Examination of Awareness and Frequency of Behavioral Masking/Camouflaging Based on Life Experiences

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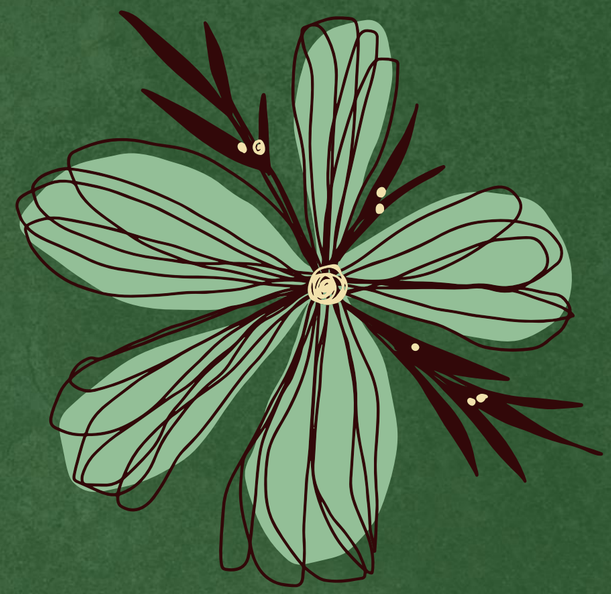
Background



- Autism Spectrum Disorder (ASD)
  - Recent increase in diagnostic rates
- Camouflaging
  - 3 Sub-Scales
    - Assimilation
    - Masking
    - Compensation
  - Colloquially interchangeable
    - “Camouflaging” more prevalent in research
    - “Masking” more prevalent in the Autistic community
- Self-Monitoring

Hypotheses

1

Individuals in theatre will demonstrate higher levels of masking behaviors than their non-theatre counterparts

2

Individuals with other mental health diagnoses will demonstrate masking behaviors more than their neurotypical counterparts, but not as much as their Autistic counterparts

3

Individuals who demonstrate more masking behaviors will also show more self-monitoring behaviors

4

Individuals who have participated in theatre will recognize and possibly even control their masking behaviors more than individuals who have not

Participants

61 Respondents

18 or older - no other requirements

Areas of interest:

Theatre Experience →	31 yes ; 30 no
Mental Health Diagnostic Status →	32 yes ; 29 no
ASD Diagnosis →	05 yes ; 56 no
Suspected having ASD →	29 yes ; 27 no - excludes those w/ formal diagnosis

Measures

- 1: The Self-Monitoring (SM) Scale
  - True / False questions
- 2: The Comprehensive Autistic Traits Inventory (CATI)
  - “Definitely disagree → Definitely agree” 7 points
  - 6 Sub-scales
    - Social interactions
    - Communication
    - Social camouflage
    - Self-regulatory behaviors
    - Cognitive (in)flexibility
    - Sensory sensitivity
- 3: The Camouflaging Autistic Traits Questionnaire (CAT-Q)
  - “Strongly disagree → Strongly agree” 5 points
  - 3 sub-scales
    - Assimilation
    - Compensation
    - Masking

SM

(Snyder, 1974) Example Questions:

“I would probably be a good actor”
“I can make impromptu speeches even on topics about which I have almost no information”
“I laugh more when I watch a comedy with others than when alone”

CATI

(English et al., 2021) Example Questions:

“I like to stick to certain routines for every-day tasks”
“There are times when I feel that my senses are overloaded”
“Reading non-verbal cues (e.g. facial expressions, body language) is difficult for me”

CAT-Q

(Hull et al., 2019) Example questions:

“I have developed a script to follow in social situations”
“I monitor my body language or facial expressions so that I appear relaxed”
“ In social situations, I feel like I’m ‘performing’ rather than being myself”

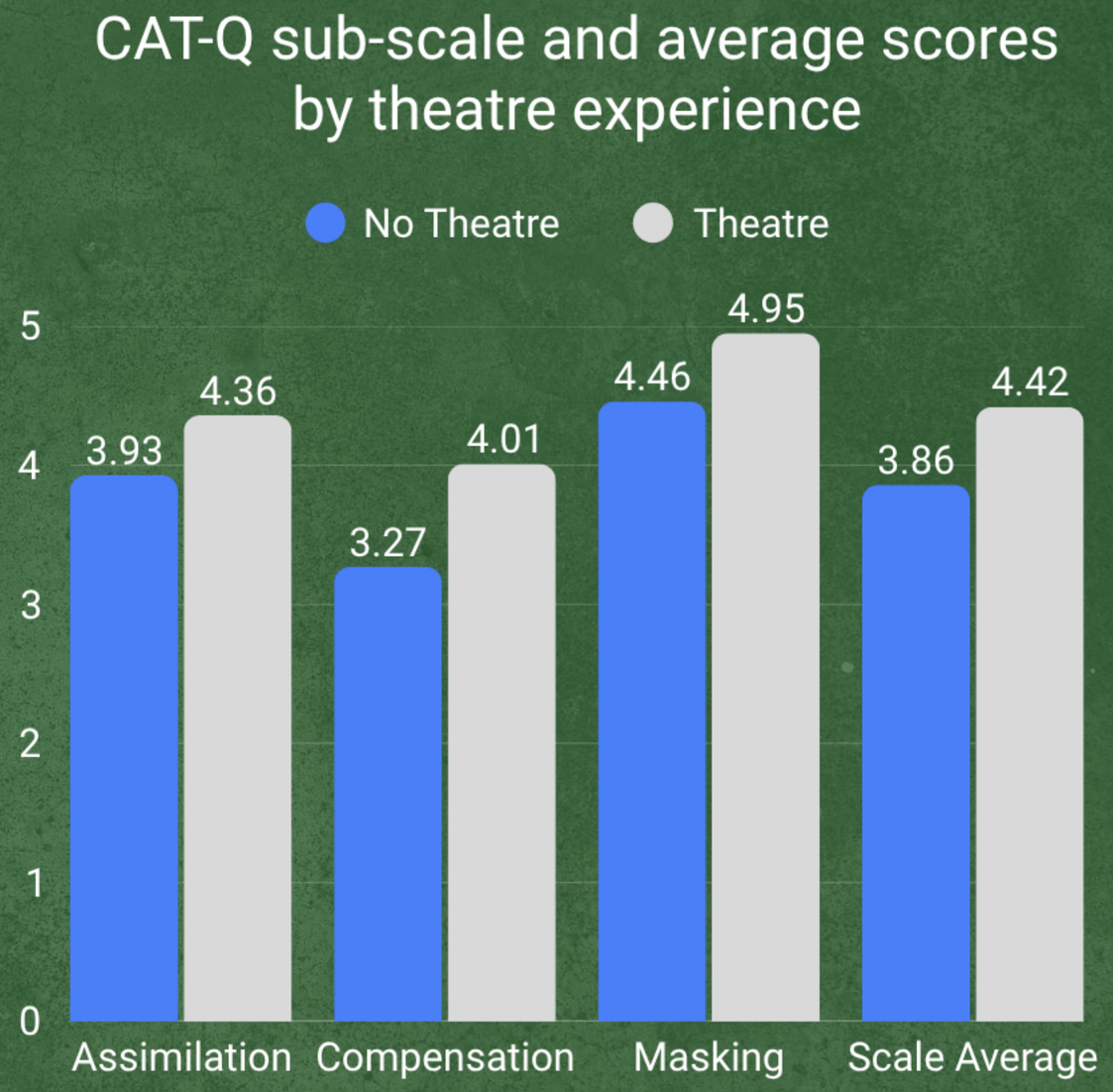
Procedure

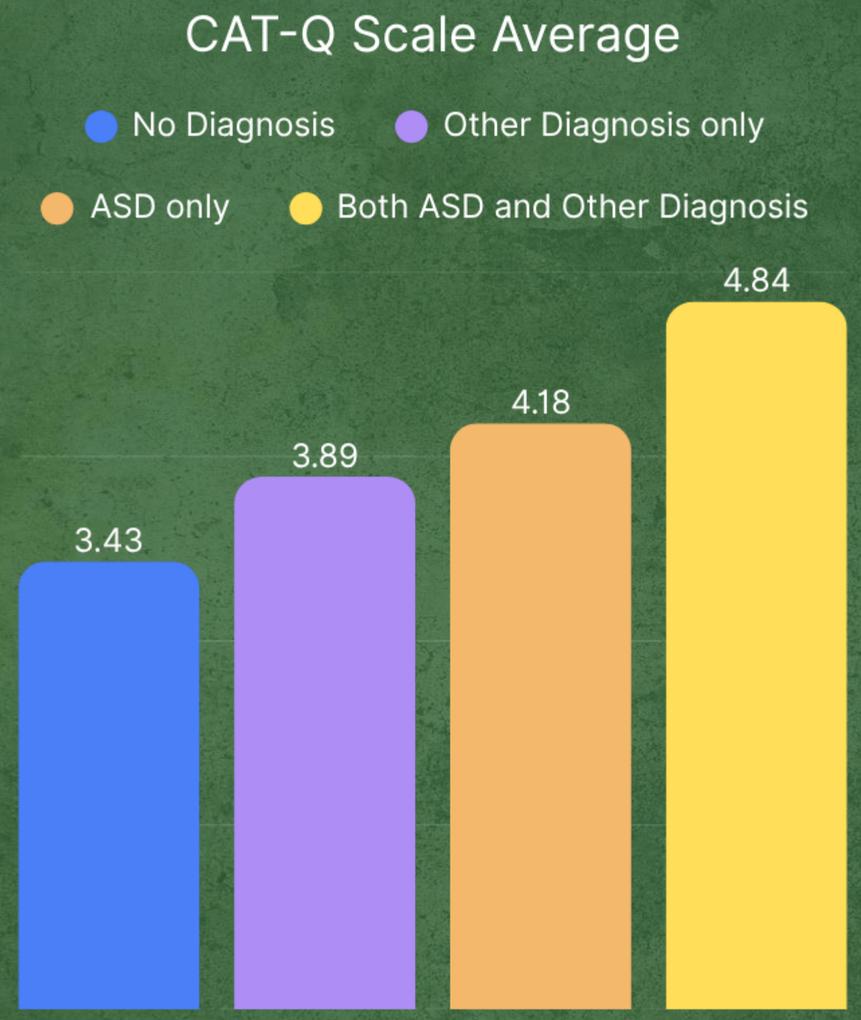
- Informed Consent
- Major Scales
  - SM
  - CATI
  - CAT-Q
- Grouping, Psychological Inventory, and knowledge of masking
  - Theatre
  - College
  - Mental health diagnosis
  - ASD
  - Masking questions

Participants took the survey online

Hypothesis one results

- **T-Test**
  - **Differences were observed between those with and without theatre experience, and significant differences were found on Compensation and the Scale Average, ($p < .05$)**





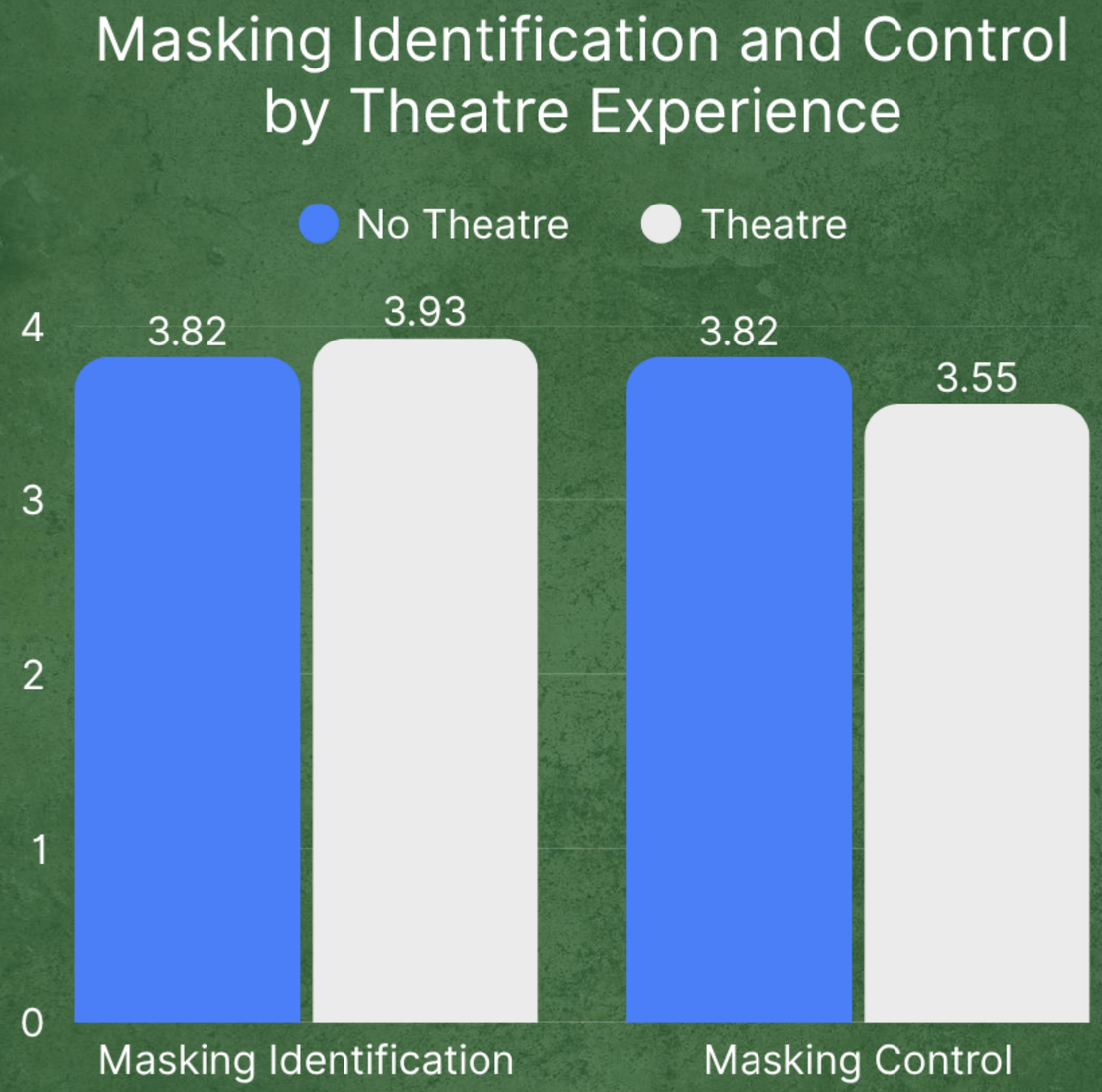
Hypothesis two results

- Split sample into 4 Groups
  - Neither
  - Other Mental Health Diagnosis only
  - ASD only
  - Both
- Took an ANOVA approach
  - Statistically significant difference found between those with no diagnosis and those with both diagnoses
  - The scores of those with both diagnoses were higher than those with only another mental heath diagnoses, however this difference did not reach statistical significance, p = .074.

Hypothesis three results

Pearson's Correlations

Variable		CATQ_asml	CATQ_comp	CATQ_mask	CATQ_total	CATI_cam	CATI_total
2. CATQ_comp	Pearson's r	0.672	—				
3. CATQ_mask	Pearson's r	0.416	0.582	—			
4. CATQ_total	Pearson's r	0.851	0.91	0.751	—		
5. CATI_cam	Pearson's r	0.757	0.817	0.564	0.859	—	
6. CATI_total	Pearson's r	0.71	0.713	0.389	0.738	0.82	—
7. SMTotal	Pearson's r	0.327	0.403	0.344	0.425	0.315	0.041



Hypothesis four results

- **Nope! Got nothin!**
- **Expected that people with theatre experience would be able to identify and control their masking behaviors, but this was not supported**

Discussion

Hypothesis 1 implications

- Autistic children scored higher on social ability tests after theatre classes (Corbett et al., 2023)
  - Possibly provides the opportunity to learn faster and/or harder

Hypothesis 2 implication

- Most masking = ASD + other disorder (comorbidities)
  - Which other disorders raise the masking most?

Hypothesis 3 implications

- Social psychology vs Clinical psychology
  - Traditional (even modern) ASD scales
    - These behaviors are not “typical”
  - Self monitoring
    - “Adaption” - prosocial
- Possible “explanation” for those who resonate with some ASD traits (social and/or camouflaging), but don’t fit all of them

Hypothesis 4 implications

- Only asked those who believed they engaged in masking behaviors
- Did not separate based on ASD

What's Next?

Examine differences between demographics

Test with more clinical diagnoses

More accurate questions about masking recognition and control

Explore similar measures from other areas of psychology

Examine more possible variables around camouflaging

Thank you so much!

QR Code → Extra Resources on Masking + this Slidedeck