

Why Does Someone with Asperger's Syndrome Become Depressed?

People with Asperger's syndrome appear especially vulnerable to feeling depressed, with about one in three adolescents and two out of three adults with Asperger's syndrome having experienced at least one episode of severe depression in their life. More adults than adolescents may experience clinical depression because the reasons for depression in Asperger's syndrome may intensify during the adult years.

The reasons people with Asperger's syndrome become depressed

Feelings of social isolation and loneliness

People with Asperger's syndrome have the desire for friendship, connection and social approval, but may lack the innate ability to easily achieve these outcomes. The result can be extreme feelings of social isolation and loneliness: as described by Debbie, 'the heartache of having unmet needs'. There can also be a tendency to over-analyze social situations and social performance, which can be exhausting and significantly contribute to feeling depressed.

Feeling rejected and not respected or valued by peers

The person with Asperger's syndrome may see other people as being 'toxic' to his or her mental health because of past experiences of bullying and rejection. These experiences have been described as giving intense physical and emotional pain. It is little wonder that many people with Asperger's syndrome choose solitude rather than company. However, as one of our clients with Asperger's syndrome said, 'I would rather be alone, but I cannot stand the loneliness.' Most people with Asperger's syndrome have experienced bullying, rejection and humiliation, and, without a well-defined and robust

self-identity, cannot mentally counter what the bully says or cope with the social rejection and humiliation.

Many typical teenagers value specific qualities in their peers, such as the ability to make people laugh through quick wit, risk taking, being socially skilled, sporting ability and being perceived as 'cool'. Being popular is equated to self-worth. The qualities that a person with Asperger's syndrome brings to a friendship, however, might be loyalty, compassion, knowledge and open-mindedness, which may not be valued by typical teenagers. It is easy for the person with Asperger's syndrome to believe that their friendship qualities are inferior to their peers, and that perhaps, therefore, they are not as valuable as other people. This may result in feelings of low self-esteem, which contributes to feeling depressed.

Finding socializing mentally exhausting

Despite the lack of the innate hard-wiring for easily socializing, many people with Asperger's syndrome utilize their intellect to achieve social inclusion. Unfortunately, the psychological cost is high. The mental effort of intellectually analyzing every interaction to know what to do and say is exhausting. As a Buddhist monk with Asperger's syndrome said, 'For every hour I spend socializing, I need an hour of solitude to recharge my energy levels.' Energy depletion is a major cause of depression.

Internalizing and believing peer criticisms and torments

Frequent bullying and humiliation by peers can lead the person with Asperger's syndrome to believe that they really are defective in the ways described by the predators of the school and workplace. As Faye, a woman and public speaker with Asperger's syndrome, said, 'If you are told each and every day by your peers, your teachers and your family that you are stupid, you learn pretty quickly that you are stupid.' This can lead to beliefs about the self that are judgemental and critical, such as, 'I must be stupid', 'I am defective', 'There is something undeniably wrong with me', which can both make the person depressed, and keep them depressed. In contrast, typical adolescents, when criticized by peers, will have several close friends who can quickly and easily repair their emotions and provide reassurance and evidence that the negative suggestions are not true.

Focusing on errors and what could go wrong

People with Asperger's syndrome are very good at recognizing patterns and spotting errors, which is ideal when designing a bridge or analyzing an MRI scan of the brain, but not so great when thinking about oneself or the future. Being able to focus on errors or anomalies is a very important employment skill; however, when the person always uses this style of thinking when contemplating themselves or their future, depression may be the outcome. An example of this style of thinking is, 'I never get things right, I am hopeless, and I always will be'. There can be a relative lack of optimism; as the person with Asperger's syndrome achieves greater intellectual maturity, there may be increased insight into being different, with the resulting self-perception of being irreparably defective and socially stupid.

There can also be high expectations of social competence and an aversion to social errors and self-criticism. As Caroline stated, 'The worst thing about disappointing yourself is that you never forgive yourself fully', or Ruth's comment that, 'When something happens, such as not having your homework done, your inner voice blames and shames you for failing.'

Believing that change is aversive and unattainable

People who have Asperger's syndrome have great difficulty adjusting to change or the unanticipated, and usually actively seek and enjoy, and feel relaxed when there is, consistency and predictability in their daily lives. This can lead to a mindset that change is unpleasant and to be avoided. Another characteristic of Asperger's syndrome is cognitive inflexibility, which is not being able to conceptualize an alternative: in other words, a 'one track mind'. Thus, as described by Joshua, 'I may not want to change, know how to change, or believe that change is even possible.' This can lead to the belief that feeling depressed will inevitably continue and be consistent throughout life.

Not being able to cope with specific sensory experiences

An extremely difficult part of having Asperger's syndrome for many people can be the way they experience their sensory world, for example smells, sounds, textures and light intensity. Specific sensory experiences that are perceived by others as not particularly intense or aversive can be perceived by the person who has Asperger's syndrome as unbearably intense and painful. If the person does not have coping or escape strategies for avoiding or

tolerating these intense sensory experiences, they may begin to feel very hopeless and depressed about how they are ever going to cope with this aspect of their life. The anxiety they feel while both anticipating and being overwhelmed by aversive sensory experiences can be paralyzing, and paradoxically, can increase their sensory sensitivity.

Being diagnosed with Asperger's syndrome

Asperger's syndrome is often perceived in our society as a disability or mental disorder. However, when we confirm the diagnosis of Asperger's syndrome in our Minds and Hearts clinic, the most common reaction from an adult who has sought the diagnosis for some time is tears of relief. Finally, there is an explanation for the differences that the person has been observing and analyzing for a lifetime. Now the explanation can be that, 'My brain is wired differently' instead of, 'I have a defective personality.'

Unfortunately, for some adolescents and young adults there is a rejection of the diagnosis due to genuine concern as to how it might be interpreted by society and especially by peers. There may be a sensitivity to the potential for being labelled in a pejorative way or associated with people with disabilities, which could then be perceived as official confirmation of being defective. Adolescents can also be acutely aware that peer ignorance of the nature of Asperger's syndrome may lead to subsequent rejection. The diagnosis and diagnostic label can become ammunition for verbal abuse: 'asparagus syndrome', 'hamburger syndrome', or 'arse burger syndrome', among others.



Family history of depression

We have known for some time that there is a higher-than-expected incidence of mood disorders, including depression, in the family members of someone who has Asperger's syndrome. Recent research has suggested that 44 per cent of mothers and 28 per cent of fathers of a child who has an Autism Spectrum

Disorder (ASD) such as Asperger's syndrome have reported having had a clinically diagnosed depression. In more than 50 per cent of cases, the diagnosis occurred before the birth of a child with an ASD. If a parent has episodic depression, then their son or daughter may have a higher genetic risk of experiencing depression themselves.

Having a 'sixth sense' emotional sensitivity

One of the diagnostic characteristics of Asperger's syndrome is a deficit in non-verbal communication: that is, the ability to read facial expressions, body language and tone of voice. However, clinical experience and autobiographies describe a 'sixth sense' ability to perceive and absorb negative emotions in others; the person is over-sensitive to another person's distress, despair, anxiety or anger, and this can occur without their actually seeing or hearing the other person. An example is a teenager in bed one morning, facing the bedroom wall with his eyes closed. His mother tapped on the door and silently walked into the room to open the curtains. He immediately said, 'What's wrong, Mum?' which was an accurate appraisal of her emotional state of high anxiety at that moment, yet he had not engaged the conventional, non-verbal cues to elicit that information.

The following quotes describe the experience:

There's a kind of instant, subconscious reaction to the emotional states of other people that I have understood better in myself over the years. If someone approaches me for a conversation and they are full of worry, fear or anger, I find myself suddenly in the same state of emotion.

I am able to distinguish very subtle cues that others would not see, or it might be a feeling I pick up from them.

Such is this sensitivity to another person's strong, negative emotion, the person with Asperger's syndrome can become 'infected' with that same emotion, yet be unaware why they feel that way. And because it can be so difficult to create a sense of detachment, many people with Asperger's syndrome choose to isolate themselves socially in order to protect their own mental health.

The duration and intensity of depression

Some of the characteristics of Asperger's syndrome can prolong the duration and increase the intensity of depression.

Self-reflection and self-disclosure

The person with Asperger's syndrome may have considerable difficulty recognizing, defining, conceptualizing and disclosing through speech their inner feelings to parents, partner and/or peers, preferring to resolve thoughts and feelings in solitude. They may avoid conversation about negative feelings and experiences, and try to resolve the depression by subjective thought or by using the special interest as a thought blocker. People not on the autism spectrum (neurotypicals) are generally more insightful, articulate, fluent and confident in disclosing inner thoughts and feelings. They are more likely to recognize that another person may provide a more objective opinion and comforting validation of emotions, act as an emotional restorative and be able to suggest an alternative explanation and reaction.

Neurotypical people may be better able to remember the good times and anticipate that similarly good times will be part of their future. This can be an effective antidote to pessimistic or depressive thoughts. Those who have Asperger's syndrome may have difficulty experiencing and remembering times of happiness and joy, other than the excitement associated with aspects of the special interest, and anticipate a life-long continuity of feeling sad.

Emotion repair mechanisms

Often, family and friends of someone who is feeling depressed may be able to temporarily halt, and to a certain extent alleviate, the depressed mood by words and gestures of compassion, reassurance and affection. They may be able to distract or elevate the mood of the person who is depressed by initiating enjoyable social experiences, or using humour, thus providing an infusion of happiness. Adolescents and adults with Asperger's syndrome can have considerable difficulty resonating with, or being infused by, the happiness of others. Thus, some emotional rescue strategies used by family members or friends may be less effective for people with Asperger's syndrome; they are more likely to try to solve personal issues by themselves, finding affection, compassion and others' optimism less effective emotional restoratives.

There may be one person within the family who takes primary or exclusive responsibility for emotion repair when the person who has Asperger's syndrome is feeling depressed. This potential over-reliance on one person can be concerning, as a mutual dependency can develop, and the person in the caring role can become both exasperated and exhausted.

Awareness of warning signs of a developing depression

One of the characteristics of Asperger's syndrome is a 'disconnection' between mind and body, such that the person does not seem to be aware of the internal physical and psychological signals of deepening sadness, such as depleting energy levels; or psychological warning signs or cues, such as increasing pessimism. One example of this is the case of a teenager who was recounting at the clinic his experiences of being bullied at school that morning. As he told the story, tears were welling in his eyes. As tears were about to cascade down his cheeks and were clearly visible to his mother and to us, his mother handed him a tissue. He looked at it in amazement and asked, 'How did you know I was going to cry?'

Another characteristic can be a delay in emotional processing time. An example is a conversation with a woman who has Asperger's syndrome who was describing a recent experience. As she was talking, with a voice that did not convey any specific emotion, tears started to stream down her cheeks. Michelle asked her why she was crying and she replied that she did not know the reason, but that after about two hours she would be able to process the events, thoughts and feelings and provide an explanation. This characteristic delay in emotional processing time can explain why someone who has Asperger's syndrome may have difficulty giving an instantaneous reason for having (or not having) a particular emotion, perhaps honestly replying to the question, 'How are/were you feeling?' with 'I don't know', which means, 'I am still processing and analyzing my feelings.' Thus, there can be a considerable delay in the expression of some emotions, such as grief.

The person with Asperger's syndrome is often the last one to recognize the signs of sadness or depression; these may have to be pointed out by others, with comments such as, 'You seem especially negative and self-critical today.' Without being able to perceive the early warning signs of increasing depression themselves, the person with Asperger's syndrome cannot take action, and is thus susceptible to the depression becoming deeper.

Vulnerability to extreme, intense emotions

In instances of intense depression and deep despair, some people – both neurotypical and those with Asperger's syndrome – may consider suicide as a means of ending their pain. This plan may be carefully considered over days or weeks.

However, in some people with Asperger's syndrome there is a difference in the way they come to this decision. They may experience what can be termed

a 'depression attack'. Suddenly, without any warning signs to themselves or others, they experience intense, catastrophic despair and make a spur-of-the-moment dramatic decision to end their life.

These out-of-the-blue, extremely intense emotions are recognized in clinical practice, most often in association with an anxiety disorder and occurring in the form of panic attacks. The feeling of intense anxiety is sudden, overwhelming and unanticipated.

Depression attacks are similar, in the sense that there is no prior warning. The overwhelming despair may occur as a catastrophic emotional overreaction to what appears to be a relatively innocuous negative experience, such as making a minor mistake, being late or being teased. However, there may have been a backlog or build-up of despair over a long time that was not cognitively recognized by the person with Asperger's syndrome, or others. This final, simple event or trigger, releases the pressure that has been building for so long. The cap could not stay on the bottle any longer. The resulting conspicuous despair is very deep and genuine, and entirely unanticipated. There may subsequently be an impulsive action, such as jumping from a bridge, resulting in serious injury or death. Friends, family or colleagues who have been with the person immediately prior to this depression attack may not have identified any obvious signs that such an action was imminent.

We know that, should the person resist or be distracted from the impulse to act dramatically, the unanticipated, deep despair passes. Remarkably, in a short time, it gives way to a more balanced emotional state. For this reason, this programme includes strategies to help create a safety plan in the event of a depression attack.

Suicidal thoughts and actions

Recent research studies and reviews indicate that thoughts of suicide occur in 66 per cent of adults who have Asperger's syndrome. In contrast, the rate of such thoughts in the general population is 16 per cent. Research studies also indicate that 35 per cent of adults who have Asperger's syndrome have in their lives planned or attempted suicide. The actual suicide rate is unknown, but could be at least 7 per cent. Thus, the majority of those who have Asperger's syndrome have had thoughts of suicide, and around one in three have actually planned or attempted suicide at least once in their lives. This self-help book was written to reduce the depth and duration of your depression and thoughts you may have about suicide.