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Social Camouflaging and Its Association with Depression, Anxiety, and Personal Burnout Among Autistic and Non-Autistic Women in Poland

ABSTRACT

This study aimed to examine the differences between autistic and non-autistic women from Poland in terms of social camouflage, as well as levels of depression, generalized anxiety, and personal burnout. Additionally, it explored whether engagement in social camouflage strategies predicted higher levels of selected internalizing disorders and burnout in both groups. A total of 144 women participated in the study (70 autistic, 74 non-autistic). Participants completed self-report questionnaires, including the AQ-28 (autistic traits), CAT-Q (camouflage), PHQ-9 (depression), GAD-7 (generalized anxiety), and BAT-PL (burnout). Data were analyzed using independent t-tests, Pearson's correlations, and hierarchical regression analyses to examine the influence of autistic traits and camouflage on mental health outcomes. Autistic women exhibited significantly higher levels of depression, generalized anxiety, and personal burnout compared to non-autistic women. In the autistic group, social camouflage was positively correlated with depression, generalized anxiety, and burnout, whereas in the non-autistic group, it was associated only with depression and burnout. After controlling for age and autistic traits, social camouflage remained a significant predictor of higher levels of depression, generalized anxiety, and burnout

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in autistic women. In contrast, in non-autistic women, it was a predictor only of burnout. This study highlights the significant mental health challenges faced by autistic women, emphasizing the role of social camouflage in predicting internalizing disorders and burnout. The findings underscore the need to consider camouflage in clinical assessments and diagnostic processes, particularly for autistic individuals, to ensure timely and accurate interventions.

KEYWORDS: camouflage; masking; depression; anxiety; burnout; autism

INTRODUCTION

Contemporary research unequivocally indicates a rising prevalence of mental disorders in the general population (World Health Organization, 2022). However, this phenomenon is not uniform across all social groups (Machado et al., 2020). Of particular concern is the mental health status of individuals with autism who do not have co-occurring intellectual disabilities. Those who develop according to the autistic pattern exhibit deficits in both verbal and non-verbal communication. When combined with difficulties in social interactions, these challenges significantly complicate the process of establishing and maintaining interpersonal relationships. A characteristic feature of autism spectrum disorder (ASD) is the presence of rigidly restricted patterns of behavior and interests, often manifesting in repetitive and stereotyped activities such as rhythmic hand-flapping or persistently arranging objects according to a specific scheme (American Psychiatric Association, 2013). Furthermore, individuals on the autism spectrum often exhibit atypical sensory responses, which can manifest as either hypersensitivity or reduced sensitivity to certain stimuli (e.g., avoiding loud noises, specific textures, or objects with unusual smells). They are also more likely to be diagnosed with co-occurring mental disorders compared to the general population (Rim et al., 2023). Among the most common comorbidities in individuals with ASD are depression and anxiety disorders

(Lever & Geurts, 2016). A meta-analysis on the mental health of adults with ASD found that the estimated prevalence of depressive disorders is 23%, while anxiety disorders occur in 27% of cases (Hollocks et al., 2019). In contrast, the prevalence rates in the general population are significantly lower, at 3.3% for depression and 5.9% for anxiety disorders (McManus et al., 2016).

It is important to note that the characteristic traits associated with the autism spectrum are not exclusive to individuals with a formal diagnosis. These traits can also be observed in the general population (Constantino & Todd, 2003), where they manifest in a less pronounced form. While they may not meet the threshold for clinical diagnosis, they can still lead to challenges, particularly in social communication and interpersonal interactions. Numerous studies indicate a relationship between elevated autistic traits and the co-occurrence of internalizing symptoms. Similar to individuals on the autism spectrum, higher intensities of these traits in the general population correlate with a greater frequency of depressive and anxiety symptoms (Rosbrook & Whittingham, 2010). This suggests that even subclinical manifestations of the autistic functioning pattern may be linked to an increased risk of mental health issues.

In recent years, increasing attention has been given to the phenomenon of burnout in the context of overall mental health. Initially, it was primarily associated with professional work and its challenges, as reflected in the classical works of Maslach (1976). However, burnout is now also conceptualized in a broader, existential sense (Pines, 2000). From this perspective, it refers to a state of physical and psychological exhaustion caused by excessive demands from the environment that surpass an individual's personal resources. Many researchers analyze burnout within the framework of stress theory, viewing it as the body's psychological and physiological response to prolonged stress, chronic lack of rest, and limited opportunities for recovery (Okła & Steuden, 1998, p. 120). In this paper, the approach of Kristensen et al. (2005,

p. 197) is particularly relevant, as they distinguish between occupational burnout and personal burnout, defining the latter as the degree of physical and psychological fatigue and exhaustion experienced by an individual.

Individuals on the autism spectrum are particularly vulnerable to burnout, as their unique psychological and social traits increase both their exposure to stress and the challenges they face in processing it effectively (Bishop-Fitzpatrick et al., 2017). The frequent demands of functioning within a neurotypical society contribute to an increasing sense of overload, while self-regulation strategies that could help (such as stimming) are often socially rejected or deemed inappropriate. As a result, autistic individuals may either consciously avoid using their natural coping mechanisms due to fear of stigmatization or, influenced by therapies introduced in childhood, continuously adjust their behaviors to conform to societal expectations (Stefańska-Klar, 2020). In both cases, this can lead to mounting tension and repeated burnout episodes, which may eventually become chronic, significantly impacting both mental and physical health.

Until recently, the term "burnout" was primarily associated with individuals in the immediate circle of those on the autism spectrum, with social attention focused on the difficulties and challenges faced by their closest ones - families, teachers, and neurotypical peers (Boujut et al., 2016; Kossewska, 2020). However, this phenomenon was not directly linked to individuals on the autism spectrum themselves. A shift in perspective began in 2020 when Raymaker and colleagues (2020), through content analysis of online forums and interviews with individuals on the autism spectrum, proposed the first experimental definition of autistic burnout. The studies conducted revealed the challenges faced by individuals on the autism spectrum, which can lead to exhaustion, overwhelm, social withdrawal, and even a decline in cognitive functioning (Arnold et al., 2023). Higgins and co-authors (2021, p. 23), drawing on the experiences of individuals who have

personally encountered autistic burnout, characterize this phenomenon as a severely debilitating state. It typically begins with chronic fatigue resulting from masking autistic traits, difficulties in interpersonal interactions, cognitive overload, and an environment that is not adapted to the specific sensory sensitivities of individuals with autism.

Due to the ongoing development of the Polish version of the autistic burnout measurement tool and the aim to compare burnout in autistic and non-autistic groups, this paper does not analyze autistic burnout as defined by Raymaker et al. (2020) or Higgins et al. (2021). Instead, it employs a broader construct of burnout, distinct from occupational burnout, referred to as "personal" burnout – characterized by emotional and psychological exhaustion resulting from life difficulties and everyday challenges unrelated to work (see above).

Social camouflage

Functioning in society requires individuals to adapt to prevailing norms and rules, often modifying their behaviors in the process. Those who seek to coexist within a given environment typically strive to create a positive impression and gain acceptance from others, sometimes in pursuit of interpersonal or material benefits. In psychology and social communication studies, this phenomenon is known as self-presentation, defined as the conscious effort to control how others perceive us (Leary, 1996). Impression management is ubiquitous, as individuals deliberately choose which aspects of themselves to reveal and which to carefully conceal. In this context, the concept of the "mask" emerges as a social construct – a life role not only expected by society but also imposed on the individual, serving as an external representation of their identity (Tylikowska, 2016). Masking thus serves an adaptive function, enabling individuals to conform more easily to their surroundings' expectations. However, prolonged concealment

of natural behaviors, emotions, and attitudes can lead to internal conflict and psychological exhaustion (Dymkowski, 1996).

Individuals on the autism spectrum, due to the more pronounced presence of autistic traits, often display behaviors that differ from those considered typical among neurotypical individuals. In response, they are more likely to use concealment techniques and assimilation strategies to better conform to social expectations (e.g., preparing conversation scripts, mimicking facial expressions and gestures, suppressing stimming). While "impression management" is common in the general population, research indicates significant differences in the masking process between autistic and non-autistic individuals (Hull et al., 2017). Studies suggest that masking among autistic individuals has serious health consequences (Hull et al., 2021) and is highly exhausting (Bargiela et al., 2016). In the context of autism, concealing one's autistic nature is referred to as camouflage (Lai et al., 2011). Growing evidence indicates that social camouflage may significantly increase the risk of anxiety, depression (Hull et al., 2021), and burnout in autistic individuals (Arnold et al., 2023; Higgins et al., 2021). An intriguing finding is that, despite some inconsistencies, existing studies reveal a clear trend: autistic women (McQuaid et al., 2022) engage in masking behaviors more frequently than autistic men, while a similar – but less pronounced – pattern is observed among non-autistic women compared to non-autistic men (Bernardin et al., 2021). This phenomenon can be attributed to stricter societal expectations for women's behavior and a socialization process that reinforces traditional gender roles (Furgał, 2021). Consequently, women often invest greater effort in adapting their traits and behaviors to align with social norms. While this facilitates integration, it also carries significant health and functional consequences.

Current study

In summary, social camouflage increases the risk of internalizing disorders and personal burnout, particularly among women, who often face significant pressure to conform to societal expectations. While previous reports have explored the relationship between camouflage and mental health, there remains a lack of studies addressing the increasingly discussed issue of burnout. Furthermore, existing empirical studies provide data from countries such as the United Kingdom and Japan, whereas the present study will focus on Poland. This distinction is particularly important, as cultural norms and social expectations vary, influencing how and to what extent individuals mask their true selves. Thus, the aim of this study is to answer the following questions:

1. Are there differences in levels of depression, generalized anxiety, personal burnout, and camouflage between autistic and non-autistic women in Poland?
2. Is there a significant relationship between camouflage and depression, generalized anxiety, and personal burnout among autistic and non-autistic women?
3. After controlling for age and the severity of autistic traits, are higher levels of social camouflage associated with increased levels of depression, generalized anxiety, and personal burnout in autistic and non-autistic women?

MATERIALS AND METHODS

Participants

Participants were recruited through social media advertisements. Autistic women self-reported having an official autism diagnosis, which was not independently verified. Those who reported self-diagnosis (i.e., self-recognized autistic traits) were excluded from the study, and their responses were not analyzed. Non-autistic women were recruited through separate social media posts and

university mailing lists inviting women without an autism diagnosis to participate. They confirmed that they had never received an autism diagnosis and did not self-identify as autistic. In total, 144 women participated: 48.61% autistic (n = 70) and 51.38% non-autistic (n = 74). Participants' ages ranged from 18 to 37 years, with a mean age of 24.4 years (autistic: 27.7; non-autistic: 21.4). A detailed sample description is provided in Table 1.

Table 1. Participant characteristics.

	Autistic (n = 70)	Non-Autistic (n = 74)
Age	27.7 (SD = 9.2)	21.4 (SD = 3.3)
Education		
Primary education	0 (0%)	2 (2.70%)
Vocational education	0 (0%)	1 (1.35%)
Secondary education	31 (44.29%)	64 (86.49%)
Higher education	39 (55.71%)	7 (9.46%)
Living situation		
Alone	13 (18.57%)	7 (9.46%)
Couple	33 (47.14%)	17 (22.97%)
With parents/relatives	21 (30.00%)	21 (28.38%)
With others	3 (4.29%)	29 (39.19%)
Marital status		
Single/Divorced	31 (44.29%)	45 (60.81%)
Informal relationship	26 (37.14%)	26 (35.14%)
Married	13 (18.57%)	2 (2.70%)
Widowed	0 (0%)	1 (1.35%)
Mental health conditions		
Anxiety	37 (52.86%)	8 (10.81%)
Depression	41 (58.57%)	11 (14.86%)
ADD/ADHD	36 (51.43%)	0 (0%)
Eating disorder	0 (0%)	1 (1.35%)
Obsessive compulsive disorder	12 (17.14%)	4 (5.41%)
Bipolar disorder	5 (7.14%)	1 (1.35%)
Schizophrenia	1 (1.43%)	0 (0%)

Measures

The level of social camouflage was assessed using the self-translated version of the Camouflaging Autistic Traits Questionnaire (CAT-Q), developed by L. Hull et al. (2019). This questionnaire comprises 25 statements, with participants indicating their level of agreement or disagreement on a 7-point Likert scale. It measures both the overall level of camouflage and three specific strategies: compensation, masking, and assimilation. In this study, the tool's reliability, assessed using Cronbach's alpha, was 0.92.

Depressive symptoms were assessed using the Patient Health Questionnaire (PHQ-9), developed by Spitzer, Williams, Kroenke and colleagues, in its Polish version provided by Pfizer Inc. The PHQ-9 scale measures the level of depressive tendencies and consists of nine questions, which respondents answer based on their experiences over the past two weeks. Each response is scored on a scale from 0 to 3, depending on the frequency of symptom occurrence. The reliability of the Polish version, measured using Cronbach's alpha, was 0.7 in a previous study (Tomaszewski et al., 2011).

Generalized anxiety symptoms were assessed using the Generalized Anxiety Disorder Questionnaire (GAD-7), developed by Spitzer, Williams, Kroenke and colleagues, in its Polish-language version provided by Pfizer Inc. The GAD-7 scale measures anxiety levels and the risk of developing generalized anxiety disorder. It consists of seven questions, with respondents rating their experiences over the past two weeks. Each question is scored from 0 to 3 based on symptom frequency. A study conducted in Poland found the tool's reliability to be $\alpha = 0.90$ (Chodkiewicz et al., 2023).

Personal burnout was measured using the BAT-PL (Burnout Assessment Tool), developed by Schaufeli, De Witte, and Desart, and adapted into Polish by Basińska, Gruszczyńska, and Schaufeli (2020). The general version of the BAT, used in this study, is not specific to occupational burnout but instead focuses on core symptoms. This version comprises 22 items assessing four dimensions

of burnout: exhaustion, psychological distance, cognitive disturbances, and emotional disturbances. Participants responded using a 5-point Likert scale ranging from 1 (*never*) to 5 (*always*). The tool demonstrated high reliability, with a Cronbach's alpha coefficient of 0.95 for the section used (Basińska et al., 2023).

To assess the severity of autistic traits, the AQ-28 (Autism Spectrum Quotient-28), developed by Hoekstra et al. (2011), was used in a self-adapted version based on the Polish adaptation of the AQ-50 by Pisula et al. (2013). The AQ-28 has a hierarchical structure with four lower-order factors – "Social Skills, Routine, Switching, and Imagination – which are grouped under the higher-order factor Social Behavior, along with a separate higher-order factor, Numbers/Patterns. The tool consists of 28 statements, with responses given on a 4-point Likert scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). In this study, the tool demonstrated high reliability, with a Cronbach's alpha coefficient of 0.91.

Procedure

The study was conducted online, allowing participants to access the test battery via a provided link. Before beginning, they received an introductory letter outlining the study's purpose, its voluntary nature, assurances of anonymity, and their right to withdraw at any stage. Participants then completed a consent form, and only those who provided informed consent proceeded to the next stages, which included demographic questions and the AQ-28, CAT-Q, PHQ-9, GAD-7, and BAT-PL questionnaires. The study took place between April and October 2024, with some data drawn from a larger research project conducted as part of the author's doctoral dissertation. Ethical approval was granted by the Rector's Committee on Research Ethics at the University of the National Education Commission, Krakow (DNa.0046.1.4.2024).

Statistical analyses

Statistical analyses were conducted using Jamovi software (The Jamovi Project, 2022). Before the main data analysis, descriptive statistics, including a normality test, were calculated. Independent samples t-tests were used to assess significant group differences in autistic traits, camouflage, depression, anxiety, and personal burnout. Welch's *t*-tests were applied when the assumption of equal variances was violated. Effect sizes (Cohen's *d*) and 95% confidence intervals were computed. Relationships between variables were examined using Pearson's correlation analysis. Additionally, six hierarchical multiple linear regression analyses were performed separately for each diagnostic group to explore the associations between age, autistic traits, and social camouflage with the outcome variables of depression, anxiety symptoms, and burnout symptoms.

RESULTS

Descriptive statistics and group differences

Table 2 presents the descriptive statistics for the variables included in this study. In addition to basic statistics (mean and standard deviation), the normality of the distribution was examined. The analysis indicated that skewness values for all variables fell within the range of ±2, suggesting no significant asymmetry relative to the mean (George & Mallery, 2019). Consequently, parametric tests were chosen for subsequent statistical analyses. However, Levene's test indicated that the assumption of homogeneity of variance was not met for two variables (i.e., autistic traits and camouflage). As a result, Welch's correction was applied to account for the variance inequality between the compared groups.

In the first step, differences between autistic and non-autistic women regarding the examined variables were analyzed.

Table 2. Descriptive statistics and comparison between autistic and non-autistic women on study variables.

	Autistic women (n = 70)		Non-autistic women (n = 74)		t	df	p	95% CI		d
	M	SD	M	SD				LL	UL	
Autistic Traits	84.71	11.54	58.11	3.29	16.28	117.96	< .0001	23.37	29.84	2.73
Camouflage	124.37	25.36	89.42	18.57	9.39	126.08	< .0001	27.59	42.32	1.57
Depression	15.84	6.45	11.87	5.97	3.84	142.00	< .001	1.93	6.02	0.64
Gen. anxiety	13.60	5.24	10.47	5.38	3.52	142.00	< .001	1.36	4.86	0.59
Burnout	80.83	14.02	68.14	15.52	5.14	142.00	< .0001	7.81	17.58	0.86

Note. n = number of observations, M = mean, SD = standard deviation, t = value of the test statistic, p = p-value for the t-test, CI = confidence interval for the difference between the means, LL and UL = lower and upper limits of the confidence interval.

An independent samples *t*-test revealed significant differences between autistic and non-autistic women in autistic traits ($t(117.96) = 16.28$, $p < .0001$, $d = 2.73$), camouflage ($t(126.08) = 9.39$, $p < .0001$, $d = 1.57$), depression ($t(142) = 3.84$, $p < .001$, $d = 0.64$), generalized anxiety ($t(142) = 3.52$, $p < .001$, $d = 0.59$), and burnout ($t(142) = 5.14$, $p < .0001$, $d = 0.86$). Autistic women exhibited significantly higher levels of autistic traits ($M = 84.71$), camouflage ($M = 124.37$), depression ($M = 15.84$), generalized anxiety ($M = 13.60$), and burnout ($M = 80.83$) compared to non-autistic women ($M = 58.11$, $M = 89.42$, $M = 11.87$, $M = 10.47$, and $M = 68.14$, respectively). In each case, the effect size ranged from moderate to strong.

Correlation analysis

Table 3 presents the Pearson correlations among all variables for autistic women (below the diagonal) and non-autistic women (above the diagonal).

Table 3. Pearson correlation matrix.

Variables	Autistic traits	Camouflage	Depression	Gen. anxiety	Burnout
Autistic Traits	—	0.257*	0.220	0.237*	0.320**
Camouflage	0.329**	—	0.238*	0.175	0.494***
Depression	0.135	0.366**	—	0.806***	0.640***
Gen. anxiety	0.153	0.397***	0.789***	—	0.615***
Burnout	0.144	0.437***	0.807***	0.663***	—

Note. Correlations for the autistic women ($n = 70$) are shown below the diagonal. Correlations for the non-autistic group ($n = 70$) are above the diagonal.
* $p < .05$, ** $p < .01$, *** $p < .001$.

The analyses revealed a positive correlation between autistic traits and social camouflage in both the autistic group ($r = 0.329$, $p < 0.01$) and the non-autistic group ($r = 0.257$, $p < 0.05$). However, autistic traits were not significantly associated with depression in either group. While no significant correlations were found between autistic traits and generalized anxiety or burnout in the autistic group, positive correlations were observed in the non-autistic group ($r = 0.237$, $p < 0.05$ and $r = 0.320$, $p < 0.01$, respectively). Social camouflage showed a significant positive correlation with depression ($r = 0.366$, $p < 0.01$), generalized anxiety ($r = 0.397$, $p < 0.001$), and burnout ($r = 0.437$, $p < 0.001$) in autistic women. In contrast, among non-autistic women, social camouflage was significantly associated only with depression ($r = 0.238$, $p < 0.05$) and burnout ($r = 0.494$, $p < 0.001$). Regarding depression, a positive correlation was observed with both generalized anxiety and burnout in the autistic group ($r = 0.789$, $p < 0.001$ and $r = 0.807$, $p < 0.001$, respectively) as well as in the non-autistic group ($r = 0.806$, $p < 0.001$ and $r = 0.640$, $p < 0.001$, respectively). Additionally, generalized anxiety scores were positively correlated with burnout in both the autistic group ($r = 0.663$, $p < 0.001$) and the non-autistic group ($r = 0.615$, $p < 0.001$).

Hierarchical regression analysis

Hierarchical regression analyses were conducted separately for autistic and non-autistic women to determine whether overall camouflage scores could predict the severity of depression (Model 1), generalized anxiety (Model 2), and personal burnout (Model 3) after controlling for age and total AQ score. Each regression analysis followed a two-step procedure: in Step 1, age and AQ scores were entered, and in Step 2, overall camouflage scores were included.

Table 4. Hierarchical regression models predicting depression (Model 1), generalized anxiety (Model 2), and burnout (Model 3) from age, autistic traits, and camouflaging in the autistic women (N = 70).

	Variables	β	95% *CI* for *B*		*B*	*p*	$r^2_{a(b,c)}$
			LL	*UL*			
Model 1 (Depression)							
					F (2, 67) = 2.70; p = 0.075; R^2= 0.08; $R^2_{adj.}$ = 0.05		
Step 1	Age	–0.24	–0.472	–0.003	–0.31	0.048	–0.056
	Autistic Traits	0.14	–0.093	0.376	0.08	0.232	0.020
					F(3, 66) = 4.98; p = 0.004; R^2=0.18; $R^2_{adj.}$ = 0.15; R^2_{change} = 0.11		
Step 2	Age	–0.22	–0.447	–0.002	–0.29	0.048	–0.050
	Autistic Traits	0.03	–0.209	0.261	0.01	0.827	0.001
	Camouflage	0.35	0.116	0.587	0.09	0.004	0.110
Model 2 (Generalized anxiety)							
					F(2, 67) = 1.76; p = 0.180; R^2= 0.05; $R^2_{adj.}$ = 0.02		
Step 1	Age	–0.16	–0.401	0.075	–0.17	0.176	–0.027
	Autistic Traits	0.16	–0.080	0.396	0.07	0.190	0.025
					F (3, 66) = 4.83; p = 0.004; R^2= 0.18; $R^2_{adj.}$ = 0.14; R^2_{change} = 0.13		
Step 2	Age	–0,15	–0.371	0.073	–0.16	0.186	–0.022
	Autistic Traits	0.03	–0.204	0.267	0.01	0.790	0.001
	Camouflage	0.38	0.146	0.618	0.08	0.002	0.130
Model 3 (Burnout)							
					F (2, 67) = 2.59; p = 0.082; R^2 = 0.07; $R^2_{adj.}$ = 0.04		
Step 1	Age	–0.23	–0.461	0.009	–0.63	0.059	–0.051
	Autistic Traits	0.15	–0.085	0.386	0.18	0.206	0.023
					F(3, 66) = 6.75; p < .001; R^2 = 0.24; $R^2_{adj.}$ = 0.20; R^2_{change} = 0.16		
Step 2	Age	–0.21	–0.426	0.005	–0.59	0.055	–0.044
	Autistic Traits	0.01	–0.219	0.237	0.01	0.937	0,000
	Camouflage	0.43	0.200	0.656	0.24	<.001	0.163

Table 4 presents the results of hierarchical regression models predicting depression (Model 1), generalized anxiety (Model 2), and burnout (Model 3) based on age, autistic traits, and social camouflage among autistic women (N = 70). For depression (Model 1), Step 1 was not statistically significant, $F(2, 67) = 2.70$, $p = 0.075$, accounting for 8% of the variance ($R^2 = 0.08$, $R^2_{adj.} = 0.05$). Age was a significant negative predictor ($\beta = -0.24$, $p = 0.048$), while autistic traits did not significantly predict depression ($\beta = 0.14$, $p = 0.232$). The inclusion of camouflage in Step 2 significantly improved the model, $F(3, 66) = 4.98$, $p = 0.004$, explaining 18% of the variance ($R^2 = 0.18$, $R^2_{adj.} = 0.15$, $R^2_{change} = 0.11$). Camouflage was a significant positive predictor ($\beta = 0.35$, $p = 0.004$), while age remained a negative predictor ($\beta = -0.22$, $p = 0.048$). Autistic traits, however, remained statistically nonsignificant ($\beta = 0.03$, $p = 0.827$).

In Model 2 (generalized anxiety), Step 1 did not reach statistical significance, $F(2, 67) = 1.76$, $p = 0.180$, explaining only 5% of the variance ($R^2 = 0.05$, $R^2_{adj.} = 0.02$). Neither age ($\beta = -0.16$, $p = 0.176$) nor autistic traits ($\beta = 0.16$, $p = 0.190$) were significant predictors. However, the inclusion of camouflage in Step 2 significantly improved the model, $F(3, 66) = 4.83$, $p = 0.004$, increasing the explained variance to 18% ($R^2 = 0.18$, $R^2_{adj.} = 0.14$, $R^2_{change} = 0.13$). Camouflage emerged as a significant positive predictor ($\beta = 0.38$, $p = 0.002$), while age ($\beta = -0.15$, $p = 0.186$) and autistic traits ($\beta = 0.03$, $p = 0.790$) remained nonsignificant.

In Model 3 (personal burnout), Step 1 was not statistically significant, $F(2, 67) = 2.59$, $p = 0.082$, explaining 7% of the variance ($R^2 = 0.07$, $R^2_{adj.} = 0.04$). Age showed a negative trend towards burnout ($\beta = -0.23$, $p = 0.059$), while autistic traits did not significantly predict burnout ($\beta = 0.15$, $p = 0.206$). However, the inclusion of camouflage in Step 2 significantly improved the model, $F(3, 66) = 6.75$, $p < 0.001$, increasing the explained variance to 24% ($R^2 = 0.24$, $R^2_{adj.} = 0.20$, $R^2_{change} = 0.16$). Camouflage emerged as the strongest predictor of burnout ($\beta = 0.43$, $p < 0.001$), while age

remained significant at the trend level (β = –0.21, $p = 0.055$), and autistic traits remained non-significant (β = 0.01, $p = 0.937$).

The research findings indicate that camouflage is a significant predictor of both depression and generalized anxiety in women with autism, regardless of their age or specific autism-related traits. Moreover, camouflage exhibits a particularly strong association with burnout, independent of age and the severity of autistic characteristics, highlighting its detrimental impact on the psychosocial functioning of women on the autism spectrum.

Table 5 presents hierarchical regression results predicting depression (Model 1), generalized anxiety (Model 2), and burnout (Model 3) based on age, autistic traits, and camouflage in non-autistic women ($N = 74$). In Model 1 (depression), Step 1 was not statistically significant, $F(2, 71) = 1.99$, $p = 0.144$, explaining 5% of the variance ($R^2 = 0.05$, $R^2_{adj.} = 0.03$). Neither age (β = 0.07, $p = 0.557$) nor autistic traits (β = 0.22, $p = 0.060$) were significant predictors of depression. In Step 2, adding camouflage did not significantly improve the model, $F(3, 70) = 2.37$, $p = 0.078$, increasing the explained variance to 9% ($R^2 = 0.09$, $R^2_{adj.} = 0.05$, $R^2_{change} = 0.04$). Camouflage remained non-significant (β = 0.21, $p = 0.087$).

Similarly, Model 2 (generalized anxiety) did not reach statistical significance in Step 1, $F(2, 71) = 2.29$, $p = 0.109$ ($R^2 = 0.06$, $R^2_{adj} = 0.03$), or Step 2, $F(3, 70) = 1.94$, $p = 0.131$ ($R^2 = 0.08$, $R^2_{adj.} = 0.04$, $R^2_{change} = 0.02$). Although autistic traits were a statistically significant predictor in Step 1 (β = 0.24, $p = 0.043$), their effect diminished in Step 2 ($\beta = 0.20$, $p = 0.092$), while camouflage remained a non-significant predictor (β = 0.13, $p = 0.270$).

In contrast, Model 3 (personal burnout) was statistically significant in Step 1, $F(2, 71) = 4.03$, $p = 0.022$, explaining 10% of the variance ($R^2 = 0.10$, $R^2_{adj.} = 0.08$), with autistic traits emerging as a significant predictor (β = 0.32, $p = 0.006$). Adding camouflage in Step 2 significantly improved the model, $F(3, 70) = 9.38$, $p < 0.0001$, increasing the explained variance to 29% ($R^2 = 0.29$, $R^2_{adj.} = 0.26$, $R^2_{change} = 0.18$). Camouflage was the strongest predictor of burnout

Table 5. Hierarchical regression models predicting depression (Model 1), generalized anxiety (Model 2), and burnout (Model 3) from age, autistic traits, and camouflaging in the non-autistic women (N = 74).

	Variables	β	95% *CI* for *B*		*B*	*p*	$r^2_{a(b,c)}$
			LL	*UL*			
Model 1 (Depression)							
					$F(2, 71) = 1.99$; $p = 0.144$; $R^2 = 0.05$; $R^2_{adj.} = 0.03$		
Step 1	Age	0.07	–0.162	0.298	0.12	0.557	0.005
	Autistic Traits	0.22	–0.009	0.451	0.18	0.060	0.049
					$F(3, 70) = 2.37$; $p = 0.078$; $R^2 = 0.09$; $R^2_{adj.} = 0.05$; $R^2_{change} = 0.04$		
Step 2	Age	0.09	–0.136	0.322	0.17	0.418	0.009
	Autistic Traits	0.17	–0.067	0.403	0.13	0.158	0.026
	Camouflage	0.21	–0.031	0.443	0.07	0.087	0.039
Model 2 (Generalized anxiety)							
					$F(2, 71) = 2.29$; $p = 0.109$; $R^2 = 0.06$; $R^2_{adj.} = 0.03$		
Step 1	Age	0.07	–0.162	0.297	0.11	0.560	0.005
	Autistic Traits	0.24	0.008	0.467	0.17	0.043	0.056
					$F(3, 70) = 1.94$; $p = 0.131$; $R^2 = 0.08$; $R^2_{adj.} = 0.04$; $R^2_{change} = 0.02$		
Step 2	Age	0.08	–0.147	0.314	0.14	0.472	0.007
	Autistic Traits	0.20	–0.033	0.440	0.15	0.092	0.039
	Camouflage	0.13	–0.106	0.372	0.04	0.270	0.016
Model 3 (Burnout)							
					$F(2, 71) = 4.03$; $p = 0.022$; $R^2 = 0.10$; $R^2_{adj.} = 0.08$		
Step 1	Age	0.00	–0.222	0.227	0.01	0.981	<.0001
	Autistic Traits	0.32	0.095	0.544	0.66	0.006	0.102
					$F(3, 70) = 9.38$; $p < .0001$; $R^2 = 0.29$; $R^2_{adj.} = 0.26$; $R^2_{change} = 0.18$		
Step 2	Age	0.06	–0.145	0.260	0.27	0.573	0.003
	Autistic Traits	0.21	–0.004	0.413	0.42	0.054	0.039
	Camouflage	0.45	0.238	0.658	0.38	<.0001	0.185

($\beta = 0.45$, $p < 0.0001$), while autistic traits were no longer significant ($\beta = 0.21$, $p = 0.054$).

These results suggest that while higher levels of autistic traits may contribute to burnout in non-autistic women, intense engagement in social camouflage strategies plays a more significant role in its development. Notably, camouflage does not predict levels of depression or generalized anxiety in non-autistic women, unlike its role in predicting these outcomes in autistic women.

DISCUSSION

This study aimed to examine the differences between autistic and non-autistic women from Poland in terms of social camouflage, as well as levels of depression, generalized anxiety, and personal burnout. Additionally, it sought to determine whether engagement in social camouflage strategies predicts higher levels of selected internalizing disorders and personal burnout in both groups.

The analyses revealed that autistic women exhibited significantly higher levels of camouflage, along with greater severity of depressive symptoms, generalized anxiety, and burnout compared to non-autistic women. These findings align with previous research indicating that women on the autism spectrum experience higher levels of social camouflage, depression, and anxiety (Hull, Lai, et al., 2020; Pelton et al., 2023). However, empirical research on burnout in individuals with and without autism remains limited. Nonetheless, the results of this study partially align with the findings of Cage and McManemy (Cage & McManemy, 2022), who demonstrated that autistic individuals (both women and men) experience higher levels of personal burnout than non-autistic individuals.

The analyses revealed significant differences in the relationships between autistic traits, social camouflage, and mental health

indicators among autistic and non-autistic women. In the autism spectrum group, a higher level of autistic traits was significantly associated with more frequent use of camouflage strategies. However, no significant relationships were found between autistic traits and levels of depression, generalized anxiety, or burnout. In contrast, among the non-autistic group, higher self-reported levels of autistic traits were associated with a greater tendency to engage in camouflage strategies and increased severity of depressive symptoms. The observed relationships between autistic traits and social camouflage in both groups align with previous findings (Hull et al., 2019). However, the relationship between autistic traits and selected internalizing disorders in non-autistic women suggests that higher self-ratings of autistic traits – potentially linked to greater difficulties in interpersonal communication (e.g., understanding subtle aspects of nonverbal communication) – lead to increased stress in socially demanding situations. This, in turn, contributes to higher levels of depressive symptoms (Katz et al., 2011) and greater psychological and physical exhaustion. However, the lack of a significant relationship between autistic traits and generalized anxiety in this group contradicts the findings of Lorenz and Hull (Lorenz & Hull, 2024). In the case of autistic women, who may experience more pronounced challenges in social interactions and exhibit specific, repetitive behavior patterns, it can be assumed that they are more aware of their difficulties and may have developed more effective coping strategies over time. Therefore, negative psychological outcomes - such as depression, anxiety, or burnout - may stem primarily from the intense use of social camouflage as a coping strategy rather than directly from the severity of autistic traits themselves.

Turning to analyses directly related to the aim of this study, findings indicate that among autistic women, higher levels of self-reported social camouflage were significantly correlated with greater severity of depressive and anxiety symptoms, as well as increased levels of burnout. These results align with previous

research on the relationship between camouflage and internalizing problems in the autism population (including both women and men) (Hull et al., 2021). However, it is important to note that these findings contradict those of Lai et al. (2017), who observed a relationship between camouflage and depression only among autistic men, with no such association confirmed in autistic women. Furthermore, Lai et al. did not find a significant correlation between camouflage and anxiety in any of the groups analyzed. Similarly, Schuck et al. (2019) found no relationship between camouflage and anxiety symptoms (including social anxiety) in either gender. It is important to consider that the social context may play a crucial role in the effects of camouflage. Compared to Anglo-Saxon countries, Polish culture places greater emphasis on adherence to social norms, conformity, and the maintenance of traditional gender roles (Marszałek, 2008). As a result, women, including autistic women, may face greater pressure to conform to neurotypical social expectations, leading to a more intense and demanding camouflage process. This, in turn, increases the risk of depression, anxiety, and burnout. Simplifying the concept of autistic burnout proposed by Higgins et al. (2021) into the broader idea of personal burnout among individuals with autism, the findings of this study align with those of Arnold et al. (2023), who found that higher self-reported camouflage levels correlate with increased autistic burnout.

Among non-autistic women, significant positive linear relationships between social camouflage and mental health indicators were observed only in the context of depression and burnout. The correlation between camouflage and depression in this group aligns with existing empirical reports (Beck et al., 2020). However, this study did not find a significant relationship between camouflage and generalized anxiety among non-autistic women. This finding contradicts earlier research on the general population, which indicated an association between social masking and anxiety, including generalized anxiety (Bernardin et al., 2021;

Lorenz & Hull, 2024). It is important to note, however, that both of these studies included men, and one also included non-binary individuals, in their samples. It is possible that the underlying mechanisms linking camouflage and anxiety may vary based on gender identity and cultural context, including the country of upbringing. As for the relationship between camouflage and personal burnout among non-autistic individuals, there is currently a lack of studies that would enable comparisons between the findings of this study and previous research.

The results of the hierarchical regression analysis indicate that, among autistic women, camouflage remained a significant predictor of depression, generalized anxiety, and burnout, even after controlling for age and autistic traits. This suggests that higher levels of camouflaging behaviors are linked to an increased risk of mental health problems, independent of age and the severity of autistic traits. This finding highlights the crucial role of concealing or masking social difficulties, rather than autistic traits themselves, in explaining the heightened risk of mental health issues among women with autism. This mechanism may arise from the high cognitive and emotional costs associated with camouflage, which demands constant self-monitoring, such as controlling facial expressions to conceal tension and discomfort. Additionally, camouflage requires the suppression of natural self-regulatory behaviors, such as stimming (e.g., hand flapping, spinning objects, or making sounds), which help manage stress. Furthermore, individuals who engage in camouflage often modify their behavior to align with social norms, such as "pretending" to maintain a conversation or make eye contact. The results of this study align with the growing body of research highlighting the negative impact of camouflage on the mental health of individuals with autism, including the worsening of depressive and anxiety symptoms (Hull et al., 2021). Furthermore, Raymaker et al. (2020) found that masking and suppressing autistic traits are perceived by autistic adults as some of the most significant life stressors.

The continuous concealment of one's authentic self can lead to an accumulation of psychological stress, ultimately resulting in emotional and physical burnout.

Among non-autistic women, social camouflage was not a significant predictor of depression or generalized anxiety after controlling for age and autistic traits, distinguishing this group from autistic women. However, its significant role in predicting burnout suggests that the effort required to conform to social norms can lead to both physical and emotional exhaustion. This finding highlights the potential negative consequences of long-term adaptation to social expectations, even among individuals who do not meet the diagnostic criteria for autism. It is possible that this effect arises from social pressure related to specific roles and behavior patterns, which demand considerable effort and self-regulation from women. Contemporary social standards, partially shaped by the media, may encourage non-autistic women to engage in more superficial camouflage, treating it as a strategy for managing impressions in social interactions (Mentel, 2020; Ostaszewska, 2012). This suggests that their camouflage strategies primarily involve behavioral techniques – focusing on adjusting external, visible aspects of behavior – such as modulating voice tone, facial expressions, or gestures to suit social situations. These adjustments are often driven by a desire to conform to the media-created image of women (Powierska, 2013). In contrast to the "deeper," compensatory nature of camouflage observed in individuals with autism – which involves cognitive processes and executive functions to regulate social behaviors (Livingston et al., 2019) – the camouflage employed by non-autistic women appears to be more superficial and context-dependent. While camouflage in autism can lead to significant cognitive and emotional strain, increasing the risk of depression and anxiety, masking in the non-autistic population may primarily result in exhaustion and limited emotional functioning without necessarily contributing to the development of mental health disorders.

CONCLUSIONS

As a result of the statistical analyses, the following findings emerged:

- Autistic women in Poland exhibited significantly higher levels of depression, generalized anxiety, and personal burnout compared to non-autistic women.
- Among autistic women, significant positive linear relationships were observed between camouflage and depression, generalized anxiety, and personal burnout. In contrast, among non-autistic women, camouflage was significantly associated with depression and burnout but not with generalized anxiety.
- After controlling for age and autistic traits, camouflage was found to significantly predict higher levels of depression, generalized anxiety, and personal burnout in autistic women.
- Among non-autistic women, after controlling for age and autistic traits, camouflage was a significant predictor of higher levels of personal burnout but not of depression or generalized anxiety.

With caution, it can be suggested that the camouflage used by non-autistic women primarily consists of superficial behavioral techniques aimed at gaining social advantage. Its use is flexible and situational, requiring minimal cognitive and emotional resources. In contrast, for women on the autism spectrum, camouflage may be a more advanced and cognitively demanding process of concealing their true identity. This involves not only the deliberate suppression of autistic traits but also intense monitoring of social interactions and active reconstruction ("mimicking") of behaviors to align with neurotypical social norms (Price, 2022). Although this process may enhance the understanding of social dynamics and seemingly improve adaptation to social environments (Kim & Bottema-Beutel, 2019), it carries a significant psychological cost (Bradley et al., 2021). Consequently, while camouflage may serve an adaptive function in both groups, its long-term consequences

are far more severe for individuals with autism. However, the negative effects of this phenomenon should not be underestimated among non-autistic women either.

Social camouflage, beyond its role in predicting mental health disorders and personal burnout, as demonstrated in this study, also poses diagnostic challenges. Existing evidence suggests that intense masking can lead to delays in autism diagnosis, particularly among women (Hull, Lai, et al., 2020; Hull, Petrides, et al., 2020; Milner et al., 2024). Consequently, it is reasonable to assume that camouflage may also distort the diagnostic picture of other conditions, hindering or even preventing accurate identification. Therefore, it is essential to integrate tools into routine diagnostic procedures – across psychiatric, psychological, and educational settings – that allow for a reliable and precise assessment of an individual's tendency to conceal their behaviors and emotional states. Such innovations could reduce the risk of misdiagnoses, diagnostic delays, or even missed diagnoses, ultimately enabling more effective and timely therapeutic and medical interventions.

LIMITATIONS

A significant limitation of this study was the use of the AQ-28 tool, which has limited sensitivity to specific manifestations of autism in women. This may result in an underestimation of the actual severity of autistic traits, particularly when symptoms present in a more subtle form (Rynkiewicz et al., 2019). Another limitation was the anonymous nature of online data collection, which prevented independent verification of participants' self-reported autism diagnoses. Additionally, the mental health assessment tools used in the study focused only on symptoms from the past two weeks, limiting a comprehensive understanding of the participants' psychiatric history. It is also important to note that this study focused solely on the general aspect of cam-

ouflaging, as measured by the CAT-Q tool, without examining specific strategies such as compensating, masking, and assimilation. Additionally, the cross-sectional design presents a significant limitation, as it does not allow for the determination of causal relationships between camouflaging, mental health issues, and burnout. To develop a more comprehensive understanding of these relationships, future studies should adopt a longitudinal approach, enabling the tracking of changes over time and the assessment of the long-term effects of camouflaging and its interactions with psychological factors.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5-TR* (5th ed.). American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425596

Arnold, S. R., Higgins, J. M., Weise, J., Desai, A., Pellicano, E., & Trollor, J. N. (2023). Towards the measurement of autistic burnout. *Autism*, *27*(7), 1933–1948. https://doi.org/10.1177/13623613221147407

Bargiela, S., Steward, R., & Mandy, W. (2016). The experiences of late-diagnosed women with autism spectrum conditions: An investigation of the female autism phenotype. *Journal of Autism and Developmental Disorders*, *46*(10), 3281–3294. https://doi.org/10.1007/s10803-016-2872-8

Basińska, B. A., Gruszczyńska, E., & Schaufeli, W. (2020). *BAT-PL: Polish version of the burnout assessment tool – preliminary report. Unpublished manuscript*. Gdańsk University of Technology.

Basińska, B. A., Gruszczyńska, E., & Schaufeli, W. (2023). Polska adaptacja Metody Oceny Wypalenia Zawodowego (BAT-PL) autorstwa Schaufeliego i współpracowników. *Psychiatria Polska*, *57*(1), 223–235. https://doi.org/10.12740/PP/OnlineFirst/141563

Beck, J. S., Lundwall, R. A., Gabrielsen, T., Cox, J. C., & South, M. (2020). Looking good but feeling bad: "Camouflaging" behaviors and mental health in women with autistic traits. *Autism*, *24*(4), 809–821. https://doi.org/10.1177/1362361320912147

Bernardin, C. J., Lewis, T., Bell, D., & Kanne, S. (2021). Associations between social camouflaging and internalizing symptoms in

autistic and non-autistic adolescents. *Autism*, *25*(6), 1580–1591. https://doi.org/10.1177/1362361321997284

Bishop-Fitzpatrick, L., Minshew, N. J., Mazefsky, C. A., & Eack, S. M. (2017). Perception of life as stressful, not biological response to stress, is associated with greater social disability in adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *47*(1), 1–16. https://doi.org/10.1007/s10803-016-2910-6

Boujut, E., Dean, A., Grouselle, A., & Cappe, E. (2016). Comparative study of teachers in regular schools and teachers in specialized schools in France, working with students with an Autism Spectrum Disorder: Stress, social support, coping strategies and burnout. *Journal of Autism and Developmental Disorders*, *46*(9), 2874–2889. https://doi.org/10.1007/s10803-016-2833-2

Bradley, L., Shaw, R., & Baron-Cohen, S., & Cassidy, S. (2021). Autistic adults' experiences of camouflaging and its perceived impact on mental health. *Autism in Adulthood: Challenges and Management*, *3*(4), 320–329. https://doi.org/10.1089/aut.2020.0071

Cage, E., & McManemy, E. (2022). Burnt out and dropping out: A comparison of the experiences of autistic and non-autistic students during the COVID-19 pandemic. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.792945

Chodkiewicz, J., Morawska, K., & Łukowska, K. (2023). Research into alcohol-dependent persons in treatment during the COVID-19 pandemic. Part one – the mental health of patients. *Alcoholism and Drug Addiction/Alkoholizm i Narkomania*, *35*(3), 171–186. https://doi.org/10.5114/ain.2022.125278

Constantino, J. N., & Todd, R. D. (2003). Autistic traits in the general population: A twin study. *Archives of General Psychiatry*, *60*(5), 524–530. https://doi.org/10.1001/archpsyc.60.5.524

Dymkowski, M. (1996). *Samowiedza w okowach przywdziewanych masek* [Self-knowledge in the confines of masks worn]. Instytut Psychologii PAN.

Furgał, E. (2021). Spektrum autyzmu u dziewczyn i kobiet. In E. Furgał (Ed.), *Pasjonatki. O dziewczynach w spektrum autyzmu* (pp. 11–31). Fundacja Dziewczyny w Spektrum.

George, D., & Mallery, P. (2019). *IBM SPSS Statistics 26 step by step: A simple guide and reference* (6th ed.). Routledge. https://doi.org/10.4324/9780429056765

Higgins, J. M., Arnold, S. R., Weise, J., Pellicano, E., & Trollor, J. N. (2021). Defining autistic burnout through experts by lived experience: Grounded Delphi method investigating #AutisticBurnout. *Autism*, *25*(8), 2356–2369. https://doi.org/10.1177/13623613211019858

Hoekstra, R. A., Vinkhuyzen, A. A. E., Wheelwright, S., Bartels, M., Boomsma, D. I., Baron-Cohen, S., Posthuma, D., & van der Sluis, S. (2011). The construction and validation of an abridged version of the autism-spectrum quotient (AQ-Short). *Journal of Autism and Developmental Disorders*, *41*(5), 589–596. https://doi.org/10.1007/s10803-010-1073-0

Hollocks, M. J., Lerh, J. W., Magiati, I., Meiser-Stedman, R., & Brugha, T. S. (2019). Anxiety and depression in adults with autism spectrum disorder: A systematic review and meta-analysis. *Psychological Medicine*, *49*(4), 559–572. https://doi.org/10.1017/S0033291718002283

Hull, L., Lai, M.-C., Baron-Cohen, S., Allison, C., Smith, P., Petrides, K., & Mandy, W. (2020). Gender differences in self-reported camouflaging in autistic and non-autistic adults. *Autism*, *24*(2), 352–363. https://doi.org/10.1177/1362361319864804

Hull, L., Levy, L., Lai, M.-C., Petrides, K. V., Baron-Cohen, S., Allison, C., Smith, P., & Mandy, W. (2021). Is social camouflaging associated with anxiety and depression in autistic adults? *Molecular Autism*, *12*(1), Article 13. https://doi.org/10.1186/s13229-021-00421-1

Hull, L., Mandy, W., Lai, M.-C., Baron-Cohen, S., Allison, C., Smith, P., & Petrides, K. V. (2019). Development and validation of the camouflaging autistic traits questionnaire (CAT-Q). *Journal of Autism and Developmental Disorders*, *49*(3), 819–833. https://doi.org/10.1007/s10803-018-3792-6

Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M.-C., & Mandy, W. (2017). "Putting on my best normal": Social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders*, *47*(8), 2519–2534. https://doi.org/10.1007/s10803-017-3166-5

Hull, L., Petrides, K. V., & Mandy, W. (2020). The female autism phenotype and camouflaging: A narrative review. *Review Journal of Autism and Developmental Disorders*, *7*(4), 306–317. https://doi.org/10.1007/s40489-020-00197-9

Katz, S. J., Conway, C. C., Hammen, C. L., Brennan, P. A., & Najman, J. M. (2011). Childhood social withdrawal, interpersonal impairment, and young adult depression: A mediational model. *Journal of Abnormal Child Psychology*, *39*(8), 1227–1238. https://doi.org/10.1007/s10802-011-9537-z

Kim, S. Y., & Bottema-Beutel, K. (2019). A meta regression analysis of quality of life correlates in adults with ASD. *Research in Autism Spectrum Disorders*, *63*, 23–33. https://doi.org/10.1016/j.rasd.2018.11.004

Kossewska, J. (2020). Bringing up a child with autism. Parental stress and burnout syndrome in a time perspective context. *Wychowanie w Rodzinie*, *23*(2), 179–195. https://doi.org/10.34616/wwr.2020.2.179.195

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, *19*(3), 192–207. https://doi.org/10.1080/02678370500297720

Lai, M.-C., Lombardo, M. V., Pasco, G., Ruigrok, A. N. V., Wheelwright, S. J., Sadek, S. A., Chakrabarti, B., MRC AIMS Consortium, & Baron-Cohen, S. (2011). A behavioral comparison of male and female adults with high functioning autism spectrum conditions. *PloS One*, *6*(6), e20835. https://doi.org/10.1371/journal.pone.0020835

Lai, M.-C., Lombardo, M. V., Ruigrok, A. N., Chakrabarti, B., Auyeung, B., Szatmari, P., Happé, F., & Baron-Cohen, S. (2017). Quantifying and exploring camouflaging in men and women with autism. *Autism*, *21*(6), 690–702. https://doi.org/10.1177/1362361316671012

Leary, M. R. (1996). *Self-presentation: Impression management and interpersonal behavior*. Routledge.

Lever, A. G., & Geurts, H. M. (2016). Psychiatric co-occurring symptoms and disorders in young, middle-aged, and older adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *46*(6), 1916–1930. https://doi.org/10.1007/s10803-016-2722-8

Livingston, L. A., Shah, P., & Happé, F. (2019). Compensatory strategies below the behavioural surface in autism: A qualitative study. *The Lancet. Psychiatry*, *6*(9), 766–777. https://doi.org/10.1016/S2215-0366(19)30224-X

Lorenz, S., & Hull, L. (2024). Do all of us camouflage? Exploring levels of camouflaging and mental health well-being in the general population. *Trends in Psychology*. https://doi.org/10.1007/s43076-024-00357-4

Machado, D. B., Alves1, F. J. O., Teixeira, C. S. S., Rocha, A. S., Castro-de-Araujo, L. F., Singh, A., & Barreto, M. L. (2020). *Effects of COVID-19 on anxiety, depression and other mental health issues: A worldwide scope review.* Research Square. https://doi.org/10.21203/rs.3.rs-58186/v1

Marszałek, L. (2008). Kulturowe uwarunkowania roli kobiety we współczesnym społeczeństwie. *Seminare. Poszukiwania naukowe*, *25*, 267–279. https://doi.org/10.21852/sem.2008.25.20

Maslach, C. (1976). Burned-Out. *Human Behavior*, *5*, 16–22.

McManus, S., Bebbington, P. E., Jenkins, R., & Brugha, T. (2016). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014* [Report]. NHS Digital. https://files.digital.nhs.uk/pdf/q/3/mental_health_and_wellbeing_in_england_full_report.pdf

McQuaid, G. A., Lee, N. R., & Wallace, G. L. (2022). Camouflaging in autism spectrum disorder: Examining the roles of sex, gender identity, and diagnostic timing. *Autism*, *26*(2), 552–559. https://doi.org/10.1177/13623613211042131

Mentel, A. (2020). Wizualizacja jako symulacyjne kreowanie siebie w mediach społecznościowych. *Forum Pedagogiczne*, *10*(2), 289–302. https://doi.org/10.21697/fp.2020.2.21

Milner, V., Colvert, E., Hull, L., Cook, J., Ali, D., Mandy, W., & Happé, F. (2024). Does camouflaging predict age at autism diagnosis? A comparison of autistic men and women. *Autism Research*, *17*(3), 626–636. https://doi.org/10.1002/aur.3059

Okła, W., & Steuden, S. (1998). Psychologiczne aspekty zespołu wypalenia. *Roczniki Psychologiczne*, *1*, 119–130.

Ostaszewska, A. (2012). *Popkulturowe ramy tożsamości. Media, kultura popularna, internet jako nowe środowiska kształtowania tożsamości*. Ośrodek Rozwoju Edukacji.

Pelton, M. K., Crawford, H., Bul, K., Robertson, A. E., Adams, J., de Beurs, D., Rodgers, J., Baron-Cohen, S., & Cassidy, S. (2023). The role of anxiety and depression in suicidal thoughts for autistic and non-autistic people: A theory-driven network analysis. *Suicide & Life-Threatening Behavior*, *53*(3), 426–442. https://doi.org/10.1111/sltb.12954

Pines, A. M. (2000). Wypalenie w perspektywie egzystencjalnej. In H. Sęk (Ed.), *Wypalenie zawodowe – przyczyny, mechanizmy, zapobieganie* (pp. 32–57). Wydawnictwo Naukowe PWN.

Pisula, E., Kawa, R., Szostakiewicz, Ł., Łucka, I., Kawa, M., & Rynkiewicz, A. (2013). Autistic traits in male and female students and individuals with high functioning autism spectrum disorders measured by the Polish version of the Autism-Spectrum Quotient. *PloS One*, *8*(9), e75236. https://doi.org/10.1371/journal.pone.0075236

Powierska, A. (2013). Moda i uroda: Kobieta a współczesne strategie tożsamościowe w kontekście analizy wybranych przekazów telewizyjnych. *Media – Kultura – Komunikacja Społeczna*, *9*, 59–71.

Price, D. (2022). *Unmasking autism: Discovering the new faces of neurodiversity*. Harmony.

Raymaker, D. M., Teo, A. R., Steckler, N. A., Lentz, B., Scharer, M., Delos Santos, A., Kapp, S. K., Hunter, M., Joyce, A., & Nicolaidis, C. (2020). "Having all of your internal resources exhausted beyond measure and being left with no clean-up crew": Defining autistic burnout. *Autism in Adulthood*, *2*(2), 132–143. https://doi.org/10.1089/aut.2019.0079

Rim, S. J., Kwak, K., & Park, S. (2023). Risk of psychiatric comorbidity with autism spectrum disorder and its association with diagnosis timing using a nationally representative cohort. *Research in Autism Spectrum Disorders*, *104*, Article 102134. https://doi.org/10.1016/j.rasd.2023.102134

Rosbrook, A., & Whittingham, K. (2010). Autistic traits in the general population: What mediates the link with depressive and anxious symptomatology? *Research in Autism Spectrum Disorders*, *4*(3), 415–424. https://doi.org/10.1016/j.rasd.2009.10.012

Rynkiewicz, A., Janas-Kozik, M., & Słopień, A. (2019). Girls and women with autism. *Psychiatria Polska*, *53*(4), 737–752. https://doi.org/10.12740/PP/OnlineFirst/95098

Schuck, R. K., Flores, R. E., & Fung, L. K. (2019). Brief report: Sex/gender differences in symptomology and camouflaging in adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *49*(6), 2597–2604. https://doi.org/10.1007/s10803-019-03998-y

Stefańska-Klar, R. (2020). Natężenie cech autystycznych a poczucie wypalenia życiem wśród młodych dorosłych z nieklinicznej próby badawczej. In *Reviewed Proceedings of the Interdisciplinary Scientific International Conference for PhD students and assistants QUAERE 2020* (Vol. 10, pp. 1146–1154). Magnanimitas.

The Jamovi Project. (2022). *Jamovi* [Computer software]. https://www.jamovi.org

Tomaszewski, K., Zarychta, M., Bienkowska, A., Chmurowicz, E., Nowak, W., & Skalska, A. (2011). Walidacja polskiej wersji językowej Patient Health Questionnaire-9 w populacji hospitalizowanych osób starszych. *Psychiatria Polska*, *45*(2), 223–233.

Tylikowska, A. (2016). Autowizerunek jako maska. *Ethos*, *29*(2), 61–80.

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization.