves. As a result, the findings are more likely to inform understandings and practical supports that align with the needs of autistic people – autistic people have highlighted research aligning with their needs and wishes as, understandably, important to them (Haar et al., 2024).

We now discuss the strengths and limitations of this systematic review. In terms of strengths, we took a broad approach to methodology, incorporating qualitative, quantitative and mixed-method studies. Likewise, we chose to use broad search terms, including 'fatigue' and 'exhaustion' as synonyms of 'burnout' to capture the diversity of language used in the literature and ensure that studies describing related phenomena under different terminology were not overlooked. We also captured all contexts of burnout as experienced by autistic people (including occupational) to comprehensively integrate the burnout research landscape to date and to incorporate literature that used alternative terminology. We completed all stages of the review with two reviewers, reducing the chances that some studies were missed or included in error during both stages of screening (Waffenschmidt et al., 2019) and enabling us to critically discuss the methodological quality of the studies.

While these approaches and decisions to the review process provided strengths, they also created greater difficulty in deciding (1) which of the studies using alternative terminology to include and (2) whether burnout was a significant enough concept in qualitative studies for its inclusion. For these reasons, we may have included qualitative studies that others would have excluded and vice versa. Nevertheless, since the goal was interpretation via thematic synthesis, rather than prediction as is the case in meta-analyses, as long as we captured the essential concepts from the included qualitative studies, our conceptual synthesis would not change if a concept was represented by one study rather than multiple studies (Doyle, 2003; Thomas and Harden, 2008).

Our review was also limited by not including grey literature which has the potential to reduce publication bias (Paez, 2017). A final limitation of our review was the practical choice to focus on burnout solely as experienced by autistic people. There is some evidence of 'global' burnout experiences in personal accounts and research with other neurodivergent populations, for example, people with attention deficit hyperactivity disorder (ADHD; Syharat et al., 2023). Further, similar experiences may go beyond neurodivergence and extend to other disabilities (Wolbring and Lillywhite, 2023). Conceptualising burnout experienced by autistic people may benefit from considering the wider context of research on burnout within neurodiversity and dis/ability more broadly, to understand which experiences are shared with other groups and which may be more relevant or specific to autistic people.

4.5. Implications and future directions for clinical practice, research and social change

Our synthesis of the literature to date suggests that health professionals who support autistic people need to be aware of and enquire about burnout. Clinicians should explore and enquire about risk and protective (individual, social and environmental) factors in the lives of their autistic clients that may contribute to exhaustion and overwhelm. Having informed discussions on recognising, managing, and preventing burnout, clinicians can empower autistic clients with the knowledge and strategies necessary to understand their experiences, reduce triggers and risks that may be within their control, strengthen restorative experiences, interactions, relationships and settings, and access affirming and appropriate informal and formal supports. Clinicians could be encouraged to use community-created frameworks and strategies for chronic conditions, such as Spoon Theory (Mantzalas et al., 2022a; Miserandino, 2017). From the perspective of Spoon Theory, burnout can be seen as an extreme depletion of 'spoons' (a metaphor for energy), making recovery a process of careful energy management. This may involve assessing available spoons, prioritising essential tasks, identifying energy-draining versus energy-restoring activities, setting boundaries, and planning rest. When relating to their clients, clinicians could view burnout not simply as an individual problem but compassionately recognise the interpersonal, sensory, social and systemic barriers their clients experience. This approach can offer vital emotional validation, while assisting in identifying what the client can control. The conceptual model proposed by Mantzalas et al. (2022b) and our integrated model of 'autistic burnout' (see Fig. 2) could also provide a helpful starting point for exploration and formulation of risk of and protection against burnout in clinical settings.

There are many research gaps to address. Future research should investigate the characteristics, and the factors associated with risk and recovery across diverse groups of autistic people (for example, those belonging to additional minoritised ethnic groups or genders) and across life stages. Most of the research to date has focused on late-diagnosed white autistic women, whose life trajectories seemed significantly impacted by growing up without having their needs met and without accurately understanding themselves. The question remains whether, when, and how burnout is experienced by different autistic people e.g., early vs late diagnosed, children vs adults, or, indeed, if their burnout experiences may be gendered and/or racialised (e.g., due to some people being under more pressure to camouflage or hide multiple aspects of themselves; Benedetto, 2024).

To enable larger-scale quantitative population research to examine the prevalence of burnout and to test hypotheses stemming from the integrated model outlined in Fig. 2 (for example, alexithymia increases the likelihood for burnout in the autistic population), we need valid and reliable measures. So far, the ABM is the only tool that has been psychometrically evaluated – and was concluded to be valid and reliable in autistic adults – in two studies (Bougoure et al., 2025; Mantzalas et al., 2024). Measurement in this area remains in its early stages (e.g., see also Arnold et al., 2023b), and currently, there is no validated tool for assessing burnout in autistic children. Longitudinal studies could also help to establish the direction of relationships and a better understanding of causality and/or bidirectionality between burnout and other risk and protective factors and experiences. It will also be interesting to further understand the nuance between which factors act as protective against the development of burnout, and which act as factors for recovery – and if these are similar.

With regards to the phenomenology of burnout as experienced by autistic people, understanding its relationship, overlap or distinction from related constructs (e.g., depression) will be important. In the literature synthesised here, a relatively small number of studies (e.g., Higgins et al., 2021; Raymaker et al., 2020) provided some preliminary evidence regarding how burnout might differ from depression for autistic people. Experiences of exhaustion appeared to be central to burnout but not necessarily to depression, although the phenomenology of depression in autism has also received little empirical attention to date. Though some autistic participants related their burnout and its contributors to work experiences, the conceptual relationship between burnout experienced by autistic people and occupational burnout[6] in the general population has also been scarcely addressed in the literature we synthesised. Tomczak and Kulikowski (2023) suggested that to reduce conceptual confusion between occupational burnout and 'autistic burnout', the autistic experience could instead be referred to as 'autistic exhaustion'. Defining burnout as a solely work-related phenomenon has been, however, questioned by some – it has been proposed that understanding burnout as multi-context may allow for a more nuanced and accurate exploration of the interaction between stressors in multiple life domains (Bianchi et al., 2014; Peeters et al., 2005). A broader understanding of 'occupational burnout' in the general population could impact the understanding of burnout experienced by autistic people. Scoping the literature on related concepts, van de Leur et al. (2024) suggested taking a process rather than reductionist conceptualisation and treatment approach to 'exhaustion due to persistent non-traumatic stress', which could incorporate experiences of burnout, exhaustion disorder, adjustment disorder, and work-related depression. It is arguably essential that efforts to understand the theoretical and practical merits of different burnout conceptualisations continue, within the autistic, neurodivergent, other disabled and the general populations to support research, clinical practice and social shifts towards reducing and preventing burnout.

Given the social and environmental barriers that autistic people face,

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[6] In the general population, burnout has been conceptualised as a work-related phenomenon consisting of exhaustion, feeling cynical towards one's work and decreased work efficacy (Guseva Canu et al., 2021) – and is thus defined by the World Health Organisation (World Health Organization, 2019).

burnout is perhaps an unsurprising condition of living in an inaccessible world. Hence, expecting adaptability from autistic people to contexts that are inherently unsupportive may not make long-term sense. Socio-economic systemic changes are now necessary to create sustainable shifts. Our review serves as a starting point for the work that needs to be done. This includes promoting greater clinical awareness of burnout in the context of autistic lives and ensuring that educational and workplace settings provide sensory and social accommodations. In addition to clinical and institutional changes, broader social initiatives – such as ensuring secure access to housing and employment – are essential.

5. Summary and conclusion

The current systematic review synthesised 48 qualitative, quantitative and mixed-methods research studies with approximately 4000 autistic people exploring burnout as experienced by autistic people. Our findings highlight burnout as a multifaceted experience of exhaustion, and loss of skills, as a result of sensory overload, chronic camouflaging and the many demands of navigating unaccommodating social environments and relationships, whether at work or in private life. While awareness of one's autistic self and needs, and individual energy management could aid prevention of and recovery from burnout in some circumstances, these individual strategies are unlikely to be sufficient. Societal change is necessary for long-term prevention, reduction and alleviation of burnout in autistic people's lives. Indeed, the synthesised findings suggest the urgency of the need for systemic changes across society aiming to reduce the social, sensory and other societal demands and stressors often faced by autistic people – in education, employment, and healthcare. Future empirical research should clarify burnout's trajectory, its overlapping and distinctive features with other experiences (such as depression and occupational burnout), and its impacts to inform better prevention and support strategies. These research efforts should continue in a way in which autistic people with lived experience are involved in all aspects of the investigation.

Funding

MB is funded by the Australian Government Research Training Program and University Postgraduate Award. IM's work is supported by a start-up granted awarded to IM by the University of Western Australia. FH is part-funded by the NIHR Maudsley Biomedical Research Centre at the South London and Maudsley NHS Foundation Trust and King's College London. WH is funded by National Institute for Health and Care Research, Economic and Social Research Council, and the Dunhill Medical Trust. AQ's PhD studentship is funded by the Medical Research Council and King's College London (MR/N013700/1). DA's PhD studentship is funded by the Economic and Social Research Council via the London Interdisciplinary Social Science Doctoral Training Partnership (ES/P000703/1).

Declaration of competing interest

All authors declare that they have no conflicts of interest.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.cpr.2025.102669.

Data availability

No data was used for the research described in the article.

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