



RESEARCH PAPER

## Mediating Role of Perceived Stigma and Camouflaging in Relationship between Autistic Identity and Wellbeing among Autistic Adults

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### Abstract

The present study was conducted to investigate the mediating role of perceived stigma and camouflaging in relationship between autistic identity and psychological wellbeing among autistic adults. This study investigates how the complex social identity of autistic adults, affects their wellbeing and how frequent stigma in various contexts results in camouflaging, potentially worsening mental health and preventing the development of a strong autistic identity. The study was conducted on autistic adults (N=400). Autism Spectrum Identity Scale, Stigma Consciousness Scale, Camouflaging of Autistic Traits Questionnaire and Warwick Edinburgh Mental Wellbeing Scale were used for data collection. The results showed that there was a mediating effect. Higher autistic identity was related to positive psychological wellbeing and less stigma. Higher stigma related to more camouflaging which is correlated to poorer wellbeing. Promoting societal awareness and acceptance of autism will contribute to improve the quality of life for autistic adults, promoting their overall wellbeing.

**KEYWORDS** Autism, Autistic Identity, Camouflaging, Perceived Stigma, Wellbeing

### Introduction

Autism spectrum disorder (ASD) or Autism refers to complex, lifelong neurodevelopmental disability. ASD is marked by persistent challenges in communication, social and inflexible and repetitive patterns of activities, behaviors and interests. The concept of ASD has been developed to identify and recognize the heterogeneity in how they present themselves depending on their age and ability (American Psychiatric Association, 2013). A child with autism may learn many skills and work around as he grows up and becomes adult, however he will not get over his autism to become a typical adult. Some adults are moderately to highly successful people and face few challenges while others may not be able to function that well. Howlin and Moss reviewed and analyzed data from 24 studies of adults with ASD that have been conducted between mid-1960s and current time (average age of participants 27 years, range 16 to 64 years). Autism can be understood as hidden stigmatized identity. Living with hidden stigmatized identity has an impact on psychological wellbeing. Such individual experiences psychological distress to such a level that they start considering stigmatize identity as a part of self (Quinn et al., 2014; Quinn & Chaudoir, 2009). People who have autism tend to experience social rejection and peer isolation more than other people (Lounds Taylor, Adams, & Bishop, 2017), In order to be socially accepted, avoid bullying, get employment and cope with social stigma, some of the autistic people hide their autistic traits. While trying to hide trait in front of others, they are constantly beating themselves up and worried that they will make a mistake. Thus, autistic individual experience poor mental health and well-being. If they do not hide their autism than society might not support and accept them (Belcher, 2022).

The present study aims to explore some of the key psychological issues that adults with Autism experience. These include Camouflaging, Autistic Identity, Perceived Stigma and perception of overall wellbeing. The perspectives of parents and care givers of autistic people have been heavily emphasized in the study on autism. Therefore, the present research is focused on the perspectives of autistic people themselves. There is a limited amount of research carried out on these variables in the field of autism, especially very little research is centered around adults. Much previous research focusses on early detection and treatment of children with autism, however, it is imperative to explore how adults with autism symptoms might describe aspects of their identity, any experiences and stigma they might face whilst meeting demands associated with adult life.

## **Literature Review**

Autistic identity involves a sense of self that is shaped by the unique experiences and challenges faced by autistic individuals, including sensory processing differences, social communication difficulties, and stereotypes and stigmatization (Milton, 2014). For those with autism, understanding the process of identity development may be particularly difficult (Ratner & Berman, 2015). Although studies have shown that social identities can benefit mental health, having an autism diagnosis and being placed in a group with other autistic individuals is not always viewed as positive; in fact, belonging to this group entails stigma. As a result, it is challenging for group members to feel a sense of pride and satisfaction from their affiliation with other members (MacLeod et al., 2013). The social identity approach (SIA) is based on Social identity theory (Tajfel & Turner, 1979) and self-categorization theory (Jetten et al., 2017; Turner et al., 1987; Turner & Reynolds, 2011). The Social identification with other autistic persons (also known as autism identification or autistic social identity) is characterized as a psychological bond to the group that becomes internalised into the person's sense of self (Tajfel & Turner, 1979; Islam, 2014). Research has shown that individuals with autism have difficulty categorizing themselves and others into social groups based on shared characteristics, which can result in social isolation and difficulty with social communication (Turner, 1999).

Stigma is considered as one of the major problems experienced by autistic individuals. Link and Phelan defined stigma as a process that involves labelling with unfavorable stereotypes and dividing people into "us" and "them" (e.g., autistic people vs. everyone else). Perceived stigma refers to an individual's subjective experience of being devalued, discriminated against, or rejected due to a stigmatized attribute or identity (Link & Phelan, 2001). The social model of disability suggests that disability is not an inherent characteristic of an individual, but rather a product of social and environmental barriers. According to this model, the stigma faced by autistic individuals is a result of societal attitudes and norms that view autism as a deviation from the norm, rather than a unique aspect of human diversity (Oliver, 1996). Therefore, stigma towards autistic persons may be brought on by both the label of autism and the behaviours of autistic people that differ from societal norms, but some research indicates that behaviours associated to autism may be stigmatised more than labels Butler & Gillis, 2011; Gillespie-Lynch et al., 2021).

Autistic adults find social situations to be very difficult. They tend to experience social rejection and peer isolation more than other people. In order to be socially accepted, avoid bullying, get employment and cope with social stigma, some of the autistic people hide their autistic traits. They try to be like non-autistic people and spend their whole life by "fitting in" into the environment (Belcher, 2022). This practice is termed as "camouflaging". In autism spectrum disorder, camouflaging refers to behaviors and/or techniques used to hide the presentation of ASD traits in social settings so as to look "non-autistic" (Attwood, 2007). Based on the research, different components/subtypes of camouflaging include masking, compensation and assimilation (Hull et al., 2018). It is not necessary that an individual will use all of them. It varies greatly among the people. Some people will use all the strategies while other may use only one (Livingston & Happé, 2017). Masking includes

strategies used to appear non-autistic by hiding the autistic traits (Hull et al., 2018). Compensation contains the strategies used for compensating the social difficulties caused by autistic features (Hull et al., 2018). Assimilation involves making an effort to blend in and fit in with others (Hull et al., 2018). It was widely stated that camouflaging was psychologically, physically, and emotionally challenging and required intense concentration, self-control, and discomfort management. After camouflaging, several individuals need time to recover where they could be alone and let out all of the behaviors they had been repressing (Halsall & Clarke, 2021). According to the Disconnect Theory (Ragins, 2008), greater disconnection between the way one presents oneself across settings (e.g. camouflaging in some settings and not others) may lead to identity fragmentation, stress, anxiety and depression (Ragins, 2008; Bowen & Blackmon, 2003; Cage & Troxell-Whitman, 2019). On the other hand, being true to oneself and living authentically is associated with greater well-being (Cooper & Smith, 2022)

The literature on autistic identity, camouflage and stigmatization suggests that there are strong associations between these and well-being (Halsall & Clarke, 2021; Lai et al., 2019; Quinn et al., 2014). Psychological wellbeing is a broad concept which include positive interpersonal and intrapersonal functioning (Ryff,1989). Psychological well-being is a key feature of mental health, and may also be defined as being resilient (and experiencing both hedonic and eudaimonic happiness. Negative emotions that are severe or persistent that interfere with a person's capacity to operate in daily life threaten psychological well-being (Burns,2014; Ryff,1989).

One way of examining the relationship between identity and wellbeing is through the minority model. It is also known as the social model of disability, which argues that it is not the individual's impairment that limits their ability to participate in society but rather the societal and environmental barriers that exist (Oliver, 1996). These barriers can lead to experiences of discrimination, marginalization, and social exclusion, which can negatively impact an individual's sense of self-worth and psychological well-being (Meadows & Morse, 2018). However, embracing a positive disability identity that acknowledges and celebrates one's unique experiences and strengths can promote psychological well-being (Meadows & Morse, 2018). On the other hand, the psychological wellbeing of adults with autism was found to be negatively correlated with greater awareness of stigmatization (Nario-Redmond et al., 2012). Furthermore, Social identity Theory (Tajfel & Turner, 1979) highlights the role of social stigma in determining identity and wellbeing (Bogart, 2014; Nario-Redmond et al., 2012). According to Social Identity Theory (SIT), members of stigmatized groups, such as stigmatized autistic individuals, could either accept or reject their stigmatized identities in order to cope with the consequences of stigmatization. According to SIT, rejecting and accepting one's impairment could both reduce direct discrimination and boost intragroup self-esteem, which would protect wellbeing. Social identity theory emphasizes that individuals protect their wellbeing by adopting either individualistic or collectivist strategies. Camouflage is an individualistic strategy which involve dissociating oneself from the stigmatized group (autistic people) and associating into a higher status group (non-autistic). This will preserve their feeling of wellbeing (Tajfel & Turner, 1979).

## **Material and Methods**

The study included a total of 400 participants who were adults within the age range of 18 to 44 years and had a clinical diagnosis of an autism spectrum disorder. Prior to their involvement in the study, all participants were presented with detailed information about the research objectives, procedures, and their rights as research subjects. To ensure ethical compliance, the research protocol received approval from the Ethical Committee of the Psychology Department at the university. For the inclusion in the study, participants completed the Ritvo Autism Asperger Diagnostic Scale (RAADS-14) to confirm their diagnosis of autism. All the participants scored above 14 in RAADS. Next, participants

completed questions regarding their demographics (age, official diagnosis, gender and ethnicity). Lastly, they completed a series of questionnaires. The questionnaire includes

The Autism Spectrum Identity Scale (ASIS) is a 22-item questionnaire that assesses the variation in autistic identity among adults. Participants rate their identification with the autism spectrum on a 5-point Likert scale

. The Stigma Consciousness Scale (Link & Phelan, 2014) was used to evaluate the participants' awareness of stigmatized status. This 5-item scale, adapted from a mental health-related scale, asks participants to rate statements on a 4-point Higher scores indicate greater awareness of stigmatization.

Camouflaging of Autistic Traits Questionnaire (CAT-Q; Hull et al.,2019) is a self-report measure consisting of 25 closed questions scored on a 7-point scale. It assesses camouflaging behaviors related to observing, copying, and practicing certain behaviors.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007) is a 14-item questionnaire used to measure mental wellbeing. Each item is rated on a 5-point Likert scale, assessing feelings and functioning aspects of mental wellbeing.

**Results**

**Table 1**  
**Frequencies and Percentages of Demographic Variables of Study (N = 400)**

| Variable | Category        | F   | %    |
|----------|-----------------|-----|------|
| Gender   | Male            | 118 | 29.5 |
|          | Female          | 244 | 61   |
|          | Others          | 38  | 9.5  |
| Age      | 18-22           | 141 | 35   |
|          | 23-34           | 186 | 46.5 |
|          | 35-44           | 73  | 18.5 |
| Country  | Pakistan (East) | 131 | 33   |
|          | West            | 269 | 67   |

The participant characteristics are presented in table 1. The table shows the percentages and frequencies of demographic variables.

**Table 2**  
**Psychometric Properties of Scales (N=400)**

| Variable                | No of items | Alpha reliability | M (SD)      | Actual range | Potential range | Skewness | Kurtosis |
|-------------------------|-------------|-------------------|-------------|--------------|-----------------|----------|----------|
| Psychological Wellbeing | 14          | .88               | 40.7(8.8)   | 14-68        | 14-70           | .147     | .296     |
| Autistic Identity       | 22          | .79               | 64.4(10.6)  | 37-95        | 22-110          | -.152    | -.241    |
| Perceived stigma        | 05          | .74               | 10(2.7)     | 0-15         | 0-15            | -.401    | .087     |
| Camouflaging            | 25          | .82               | 125.7(24.2) | 47-175       | 25-175          | -.417    | -.144    |

The table 2 show the reliability analysis. It indicates that reliability coefficients of all scales significant and positively related.

**Table 3**  
**Zero Order Correlation among all study variables**

| Variables               | Psychological Wellbeing | Autistic Identity | Perceived stigma | Camouflaging |
|-------------------------|-------------------------|-------------------|------------------|--------------|
| Psychological Wellbeing | -                       | .27*              | -.20*            | -.26*        |

|                   |   |   |        |       |
|-------------------|---|---|--------|-------|
| Autistic Identity | - | - | -.32** | -.05  |
| Perceived stigma  | - | - | -      | .38** |
| Camouflaging      | - | - | -      | -     |

Correlation among all study variables are presented in table 3. The analysis indicates that there is a significant positive correlation between psychological wellbeing and Autistic Identity scale. A significant negative relation was found between psychological wellbeing, Perceived stigma and Camouflaging.

**Mediation Model**

The following model presents the direct, indirect and total effects we tested in our sequential mediational model.

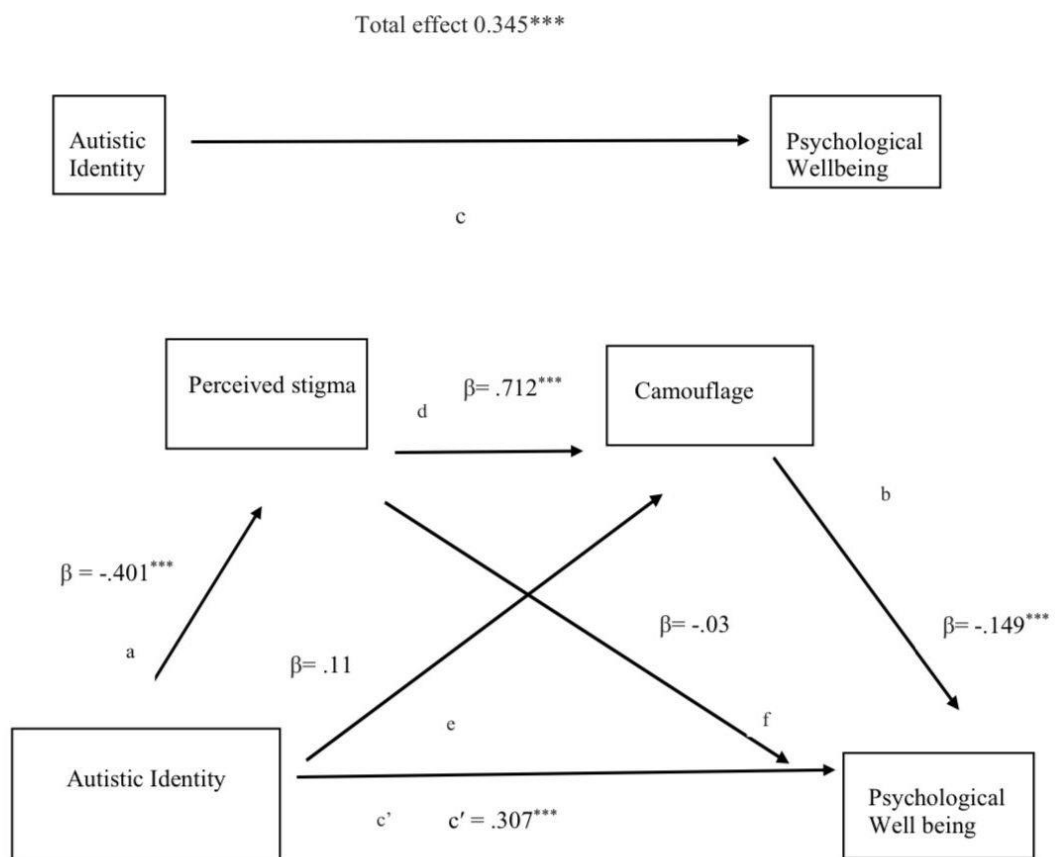


Figure 1: A sequential mediation model indicating direct paths and their significance.

**Table 4**  
**Direct Effects Model.**

| Path Labels | Predictors                                  | $\beta$ | $t$   | $P$  | $LL$  | $UL$ |
|-------------|---------------------------------------------|---------|-------|------|-------|------|
| A           | Autistic identity → Perceived stigma        | -0.40   | -7.53 | .000 | -0.50 | -.29 |
| B           | Camouflage → Psychological wellbeing        | -0.14   | -4.51 | .000 | -0.21 | -.08 |
| C           | Autistic identity → Psychological wellbeing | 0.30    | 4.77  | .000 | 0.18  | 0.43 |
| D           | Perceived stigma → Camouflage               | 0.71    | 8.31  | .000 | 0.54  | 0.88 |
| E           | Autistic identity → Camouflage              | 0.11    | 1.18  | 0.23 | -0.07 | 0.30 |
| F           | Perceived stigma → Psychological wellbeing  | -0.03   | -0.50 | 0.61 | -0.15 | 0.08 |

The table 4 shows the direct effect model. It suggests that, whilst controlling for the effect of perceived stigma and camouflage on psychological wellbeing, the autistic identity has a

significant positive relationship with psychological well-being,  $\beta=0.30$ ,  $t=4.77$ ,  $p<.001$ , 95%BCa CI [0.18-0.43]. The variable autistic identity negatively predicts the perceived stigma,  $\beta= -0.40$ ,  $t= -7.53$ ,  $p<.001$ , 95%BCa CI [-0.50- -0.29]. Camouflage also negatively predicts the psychological wellbeing,  $\beta= -0.14$ ,  $t= -4.51$ ,  $p<.001$ , 95%BCa CI [-0.21- -0.08]. Moreover, the autistic identity has non-significant relationship with camouflage,  $\beta=0.11$ ,  $t=1.18$ ,  $p> .001$ , 95%BCa CI [-0.07-0.30] and perceived stigma also has a non-significant relation with psychological wellbeing.

**Table 5**  
**Decomposition of standardized indirect effects in path analysis**

| Predictors                                                            |       | B    | 95% CI      |
|-----------------------------------------------------------------------|-------|------|-------------|
| Autistic identity→perceived stigma→psychological wellbeing            | a*f   | .01  | (-.04,.07)  |
| Autistic identity→camouflage→psychological wellbeing                  | e*f   | -.01 | (-.05, .01) |
| Autistic identity→perceived stigma→camouflage→psychological wellbeing | a*d*b | 0.04 | (.018,.07)  |

The table 6 shows the indirect effect. The CIs do not cross zero in the pathway from Autistic identity→perceived stigma→camouflage→psychological wellbeing indicating that the indirect effect is significant. However, in the pathway from Autistic identity→perceived stigma→psychological wellbeing and Autistic identity→camouflage→psychological wellbeing, CIs do cross zero indicating that these two indirect pathways are non-significant. Our direct effect  $c'= 0.30$  [.18-.43] is significant as the CIs do not cross zero but is smaller than the model's total effect,  $c= 0.34$ ,  $p<0.001$  [0.18-0.43]. Therefore, from the model we can infer partial sequential mediation effect of autistic identity through perceived stigma and camouflage on psychological wellbeing.

**Discussion**

The present was primarily designed to find out the relationship between autistic identity, perceived stigma, camouflage and psychological wellbeing among adults with Autism. Along with this, the study also tested sequential mediation through perceived stigma and camouflage acted as a mediator between Autistic Identity and Psychological wellbeing. The first hypothesis of the study was supported by our results. The results indicate that autistic identity of the individual is positively correlated with Psychological wellbeing and Camouflage whereas Autistic identity is negatively correlated with Perceived Stigma. Evidence suggests that autistic adults who have stronger autism social identification have better psychological well-being (Cooper et al., 2017). This is in line with the previous research, autistic young people had a higher satisfaction with their autism identity, have better psychological well-being and lower social anxiety. Crane et al. (2021) found that individuals who reported higher levels of autism acceptance also reported better mental health outcomes and lower levels of perceived stigma. Some autistic individuals may use camouflage strategies as a means of coping with social situations and fitting in with neurotypical norms, others may not feel the need to do so, and may instead embrace their autistic identity openly. It has also been established in a research that there is a positive direct relationship between autistic identity and camouflage (Cage, & Troxel-Whiteman, 2020).

Our second hypothesis was also met that Perceived Stigma and Camouflage mediate the relationship between Autistic identity and Psychological wellbeing. The sequential mediation effect of autistic identity on psychological wellbeing through perceived stigma and camouflage highlights the successive contribution of each predictor into our outcome variable i.e. psychological wellbeing. The mediation analysis found a significant direct effect of Autistic Identity on Psychological wellbeing,  $b=0.30$ ,  $t=4.77$ ,  $p=0.000$  and a meaningful indirect effect through Perceived Stigma and Camouflaging  $b=0.04$ , 95% CI [.018,0.07]. As the confidence intervals did not cross zero, there is likely to be a genuine indirect effect supporting the hypothesis that perceived stigma and camouflaging mediate the relationship between autistic identity and psychological wellbeing, where greater perceived stigma

related to greater camouflaging and greater camouflaging related to poorer wellbeing. From a Social Identity (Theory Tajfel & Turner, 1979) perspective, the findings suggest that camouflaging is motivated by the desire to avoid stigma and to get the advantages offered to neurotypical people, a wish to fit in and get acceptance. (Halsall & Clarke, 2021; Cage & Troxell-Whitman, 2019). Similarly, according to SIT, by maintaining or failing to confront the group's stigmatised status, camouflaging has a detrimental influence on wellbeing (Cooper et al., 2021). The current research contributes to the literature that recognizes the stigmatization of autism and the importance of comprehending autistic people's experiences, such as camouflaging. (Cage & Troxell-Whitman, 2019; Duvekot et al., 2017; Cage et al., 2019; Beardon & Edmonds, 2007; Botha & Frost, 2020). The results support earlier research that indicated that hiding autistic characteristics physically was associated with internalised stigma, victimization, and prejudice (Cage et al., 2019). Qualitative studies of camouflaging that link it to meeting expectations to seem neurotypical could provide support to this hypothesis (Cage & Troxell-Whitman, 2019). Additionally, it may be claimed that the considerable effort required to camouflage oneself as a means of reducing stigma exhausts one's psychological reserves and makes it harder to control one's emotions (Hatzenbuehler et al. 2013). Furthermore, Hatzenbuehler et al. 2013, argued that hiding a stigmatized social identity out of "fear of being found out" may result in social isolation, which may have an adverse effect on wellbeing. Therefore, even while stigma and camouflaging are shown to mediate the relationship between autistic identity and wellbeing, further research should endeavor to examine these variables with large sample sizes.

## **Conclusion**

The results emphasized the importance of creating supportive and accepting environments that challenge misconceptions about autism and allow autistic individuals to thrive without fear of judgment or discrimination. The mediating role of perceived stigma and camouflaging on the relationship between autistic identity and psychological wellbeing highlights the need for interventions that address these factors. Efforts should be made both in society at large and within specific social settings like schools and workplaces to raise awareness and reduce the stigma surrounding autism. Interventions aimed at reducing stigma among non-autistic adolescents and university students have exhibited notable effectiveness in reducing stigmatization and enhancing knowledge of autism (Gillespie-Lynch et al., 2015 and Obeid et al., 2015). By promoting acceptance and understanding, we can create more inclusive environments where autistic individuals feel comfortable being their authentic selves. Overall the findings suggest that it is of utmost importance to encourage the autistic people to be accepted and included in every aspect of life including education, work and social interactions where they will not mask but will present their true selves. This can lessen the stigma and improve the wellbeing.

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