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ORIGINAL PAPER

What Triggers Emotional Distress and Dysregulation Amongst Autistic Females and Could These Help To Differentiate Autism From Borderline Personality Disorder? An Exploratory Study with Inductive Content Analysis

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Abstract

Objectives The features of autism and borderline personality disorder (BPD) overlap; autistic adult females are at particular risk of having an autism diagnosis missed and/or being misdiagnosed with BPD. This research aimed to explore perceptions of what triggers emotional distress and dysregulation (EDD) amongst people assigned female at birth (PAFAB) with BPD and autism from their own frames of reference.

Methods An in-depth qualitative study is presented, in which participants assigned to one of three groups according to their pre-existing diagnoses (Autism, Autism + BPD, or BPD) took part in a semi-structured interview. Data was analysed with inductive content analysis, and the number of participants mentioning each code was also counted.

Results In participants' experience, multiple triggers often act together to cause immediate emotional distress and possibly emotion dysregulation while various factors affect whether this escalates into a longer-term response involving further emotion dysregulation. Participants described EDD triggers relating to internal experiences, interaction with others, and external environments. The findings provide preliminary suggestion that some triggers—such as sensory overwhelm or feeling 'abnormal or unacceptable to others'—may be a more common cause of EDD for autistic PAFAB in comparison to BPD-only participants.

Conclusions While limitations of the study necessitate further research, hypotheses have been generated to guide larger-scale studies concerned with differential diagnosis. Clinicians will also likely benefit from the richness of these findings regarding the EDD triggers of greater prominence for autistic PAFAB and those with BPD, for the purposes of clinical formulation and treatment.

Keywords Autism · ASD · Borderline personality disorder · Differential diagnosis · Emotion dysregulation · Triggers of emotional distress

The accurate and timely identification of autism in adulthood and the provision of appropriate support have become clinical priorities (Lai, 2022; Lai & Baron-Cohen, 2015; Luciano et al., 2014). Research indicates that a diagnostic gender bias exists, leaving autistic females at an enhanced risk of not receiving a diagnosis (Loomes et al., 2017; May et al., 2021). Consonant with this, a higher proportion of undiagnosed autism has been found amongst female adult mental health service users in comparison to males (Brugha et al., 2020). Yet a delay in receiving a diagnosis, or receiving an incorrect diagnosis, is potentially harmful, causing difficulties with mental health and identity, compromised functioning and a devalued sense of self

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(Bargiela et al., 2016; Darling Rasmussen, 2023; Leedham et al., 2020; Watts, 2023).

Autism may be harder to identify in females due to the features of the 'female' or 'internalised' autism phenotype and the design of screening measures and systems, which are considered ill-equipped for detecting autism in adult women of typical intelligence (Bargiela et al., 2016; Constantino, 2011; Cumin et al., 2022; Rynkiewicz et al., 2016). In comparison to autistic males, autistic females demonstrate superior social skills, fewer obvious social difficulties, and their restricted/repetitive interests are likely to be more relational (as opposed to technological/mechanical) and therefore considered 'gender-normal' (Hull et al., 2020; Pires, et al., 2023). Some of these differences could be due to camouflaging (i.e. 'putting on a mask' and adopting neurotypical social skills), likely to make identification of autism more difficult (Bargiela et al., 2016; Dell'Osso et al., 2023a; Hull et al., 2020; Lai & Baron-Cohen, 2015; Pires et al., 2023). Camouflaging can have various negative impacts on mental health (MH) depending upon the qualities of camouflaging strategies and when 'successful', tends to result in support needs going unmet, because it gives the false impression that autistic individuals are coping with a stressful social environment (Field et al., 2024).

An autism diagnosis may be also missed due to being overshadowed by co-occurring MH difficulties, although depression, anxiety, self-harm, and suicidal ideation may develop as a result of autism going unrecognised (Au-Yeung et al., 2019; Darling Rasmussen, 2023; Kentrou et al., 2021). A greater proportion of women report having at least one prior diagnosis removed when attaining an autism diagnosis in comparison to men, with the most common being personality disorder (Kentrou et al., 2021). There is mixed evidence with regards to the prevalence of autism amongst individuals with borderline personality disorder (BPD) depending on how the presence of autism is measured. These range from a pooled prevalence of 3% when existing diagnoses are used, 15% on the basis of diagnostic assessment, to 47% when self-report questionnaire measures such as the Autism Spectrum Quotient are employed (May et al., 2021; Nanchen et al., 2016; Ryden et al., 2008). A reliance on existing diagnoses is likely to underestimate the overlap in prevalence, given the issues discussed with identifying autism amongst adult females.

The behaviours associated with BPD and autism have several overlaps in terms of difficulties with interpersonal relationships, emotion regulation, and mentalizing (i.e. the ability to infer one's own or others' mental states that drive behaviour), as well as identity disruption, a strong drive to systemize and high rates of suicidality and non-suicidal self-injury (Cai et al., 2018; Cassidy et al., 2018; Cumin et al., 2022; Dell'Osso et al., 2023a; Dudas et al., 2017; Lai & Baron-Cohen, 2015; Maddox et al., 2017; May, et al., 2021). Following a comparison of autism and BPD symptoms drawn from the Diagnostic and Statistical Manual of Mental Illnesses (DSM-5) and from empirical research regarding overlapping behaviours between the conditions, May and colleagues (2021) conclude that only the DSM-5 criteria of 'highly restricted, fixated, and unusual interests' is unique to autism. Knowledge of differentiating factors is therefore crucial for supporting the differential diagnosis of autism and BPD; yet evidence is relatively sparse compared to evidence on areas of overlap (Allely et al., 2023).

Emotion dysregulation (EDy) can be defined as the 'failure to regulate emotions appropriately and effectively' (Samson et al., 2014, p.1766). EDy therefore is distinct from emotional distress, i.e. intense emotional reactions that are negative in valence, because these could be successfully or unsuccessfully regulated. Ways in which EDy can develop include a lack of awareness, understanding and acceptance of emotions, or struggling to use adaptive strategies to alter distress intensity or duration (Gratz et al., 2006). Two of the DSM-5 diagnostic criteria for BPD involve both emotional distress and dysregulation (henceforth referred to as 'EDD'), i.e. (1) affective instability, and (2) intense anger or difficulty controlling anger (American Psychological Association (APA), 2013). These criteria demonstrate some overlap with the autistic meltdown which typically involves intense emotions (such as anger and fear) and may appear analogous to a casual observer (Lewis & Stevens, 2023; May et al., 2021). While EDD is not part of the diagnostic criteria for autism, EDy is often present from the outset of an autistic person's life and is thought to underpin the increased emotional distress that autism is often associated with (Dell'Osso et al., 2023b). Both autistic individuals and those with BPD respond to certain stimuli with more intense negative affect in comparison to controls, and those with BPD experience greater emotional lability and a slower return to baseline relative to a control group (Cai et al., 2020; Grzegorzewski et al., 2018; Sadikaj et al., 2010; van der Linden et al., 2021). Research therefore demonstrates that EDD is an overlapping feature of both autism and BPD.

However, autistic individuals and those with BPD do not necessarily experience the same levels of EDD. Self-reported EDy and behavioural correlates of EDy (e.g. self-harm and psychiatric hospitalizations) were found to be higher in adults with a BPD diagnosis compared to autistic individuals (Bemmouna et al., 2023). Conversely, another study found that autistic females who were seeking MH support had higher levels of EDy in comparison to those with BPD (Weiner et al., 2023). Correlates of EDy such as self-harm and suicidal ideation can be misinterpreted by clinicians as symptoms of BPD rather than seen as a severe stress reaction from trying to function in a neurotypical world, in which the patient's autism has gone unrecognised and

unsupported (Darling Rasmussen, 2023). This evidence suggests that autistic people assigned female at birth (PAFAB) are likely to present with EDy in MH services, which places them at greater risk of being misdiagnosed with BPD and having an autism diagnosis missed. Greater understanding of EDD amongst autistic PAFAB in contrast to those with BPD may therefore provide greater clarity regarding areas of difference between these conditions, and support differential diagnosis and effective treatment (Carmassi et al., 2022; May et al., 2021).

Some triggers of EDD have already been linked more closely to autistic individuals. Sensory triggers such as loud noises and tactile sensations are known to instigate distressing feelings and potentially a meltdown amongst autistic individuals throughout the lifespan, linking to sensory processing which differs from typically developing (TD) individuals (Blay et al., 2024; Lewis & Stevens, 2023; Samson et al., 2014; Santomauro et al., 2017). Amongst autistic youth, an unexpected change in plans or routine was pinpointed as a trigger for distressing feelings and meltdowns, while greater intolerance of uncertainty was found amongst autistic individuals in comparison to TD controls (Jenkinson et al., 2020; Phung et al., 2021; Santomauro, et al., 2017). Autistic adults could therefore continue to find minor changes to routine and situations involving particular uncertainty emotionally triggering. A sense of losing control also appears to exacerbate or perpetuate a meltdown in autistic interviewees' experience (Phung et al., 2021).

Moreover, autistic youth were found to experience enhanced anxiety with regards to completing social and work-related assessment tasks and to experience social events (such as new social situations) and social issues (e.g. friendship problems) as triggers of EDy (Santomauro, et al., 2017). These emotional reactions could be linked to having low self-efficacy in these social and assessment-related domains. Previous research demonstrates that perceiving difficulties with executive function and social anxiety is predictive of poorer perceived social and work functioning amongst autistic adults, while objective measures of executive function did not predict perceived performance in these domains (Woolard et al., 2021). The experience of feeling drained due to task demands has been linked to meltdowns (Phung et al., 2021). For social tasks, feeling drained could be due to the effort of masking autistic traits, which could be a particular EDD trigger for autistic PAFAB (Field et al., 2024; Hull et al., 2020). In addition, situations leading to a meltdown amongst autistic adults can centre around being treated badly by others, i.e. experiencing poor customer service or feeling let down by a partner or friend (Lewis & Stevens, 2023). Finally 'stimming', or stereotyped and repetitive behaviours, appear to have a role in managing emotion although the autistic community believe stimming is negatively judged by neurotypical people (Jones et al., 2018; Kapp et al., 2019; Samson et al., 2014). Therefore the need to engage in stimming in public could be an EDD trigger amongst autistic individuals. This is considered to be a key area of differentiation between autism and BPD, because these behaviours appear relatively unrelated to BPD (Allely et al., 2023; Dell'Osso et al., 2023a; May et al., 2021).

Conversely, in comparison to autistic individuals, interpersonal stressors such as social rejection or invalidation by others are considered to have a more central role in triggering EDD in the BPD population (Gordon et al., 2020; Hepp et al., 2017; Sadikaj et al., 2010). Research also suggests that people with BPD find disagreeable and cold behaviour particularly distressing in comparison to controls and people with other MH diagnoses (Hepp et al., 2017; Sadikaj et al., 2010). BPD is also characterised by chronic emptiness, which was experienced as distressing amongst those with this diagnosis (Miller et al., 2021).

Various calls have been made for research to examine the shared and distinct cognitive features amongst individuals with autism and BPD to support the differential diagnosis of these conditions (Allely et al., 2023; Dell'Osso et al., 2018; Gordon et al., 2020; May et al., 2021). However, while some research has been carried out, many studies have focussed on BPD or autism relative to controls, making comparison between clinical groups difficult (May et al., 2021). Some of the research reviewed has suffered from sampling issues likely to perpetuate the diagnosis bias already discussed (e.g. in Duijkers et al.'s [2014] study 9.8% of the autism group and 67.6% of the personality disorder group were female). Some of this research also hasn't ruled out whether participants with a BPD diagnosis also had undiagnosed autism, or vice versa, making conclusions informing differential diagnosis difficult to draw (e.g. Weiner et al., 2023). Furthermore, to our knowledge, no study to date has specifically focussed on exploring similarities and differences in triggers of EDD in these two clinical populations.

Lastly, researchers have noted that EDy in autism is particularly understudied and have called for its investigation in gender-diverse autistic individuals, given the particular challenges they might face and because rates of gender diversity are high in the autistic population (Bemmouna et al., 2023; Warrier et al., 2020; Weiner et al., 2023).

This study therefore adopted a gender-diversity inclusive approach to explore what adult people assigned female at birth (PAFAB) perceive to be their triggers of EDD from their own frames of reference and how their resulting EDD responses are experienced. Given the lack of existing research exploring EDD triggers amongst autistic individuals as well as those with BPD, a qualitative approach was selected to gain nuanced and indepth information which would have been harder to capture with a quantitative study. To further address the gap in the research literature, this study was undertaken with three clinical groups: two solely meeting

diagnostic criteria for autism or BPD, and one meeting diagnostic criteria for both—to establish whether EDD triggers show potential in differentiating between these conditions.

Methods

Design

This in-depth qualitative interview study was conducted with a subsample of participants whose eligibility and assignment to groups had already been determined when taking part in a wider study. The wider study was a cross-sectional survey of 132 women/PAFAB examining similarities and differences between autistic participants, those diagnosed with BPD, and those diagnosed with both conditions. Participants provided informed consent and received a £25 e-voucher for participating in the wider study. Further details are available from the NHS Health Research Authority (2022) and the study website (Barnicot et al., 2025).

Ethical Approval

The study was given ethical approval by the West Midlands-South Birmingham National Health Service (NHS) Research Ethics Committee on the 14th of January 2022, (REC ref. 21/WM/0287, IRAS 307912), as part of a wider study investigating recognition of autism in people diagnosed with a personality disorder.

Recruitment

The wider study recruited participants between January and July 2023 across seven NHS Trusts in the North-West, Midlands, and South-East of England. Clinical staff in NHS community mental health, adult autism, and personality disorder services identified potentially eligible service-users, supported by flyer distribution in waiting areas. Recruitment was further promoted through social media, the National Institute for Health Research Be Part of Research platform, and the Scottish Women's Autistic Network.

Inclusion and Exclusion Criteria for the Wider Study

Participants were required to be 18 years of age or older, assigned female at birth or identifying as female, and resident in the UK.

Autism Group participants also needed to have the following: (a) a current diagnosis of autism spectrum disorder (ASD)/Asperger's syndrome (AS); (b) never been diagnosed with a personality disorder; (c) scores below the threshold (<7) on the McLean Instrument for Screening BPD MSI-BPD (Zanarini et al., 2003). This is a ten-item measure requiring binary responses, with good test–retest reliability and reasonable internal consistency ($\alpha = 0.74$; Zanarini et al., 2003; Zimmerman et al., 2021).

BPD Group participants also needed the following: (a) a current diagnosis of BPD; (b) no current/prior diagnosis of ASD/AS, nor believe they might be autistic; (c) to score ≥ 4 on the MSI-BPD; (d) to score below the thresholds on either the Ritvo Autism and Asperger Diagnostic Scale-14 (RAADS-14) (<23; Eriksson et al., 2013) or Autism Spectrum Quotient-10 (AQ-10) (<6; Allison, et al., 2012). The RAADS-14 consists of 14 items assessing autism in adults without learning disabilities; with satisfactory psychometric properties and good discriminant validity in psychiatric samples (Eriksson et al., 2013). The AQ-10 is a ten-item measure constructed from the original 50-item Adult Autism-Spectrum Quotient (Allison, et al., 2012).

Autism + BPD Group participants were able to take part if they had both a diagnosis of ASD (or AS) and BPD, and scored ≥ 4 on the MSI-BPD.

Participants diagnosed with a schizophrenia-spectrum disorder and/or who had moderate to severe learning difficulties were unable to participate.

Sampling for Current Study

A sub-sample of 18 participants from the wider study were invited to participate in the present study, consisting of 7 each from the Autism and BPD Groups and 4 from the Autism + BPD Group.

Procedure

Participants self-reported all inclusion and exclusion criteria through a Qualtrics XM survey. Participants eligible to participate then proceeded to complete the full survey for the wider study, which included demographic measures drawn upon for the current study. Following survey completion, participants were invited to take part in this additional study and were selected on a first-come, first-served basis until study quotas were full. Semi-structured interviews were carried out with the 18 participants. Of key relevance to this article, the first interview question was 'What kinds of things or situations cause you to feel emotionally distressed, i.e. upsetting you fairly often and causing you to feel particularly intense upset?' Other aspects of the interview involved exploring participants' experience of two newly developed self-report measures: the Triggers of Distress Questionnaire and the Triggers of Self Harm Questionnaire (see Barnicot et al., [2025] and Turner [2024] for more details). Interviews were guided with a schedule, which included probes following each interview question (e.g. 'What was the worst

thing about this situation?'), utilised if this content was not described by participants spontaneously. The interviews were held remotely on a video call (on the Microsoft Teams or Zoom platforms) between February and May 2023, and lasted approximately 30 to 43 minutes. Participants provided informed consent and received a £15 e-voucher for their participation in this study, in addition to the £25 e-voucher received for taking part in the wider study.

The interviews were recorded and the audio component extracted for the purposes of full transcription. Data was stored securely without the inclusion of participants' identifying details, which were stored separately. Participant numbers were utilised to allow pseudo-anonymous identification of data.

Qualitative Approach, Research Paradigm, and Trustworthiness

Inductive content analysis (ICA), which involves drawing codes from participants' own words and organising these into categories, was considered an appropriate analytic technique for the interview data collected in this study (Elo & Kyngas, 2008). Content analysis is typically concerned with drawing valid and replicable inferences from data, to provide practical knowledge which helps to guide action or future research (Krippendorff, 1980). It is a flexible methodology, consistent with a constructivist pragmatist epistemology which assumes individual worldviews are at once unique and socially shared to some extent, and thus well suited to a focus on individual frames of reference (Morgan, 2014).

The analysis drew on the processes described by Cavanagh (1997) as well as the three 'phases' discussed by Elo and Kyngas (2008). In the preparation phase a decision was made to code manifest rather than latent content because this best addressed the research question by privileging the client's frame of reference. The organising phase of the ICA commenced with manual open coding of 13 transcripts (drawn proportionately across groups), i.e. coding each sentence relevant to the research question and deriving codes from participants' own language while simultaneously collecting these on draft coding sheets. Following this, coding sheets were reorganised by grouping sematically related codes together, developing higher-order categories for these, and moving codes between categories for the purposes of consistency (Elo et al., 2008). This sample of the data was considered sufficient for establishing an initial assessment of the trustworthiness of the coding scheme (Bengtsson, 2016). A second coding of three transcripts was then undertaken by co-author KB with the developing coding sheets, to explore the code structure's reproducibility and validity (Cavanagh, 1997). Discrepancies were then discussed in a virtual meeting, and resolved through clarification of code definitions or developing new codes. This approach to assessing the trustworthiness of the data is consistent with the pragmatic theoretical position of this research (Maxcy, 2003). Following this, the coding sheets were updated and where necessary, data was re-coded and/or checked for consistency.

The remaining transcripts were coded with the updated coding sheets and the analysis was abstracted by distilling existing codes and categories (Elo et al., 2008). The 'original' and 'distilled' codes can be observed in the category and coding sheet in the online resource. Several rounds of abstraction followed feedback from both co-authors DJ and KB, which also included splitting several codes and redefining categories. Finally, the number of participants to mention each code was counted to develop a more quantitative understanding of how codes were distributed amongst groups (Cavanagh, 1997). A model of the relationships between categories was also created to further develop the qualitative understanding of the data, which Elo et al. (2008) considers a key aspect of the reporting phase.

Researcher Characteristics and Reflexivity

The design of the study and the processes of data collection/analysis were influenced by lead author ST's clinical experience as a Counselling Psychology doctoral student and by the needs of the wider study. While we kept a reflexive diary to identify our biases and assumptions, our openness to understand this topic from participants' perspectives was also supported by regular meetings and supervision within the wider study team, whose members offered a wealth of professional expertise and lived experience of autism.

Results

Sample Characteristics

Of the total sample of 18, all were assigned female at birth, most identified as female (83.3%), while three were gender-diverse. Twelve participants described themselves as working (66.7%) while others were unemployed (11.1%) or studying (22.2%). Table 1 illustrates the age distribution of the sample, showing the youngest participants were from the BPD Group, while the eldest were members of the Autism and Autism + BPD Groups.

Nine participants reported they were currently under the care of MH services (50%), six of them belonging to the BPD Group; while seven participants also had a current diagnosis of ADHD/ADD (38.9%) and were dispersed across groups, as shown in Table 2.

Table 1 Number and percentage of participants falling into years of age categories by group

Group	18–24 (*n*)	25–34 (*n*)	35–44 (*n*)	45–54 (*n*)	45–54 (*n*)
Autism	0	3 (50%)	2 (40%)	2 (66.7%)	0
BPD	3 (100%)	2 (33.3%)	2 (40%)	0	0
Autism + BPD	0	1 (16.7%)	1 (20%)	1 (33.3%)	1 (100%)
Total	3	6	5	3	1

Borderline personality disorder (*BPD*)

Table 2 Number and percentage of participants under current care of MH services and with co-occurring ADD/ADHD, by group

Group	Under MH services (*n*)	Diagnosis of ADD/ADHD (*n*)
Autism	1 (14.3%)	3 (42.9%)
BPD	6 (85.7)	3 (42.9%)
Autism + BPD	2 (50%)	1 (25%)
Total	9	7

Borderline personality disorder (*BPD*), attention deficit (hyperactivity) disorder (*ADD/ADHD*)

Table 3 shows that the average scores of the autism and BPD screening instruments are in line with what would be expected given the inclusion/exclusion criteria. One participant (in the Autism + BPD Group) had multiple PD diagnoses: obsessive–compulsive PD and avoidant PD, as well as BPD.

Exploring Triggers of Emotional Distress and Dysregulation

A model of the higher level categories derived from the ICA is presented in Fig. 1. The 'triggers' referred to could, in participants experience, instigate emotional distress and potentially also EDy depending on the context, e.g. being affected by other triggers at the time and the characteristics of the trigger. These have therefore been termed 'EDD triggers'. The model also depicts the chronology of the underpinning codes discussed by participants, illustrating how the EDD immediately experienced in relation to triggers can develop into more persistent, longer term responses involving considerable EDy.

Nine categories of EDD triggers were derived from the data, some internal to an individual (i.e. 'Perceptions of self', 'Experience of internal states', 'Thwarted intentions' and 'Health' triggers) while others were born from interaction with others (i.e. 'Communication difficulties', 'Relationship difficulties' and 'Other's behaviour towards me'). Two categories relate to triggers associated with an external system or environment ('Sensory' and 'Managing pressures and demands'). These are explained in greater depth below. Participants tended to discuss distressing situations involving multiple triggers, as depicted by an overflowing bucket (see Fig. 1).

'Immediate responses' refers to psychological responses to the trigger(s), which occur in a relatively quick timeframe following exposure. This category consists of 14 codes, with some encapsulating greater EDy (e.g. 'Meltdowns and intensive states of distress') while for others emotional distress was predominant and EDy not necessarily implied (e.g. 'boredom'). This category also includes threat responses ('Flight', 'Fight', 'Freeze', and 'Fawn'), reflecting how EDD triggers can be seen as threats. Some participants discussed how some immediate responses can prompt further EDD, or cause other triggers to occur (such as 'Argument/conflict').

'Contextual moderators' are characteristics of the EDD trigger or the context in which it occurs, that moderate the intensity of immediate responses. 'Past experience moderators' seem to amplify immediate responses when the trigger resembles previous experiences.

An immediate response (or more likely a set of responses as participants tended to describe their distress as being multifaceted) may develop into a 'Manifestation of EDD overtime', a category (consisting of four codes) referring to a longer-term response to EDD triggers, for example 'Depletion'. These seem to involve substantial EDy.

Table 3 Mean scores and standard deviations of the autism and BPD screening instruments by group

ASD/BPD screening measure		Autism		BPD		Autism + BPD	
		M	SD	*M*	SD	*M*	SD
ASD	RAADS-14	31.86	6.36	10.43	5.91	32.25	7.93
	AQ10	6.57	1.90	3.71	2.87	6.75	1.71
BPD MSI-BPD		4.0	1.15	8.71	1.50	8.25	2.36

Borderline personality disorder (*BPD*), autism spectrum disorder (*ASD*), RitvoAutism and Asperger Diagnostic Scale (*RAADS*), MacLean Screening Instrument for Borderline Personality Disorder (*MSI-BPD*), Autism-Spectrum Quotient (*AQ*)

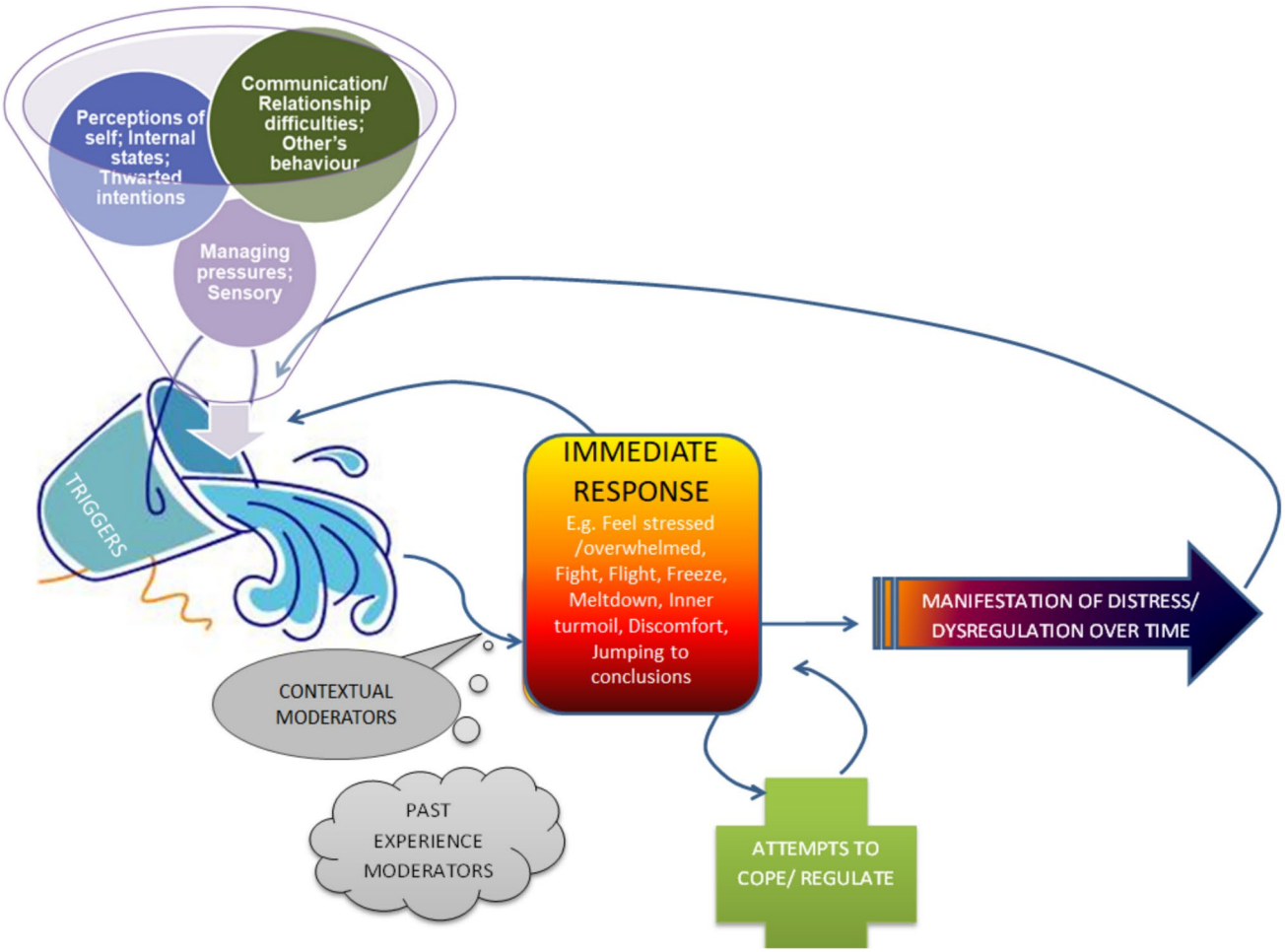

Fig. 1 A model of categories relating to emotional distress and dysregulation

Participants also described 'Attempts to cope/regulate', which reduce exposure to the trigger, or soothe their immediate response, thereby preventing a 'Manifestation of EDD over time'. Unsuccessful attempts to cope were also discussed.

A table featuring all categories and codes derived from the ICA is featured in the online resource, including definitions of codes and counts of participants to mention each code. The next section prioritises discussion of EDD triggers of greater relevance to the study's purpose, i.e. those more commonly mentioned by autism-only or BPD-only participants, to support hypothesis generation for future research into differential diagnosis.

Triggers Internal to an Individual:

Health EDD triggers are not discussed in this section, since these refer to suffering health difficulties likely to be more reflective of co-occurring conditions rather than autism or BPD.

Perceptions of Self

This category captures the experience of having particular thoughts or perceptions of oneself which trigger EDD; it consists of nine codes (the number of participants describing each code ranged from eleven to four).

- Feeling unloved/rejected/dismissed: Feeling unloved, rejected, or dismissed by others due to how they have treated oneself, e.g. '*Feeling rejected and abandoned. Erm. Feeling like people don't care about me…*' (BPD Group participant). This code was the most frequently endorsed of this category and was especially prominent within the BPD Group (Autism: $n = 2/7$; BPD: $n = 6/7$; Autism + BPD: $n = 3/4$).
- Feeling excluded or fundamentally unacceptable to others: A code best-illustrated by this Autism-only participant's description: '*But irrationally, I'm thinking I must be like some kind of, alien being trying to socialize with normal humans*'. This code was more commonly

mentioned amongst the Autism and Autism + BPD Groups (Autism: $n = 4/7$; BPD: $n = 2/7$; Autism + BPD: $n = 2/4$;). Furthermore one BPD-only participant had co-occurring Tourette's syndrome, which could be linked to this EDD trigger.

- Doing badly: A belief that one isn't performing well at something, or is likely to fail. For example: '*If I go climbing with my friends and I'm terrible at it… I would frequently… burst into tears or have panic attack there because everyone else is finding it much easier than me*' (BPD-only participant). This code was mentioned by more participants in the Autism Group (Autism: $n = 4/7$; BPD: $n = 2/7$; Autism + BPD: $n = 1/4$).
- Feeling stupid or I should know better: Believing others think one is not clever enough, or doubting one's own intellect or ability; a code endorsed only by Autism Group participants ($n = 4/7$). For example: '*I worry… I've misread the situation somehow or… done something incredibly stupid. Looked an idiot and not even realized*' (Autism-only participant).
- Irrational doubts: Doubts about oneself, one's abilities or relationships that remain despite evidence to the contrary, e.g. '*Sometimes… someone might say something, I'm like, wait… What do you mean by that? …Rationally my logical part of my brain knows what… they mean, but my brain's like short circuiting*' (BPD-only participant). This was a less commonly mentioned code in this category (Autism: $n = 3/7$; BPD: $n = 1/7$; Autism + BPD: $n = 0/4$).
- Feeling fundamentally different to others: Perceiving that one doesn't belong, or that oneself is flawed or abnormal, i.e. '*It's almost like a square peg in a round hole… it can feel like there's something wrong with me*' (Autism-only participant). This was mentioned primarily by Autism-only participants, and the BPD-only participant describing this EDD trigger also had Tourette's (Autism: $n = 3/7$; BPD: $n = 1/7$; Autism + BPD: $n = 0/4$).

Experience of Internal States

Consisting of six codes (mentioned by five to one participants), this category captures the experience of emotions (or lack thereof), or perceptions of one's cognition, that are triggering in themselves. Many of these codes were dispersed across groups, and/or were mentioned by a minority of participants. One such code is 'Lacking control and certainty', i.e. feeling one is not in control and/or a situation seems uncertain and ambiguous (Autism: $n = 2/7$; BPD: $n = 0/7$; Autism + BPD: $n = 1/4$), e.g. '*…that's the thing that gets me upset. Is… not knowing what is expected of me*' (Autism + BPD Group participant).

Thwarted Intentions

This category, made up of three codes, covers EDD triggers where an intended action is blocked or feels impossible.These codes were typically less common in the data (mentioned by four to two participants), and include 'Interruptions and unanticipated situations': where something disrupts an important process or routine (Autism: $n = 2/7$; BPD: $n = 1/7$; Autism + BPD: $n = 1/4$). This code was similar but qualitatively different to 'Not going to plan', i.e. plans derailing in an unwanted way; mentioned solely by BPD-only participants ($n = 2/7$).

Triggers Relating to Interaction with Others: Communication Difficulties

Consisting of six codes, this category encompasses communication problems in interaction with others (described by between eleven and three participants). The following codes were less evenly dispersed across groups, seemingly mentioned by more autistic participants:

- Difficulties interacting with others: Defined as 'mistakes' made or difficulties one brings into interactions with others (such as going blank or discomfort with direct questions). For example: '*I often worry about, like, how I've how I've delivered information, you know, whether it's come across a bit too blunt*' (Autism-only participant). This was a commonly mentioned code within this category (Autism: $n = 4/7$; BPD: $n = 2/7$; Autism + BPD: $n = 1/4$).
- Difficulties communicating and caring with other ND: Difficulties arising when communicating with or needing to care for someone else who is neurodivergent. This was a key trigger for some autistic participants (Autism: $n = 2/7$; BPD: $n = 0/7$; Autism + BPD: $n = 2/4$). For example one Autism Group participant described this situation with someone who is also autistic: '*…she was starting to… tell me about something and… I was getting quite stressed because I couldn't take it in; like it didn't seem to be in a logical order…*'.
- Social code and conflicting worldviews: Finding it hard to make sense of the social codes others might understand intuitively, or feeling one's perspective on the world is at odds with how a neurotypical person views it. For example: '*I'm not good at knowing boundaries, so sometimes I can be overfamiliar or overshare*' (Autism-only participant). This code was the least commonly mentioned in this category, described solely by the Autism Group ($n = 3/7$).

Relationship Difficulties

Consisting of seven codes, this category captures difficult experiences when in relationship with others. The number of participants mentioning codes in this category ranged from eleven to two, which appeared evenly dispersed across groups.

Others' Behaviour Towards Me

This nine-code category reflects how others' behaviour toward onself can cause distress (two to nine participants). The following were more commonly endorsed by autistic participants:

- Acting differently: A code best illustratred by this Autism-only participant's description: '*If someone…started changing their behaviour towards me. I… struggle with that*' (Autism: $n = 3/7$; BPD: $n = 0/7$; Autism + BPD: $n = 1/4$).
- Not responding: Someone has not responded to a communication, such as a text message (Autism: $n = 3/7$; BPD: $n = 1/7$; Autism + BPD: $n = 0/4$), e.g. '*Little things like someone not responding to a text immediately makes me feel rejected*' (BPD-only participant).
- Exerting influence over me: Someone is trying to influence oneself, such as through manipulation or lecturing (Autism: $n = 2/7$; BPD: $n = 0/7$; Autism + BPD: $n = 1/4$), e.g. '*Yeah, she'll always turn it back on to me, even though she started*.' (Autism + BPD participant).

Conversely, 'Unjust and unsupportive treatment' was primarily mentioned by participants with a BPD diagnosis (Autism: $n = 1/7$; BPD: $n = 4/7$; Autism + BPD: $n = 2/4$). It describes a situation in which one has been treated in an unkind, unjust or unsupportive way, e.g. '*…if I think someone has done something that I don't deserve or is unjustified, I will be angry about that*' (Autism + BPD Group participant).

Triggers Associated with an External System or Environment: Managing Pressures and Demands

This category consists of nine codes, in which actual or perceived demands arising from roles or priorities trigger EDD (the number of participants to describe these ranged from eleven to one). The following two codes seemed to be more prominent amongst autistic participants:

- Being a parent or wife: Managing the demands to arise from a role as a parent, step parent, grandparent, or wife (Autism: $n = 3/7$; BPD: $n = 0/7$; Autism + BPD: $n = 2/4$). One Autism Group participant described how EDD had arisen in her role as a parent: '*So… even things like my children are fighting… I want to stop them… They were crying because they were hurting each other and I was crying with them because I said I just don't know what to do*'.
- Cognitive challenges: Demands require particular cognitive processes (e.g. concentrating or switching attention) that feel difficult: '*Another thing that I really find hard is switching from one task to another…*' (Autism + BPD Group participant). This code was raised less often and only by autistic participants (Autism: $n = 2/7$; BPD: $n = 0/7$; Autism + BPD: $n = 1/4$).

Sensory

This category clusters EDD triggers relating to the senses in interaction with certain physical or environmental stimuli and includes a total of five codes (described by between seven and one participant). The following quote illustrates an Autism-only participant's experience in relation to sensory EDD triggers: '*Like if… I need to focus and I can't because everybody's so noisy and talking… on the telephone, stirring cups of tea… and it becomes quite quickly a distressing thing that I just fall apart*'. Sensory EDD triggers seem to be more prevalent amongst participants with an autism diagnosis, given only one BPD-only participant endorsed any codes in this category. Furthermore this participant had co-occurring ADHD and their distress in relation to the codes 'Crowded places' and 'Noise' could relate more to their experience of ADHD than BPD. The following codes are of particular interest to this study:

- Noise: Defined as loud noises, particular sounds and/or distracting conversations. As the most commonly endorsed code in this category, noise may be the most prominent sensory EDD trigger for participants (Autism: $n = 4/7$; BPD: $n = 1/7$; Autism + BPD: $n = 2/4$).
- Sensory overwhelm: An overwhelming amount of sensory input, i.e. multiple sources or a vast amount from one source (Autism: $n = 3/7$; BPD: $n = 0/7$; Autism + BPD: $n = 2/4$). Participants who mentioned this EDD trigger also described noise as emotionally triggering.

Discussion

The exploration of participants' perceptions of what triggers emotional distress and dysregulation (EDD) generated nine categories of EDD triggers. These included internal triggers (e.g. 'Experience of internal states'), those relating to interaction with others (e.g. 'Other's behaviour towards me'),

and triggers associated with an external system or environment (e.g. 'Sensory'). In support of these findings, other exploratory research into meltdowns amongst autistic adults identified some similar categories of trigger (e.g. sensory, social and emotional [Lewis & Stevens, 2023]).

While these exploratory findings are preliminary, various EDD Triggers appeared to be mentioned more often by autistic participants in comparison to BPD-only participants and vice-versa, suggesting that with further study, these may have potential to differentiate autism from BPD. The whole 'Sensory' category is more prevalent amongst autistic participants, especially with regards to 'Noise' and 'Sensory overwhelm'. These findings are consistent with other research which suggests sensory triggers such as loud noises and tactile sensations instigate distressing feelings for autistic individuals and potentially a meltdown (Lewis et al., 2023; Samson et al., 2014; Santomauro et al., 2017). In the 'Managing pressures and demands' category, 'Being a parent or wife' appeared to be a greater EDD trigger for autistic PAFAB compared to BPD-only participants, due to the task demands associated with these roles. Previous research has found the sensory demands of the perinatal period can be especially overwhelming for autistic mothers (Westgate et al., 2024). Furthermore the experience of feeling drained due to task demands sometimes leads to a meltdown for autistic youth (Phung et al., 2021). Cognitive processing difficulties could also contribute to this EDD trigger. 'Cognitive challenges' emerged as a specific EDD trigger in this research, which showed a tendency for greater representation in the Autism Group. Other research has found executive-functioning difficulties in autistic adults, including issues with cognitive flexibility, verbal memory, and processing speed (O'Hearn et al., 2008; Velikonja et al., 2019).

With regards to the category of 'Communication difficulties', codes which were more commonly mentioned by autistic participants ('Difficulties interacting with others', 'Social code and conflicting worldviews', and 'Difficulties communicating and caring with other ND') seemed to encompass self-blame for communication difficulties or the sense that as a neurodivergent individual in a neurotypical world, one must carry the burden for communication problems. These findings are consistent with the DSM-5 criteria for ASD (persistent difficulties with social communication and social interaction) and with research which suggests subtle language and communication difficulties prompt negative emotion and stress in autistic youth (Sturrock et al., 2022). With regards to others' behaviour, both 'Acting differently' and 'Not responding' were identified as emotionally triggering by autistic participants, apparently to a greater extent than for BPD-only participants. These findings are consistent with other research which identified ostracism and friendship issues as EDD triggers amongst autistic youth (Santomauro et al., 2017). Conversely, the finding that 'Unjust and unsupportive treatment' could be a greater EDD trigger for PAFAB with a BPD diagnosis, is consistent with a study that found people with high BPD traits react more strongly to self-related injustice than those with lower BPD traits (Lis et al., 2018).

In terms of the 'Perceptions of self' category, having low confidence in one's intellect or ability or more general doubts about oneself ('Feeling stupid or I should know better', 'Doing badly', 'Irrational doubts'), as well as feeling abnormal or unacceptable to others ('Feeling excluded or fundamentally unacceptable to others', 'Feeling fundamentally different to others'), represent two clusters of EDD triggers which appear to be more commonly mentioned by autistic interviewees. Consistent with these findings, previous research found increased anxiety with completing social and work-related assessment tasks amongst autistic youth in comparison to controls (Santomauro, et al., 2017). Feeling abnormal or unacceptable to others could be linked to the interpersonal style of autistic individuals emphasised by Blay et al.'s (2024) work, including a lack of understanding of social norms that neurotypicals seem to understand so well. While autistic individuals seem to find it emotionally distressing to feel they do not fit into a neurotypical social environment, people with BPD seem to find it particularly upsetting to feel rejected, dismissed, or abandoned in the context of existing relationships ('Feeling unloved/rejected/dismissed') according to the findings of this study. This mirrors existing research, which concludes that perceived rejection and abandonment is a well-established trigger of BPD symptoms, inclusive of EDD (Blay et al., 2024; Grzegorzewski & Kucharska, 2018; Gunderson, 2007).

Finally for autistic PAFAB, the ICA codes 'Lacking control and certainty' ('Experience of internal states') and 'Exerting influence over me' ('Other's behaviour towards me') suggest that feeling a lack of control/being controlled may be a greater trigger compared to those with BPD. This mirrors previous research findings, i.e. feeling out of control is a key aspect of what might contribute to a meltdown and how it is experienced amongst autistic adults (Lewis & Stevens, 2023).

The exploration of participants' EDD triggers also generated a detailed understanding of how multiple EDD triggers often act together to result in an immediate response, which consists of a range of expressions of emotional distress and EDy. These finding are analogous to Lewis and Stevens' (2023) study which found multiple triggers often led to a meltdown amongst autistic adults, and that a variety of expressions of EDy could ensue depending on the type of triggers involved. Furthermore this study highlights that the transition from emotional distress to EDy appears to be a complex process with multifaceted responses which can also act as triggers in themselves or seed the occurrence of further EDD triggers (such as 'Fight').

Trustworthiness and Limitations

The transferability of the findings is enhanced by the gender diversity in the sample, reflecting the greater diversity of the autistic population (Warrier et al., 2020). Participants also engaged in a wide range of occupational activities (e.g. working, unemployed and/or studying), which allowed exploration of a breadth of activities that could provoke EDD. Participants were also fairly well distributed amongst the age categories, although only one participant was aged 55 years or over and no PAFAB aged 65 years or older took part. This study found that participants experienced some change in their triggers over time, and other research indicates age-related shifts in BPD symptoms (Videler et al., 2019), therefore it is uncertain as to whether these findings will have applicability to older PAFAB.

Transferability is also limited by the lack of transwomen taking part, therefore this study has only partially addressed the call for research to investigate EDy in gender-diverse populations (Bemmouna et al., 2023; Weiner et al., 2023). Furthermore the sample was limited in terms of the ethnic diversity of participants. An intersectional lens would predict greater trauma amongst those PAFAB who are underprivileged from multiple intersections (Crenshaw, 1989), likely impacting their key triggers of distress. The applicability of these findings to autistic PAFAB from ethnic minorities is therefore questionable.

Supporting the credibility of the findings, a second coding of three transcripts was undertaken by co-author KB, and the coding structure was reviewed several times by co-author DJ, supporting its reproducibility and validity (Cavanagh, 1997). The inclusion criteria ensured groups were well-defined in terms of formal diagnosis/diagnoses, and possessed traits in line with these. Furthermore, exclusion criteria helped to reduce the potential for undiagnosed BPD/autism in the Autism and BPD Groups. These criteria helped to assure that those triggers which appear to differ between groups are truly reflective of these populations. However the need for participants to have a formal diagnosis/diagnoses to take part is also a limitation of this study, because it excluded those it seeks to support most, i.e. those PAFAB whose autism has gone unrecognised so far. Participants also had a number of co-occurring conditions; therefore some EDD Triggers identified could be due to conditions other than BPD or autism. Nevertheless apparent differences in EDD triggers between groups is unlikely to be associated with ADHD/ADD rather than autism and/or BPD because co-occurrence was evenly spread across both the Autism and BPD Groups (42.9%). Furthermore, evidence from other research supported the findings and many of the EDD triggers identified between groups were consistent with the relevant diagnostic criteria (e.g. 'Difficulties interacting with others' in relation to autism, and 'Feeling unloved/rejected/dismissed' in relation to BPD; APA, 2013).

This research has been developed with the assumption that participants are able to identify specific triggers of emotional distress and EDy, although previous research has found some autistic individuals struggle with this (Lewis & Stevens, 2023; Santomauro et al., 2017). In connection with this limitation, participants were not screened on the basis of alexithymia, which would likely impinge upon their ability to identify occasions of distress and thereby the triggers (Garfinkel et al., 2016; New et al., 2012). This limitation of the study's design is unlikely to impact upon the trustworthiness of the findings because all participants described some specific EDD triggers, with only two expressing any degree of difficulty with this.

Conclusion

Though they will require further corroboration before they can be used for differential diagnosis, this exploratory study teased out a number of potential EDD triggers which may affect autistic PAFAB differently when compared with PAFAB with a BPD diagnosis. These preliminary findings relate to an area of research which has been underexplored, and may be of benefit to practitioners when formulating their client's difficulties. Further research using larger samples is likely to benefit clinicians involved in differential diagnosis of autism and BPD. First however, ways of measuring EDD triggers amongst autistic PAFAB and those with BPD will need to be developed, a topic explored in the studies related to the present one (see Barnicot et al., 2025; Turner, 2024). The inclusion of transwomen, black and minority ethnic populations, and older participants in future research on this topic will also be central to improving the extent to which the findings can inform clinical practice.

This study further captured the complex process by which EDy develops. In illustration, demand overload could be experienced in one's role as a parent or wife because this requires certain cognitive tasks (e.g. switching attention), which is likely to result in a greater degree of EDD if cognitive challenges (relating to autism) are being experienced, and if one's response to the trigger is to 'Freeze'. This study therefore provides clinicians with an insight into the complexity of how a trigger might develop into EDy in combination with other triggers, responses and/or moderating factors. Identifying particular patterns of these factors with a client has clear application in terms of helping to relieve EDD and enhance resilience to stressors; using larger samples to explore how different clinical groups might present distinctive patterns of these factors could also be helpful in differentiating autism from BPD or other conditions for which autism might be mistaken, such as ADHD (Kentrou, et al., 2019).

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Declarations

Ethics Approval Ethical approval was attained from the Health Research Authority, IRAS ID: 307912.

Competing Interests The authors declare no competing interests.

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