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**Commentary: ‘Camouflaging’ in Autistic People – Reflection on Fombonne (2020)**

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## **Abstract**

Fombonne's (2020) editorial is a thought-provoking appraisal of the literature on 'camouflaging', whereby some autistic people mask or compensate for their autistic characteristics as an attempt to fit in and to cope with disabilities under neurotypical social norms. Fombonne (2020) highlights three issues of contention: (a) construct validity and measurement of camouflaging; (b) camouflaging as a reason for late autism diagnosis in adolescence/adulthood; and (c) camouflaging as a feature of the 'female autism phenotype'. Here, we argue that (a) establishing construct validity and measurement of different aspects of camouflaging is warranted; (b) subjective experiences are important for the differential diagnosis of autism in adolescence/adulthood; and (c) camouflaging is not necessarily a feature of autism in female individuals – nevertheless, taking into account sex and gender influences in development is crucial to understand behavioural manifestations of autism. Future research and clinical directions should involve clarification of associated constructs and measurements, demography, mechanisms, impact (including harms and benefits) and tailored support.

Fombonne's (2020) editorial critically appraises the theory and empirical research on so-called 'camouflaging' in autism. It provides a timely critique of (a) the construct validity and measurement of camouflaging; (b) late diagnosis of 'camouflaged' autism; and (c) camouflaging as a feature of the 'female autism phenotype'. We agree with many of the points raised, for example that (a) camouflaging is an example of coping strategies used by some autistic people to adapt socially – it is neither a core feature of autism nor specific to autism, nor is it the defining characteristic of an autism subtype; (b) regardless of camouflaging, autism diagnosis in adolescence/adulthood should involve detailed assessment of other psychiatric conditions and still requires core autism features to be present in early development; and (c) greater sensitivity to autistic behavioural examples in females (and other historically neglected groups) is required. We welcome this critical analysis and the opportunity to further the constructive discussion.

### **Constructs related to and Measurement of 'Camouflaging'**

Fombonne (2020) rightly points out the polysemy of the term 'camouflaging' in current research, and the challenges related to the under-established construct validity, measurement ambiguity and conceptual overlap with other constructs (see Table S1). The term – first coined in autobiographical and clinical writings – refers to the phenomenon that some individuals consciously or unconsciously seek to hide their autistic presentation by masking and by employing compensatory strategies to navigate the social world. Stimulated by these observations, we and others conducted qualitative research to conceptualize the construct, followed by quantitative efforts to operationalize and measure the phenomenon in relation to other constructs (e.g. mental health, cognitive function), using 'camouflaging' as a placeholder to guide further scientific conversations and inquiries (before a better term can be co-identified with the autism communities and stakeholders). There are potentially converging but variable definitions and measures. These span from subjective reflections on one's efforts to mask and compensate (e.g. CAT-Q (Hull et al., 2019) or Compensation Checklist (Livingston, Shah, Milner, & Happé, 2020)), behavioural/linguistic features (e.g. fine-grained analysis of behaviour/language (Parish-Morris et al., 2017)), discrepancies between internal autistic characteristics and observable behaviour (e.g. internal–external discrepancy (Lai et al., 2017; Livingston, Colvert, Social Relationships Study, Bolton, & Happé, 2019)) or real-world social

interaction (e.g. playground behaviour (Dean, Harwood, & Kasari, 2017)). This research is still in its infancy, but there is rigorous ongoing work to identify the relations between these operationalizations and measurements. Addressing the unsettled construct validity is a priority – via iterative refinement of the construct and its measurement, to identify overlapping factor structures with various current measures and associations with established constructs (Table S1).

Although this research stems from, and resonates with, many autistic people's lived experiences, there is little empirical evidence to suggest it is specific to autistic people, and it is certainly not a core diagnostic feature of autism (Hull et al., 2020). We have neither defined nor conceptualized "Camouflaged Autism" as a new ASD subtype' and agree with Fombonne (2020) that camouflaging is 'one of several available coping and adaptive strategies that autistic individuals may employ to adjust to their social environment' (p.737). For this very reason, studying camouflaging offers a uniquely valuable socioecological (instead of person-focused) approach to understand strategies used by autistic and other marginalized individuals to cope in mainstream social contexts, considering their respective strengths and constraints. This informs new opportunities for better socioecological support.

We consider the internal–external discrepancy approach, which aims to quantify the discrepancy between the internal ('true') state and observable behaviours, a particularly valuable (although not the sole) measurement approach. We agree with Fombonne (2020) that self-report (e.g. the Autism-Spectrum Quotient) does not define 'true autism' (although we do argue for the value of subjective experiences in improving the understanding of autism; see next section). Importantly, measurement of cognitive abilities proposed to underpin social behaviour is particularly useful in the discrepancy conceptualization. This cognition–behaviour discrepancy approach was used by both Lai et al. (2017) and Livingston, Colvert, et al., (2019) but not acknowledged by Fombonne (2020). On the basis of cognitive theory, unobservable cognition is a meaningful predictor of behaviour, and disparities between the two using robust cognitive (e.g. mentalizing tasks) and behavioural observation tools (e.g. Autism Diagnostic Observation Schedule; ADOS) give us theoretically grounded proxy measurements of a phenomenon for which we do not yet have a reliable direct measure (e.g. high camouflaging is approximated by few social–communication symptoms on the ADOS yet poor mentalizing performance). The same discrepancy approach has been useful in understanding other neurodevelopmental conditions;

for example, individuals with dyslexia who demonstrate typical reading speeds (i.e. behaviour) yet continue to show difficulties on phonological processing tasks (i.e. cognition). Fombonne (2020) also argues that ‘a linear combination of two scores measuring the same construct should result in another index of the same construct’ (p.735). Yet, the essence of the discrepancy approach is to quantify the mismatch between *different levels* of autism presentations (e.g. cognition vs. behaviour), hence reflecting fine-grained phenotypes rather than simply another index of ‘autism severity’. The approach is also advantageous as it does not rely exclusively on self-report, making it more feasible for diverse autism subgroups (e.g. in cognitive ability, insight, age). On a final note, there are robust alternatives to discrepancy/difference scores within social psychology (e.g. response surface analysis) that can measure (mis)matching and should be explored further.

Fombonne (2020) also draws attention to a critical issue with measurement in psychiatry: the absence of ground truth on ‘true’ autism (and most psychiatric diagnoses) based on nonbehavioural characteristics (e.g. biomarkers). In the absence of ground truth, the validity of any discrepancy measure (which relies on a comparison of ‘how X appears’ vs. ‘how X truly is’) is inherently limited. One way to overcome this is using a network-based approach (as opposed to measuring latent variables as in structural equation modelling), in which neuropsychiatric conditions are assumed to arise from the causal interplay between symptoms/characteristics through myriad biological, psychological and societal mechanisms, bypassing the need for ground truth measures (Borsboom, Cramer, & Kalis, 2019). ‘Symptom networks’ graphically map out the inter-relationships between and clustering of multidimensional measures, with highly associated nodes topologically closer to one another. In this framework, various measures of observable autistic behaviour and estimations of autistic features (e.g. social–cognitive performance) in a network model can reflect different scenarios of a person’s state, including mental health. A scenario of unequivocal autism is shown by nodes representing different levels of autism features forming a cluster/module; a scenario of camouflaging in autism is indicated by specific behavioural nodes departing from this cluster/module, with possible other symptom clusters/modules representing mental health sequelae.

## **Late Autism Diagnosis in the Presence of ‘Camouflaging’**

We strongly agree with Fombonne (2020) that it is pivotal to differentiate a late diagnosis of autism (e.g. in adolescence/adulthood) from other psychiatric conditions. Diagnosticians should agree: (a) that early atypicality in core autistic features must be ascertained from multiple sources for a late autism diagnosis to be made; (b) that differential diagnosis is core to a late diagnosis and must be based on detailed evaluation of childhood and adulthood psychopathology, their developmental trajectories and possible equifinality; and (c) that diagnosis is not simply based on scores on specific instruments, for example, the ADOS (Lai & Baron-Cohen, 2015). Notwithstanding this, qualitative research with individuals who received a first autism diagnosis in adulthood has highlighted the need to consider the contribution of camouflaging to varied timings of autism diagnosis (Bargiela, Steward, & Mandy, 2016; Livingston, Shah, & Happé, 2019).

The existence of camouflaging challenges the long-held conception of autism as a predominantly behaviourally diagnosed phenomenon. We consider this an opportunity to gain a deeper understanding of autism and to refine and improve how it can be captured. As a condition first defined in children, it is understandable that the diagnostic process heavily relies on ‘objective’ behavioural observation and history-taking from informants. Subjective experiences have been relatively under-weighted in the diagnosis of neurodevelopmental conditions, despite the fact that subjective report is an important general factor for psychiatric diagnoses (e.g. for depressive disorders, it is not adequate to assess symptoms and related distress/impairment via behavioural observation alone). More appreciation for subjective experiences (in addition to observed behaviour and informant-reported developmental history) in autism and psychiatric differential diagnosis is important as it gives clinicians insight into the nature of the long-standing distress and functional impairment in neurotypical social contexts. For example, a person may perform well during behavioural observation (e.g. make good eye contact and facial expression orientation, reciprocate well in conversation and show social overtures), but further probing into self-report of how they manage in social situations may indicate the intense practice and effort across development that has gone into superficially expressing those social skills. This is highlighted by the value of the discrepancy approach. Such intense practice and effort may also lead to mental health challenges, contributing to psychiatric differential diagnosis. Clinically, we



regularly assess coping experiences in social situations of autistic adolescents/adults who were diagnosed early in life. The same kind of experiences, developmental trajectories and adaptive and mental health outcomes should also be assessed when first diagnosing autism in adolescence/adulthood to better contextualize functional difficulties. Overall, we argue that understanding camouflaging actually facilitates better appraisal of developmental history and current behavioural presentation and improves diagnosis and differential diagnosis of autism in adolescence/adulthood.

A related concern raised by Fombonne (2020) regards reduction of the construct of autism to a 'simplified trait or (neuro)psychological characteristic...almost akin to a personality style' (p.736). We agree that such simplification is problematic, but believe this issue is not simply a result of the de-stigmatization of autism. It also reflects fundamental, unsettled nosological challenges of autism regarding (a) dimensional vs. categorical views, or a mixture of both; and (b) relationships between childhood-onset neurodevelopmental conditions and adulthood personality (and personality disorders). Characteristics of autism as a presentation of 'childhood personality' (which may persist into adulthood) have been conceptualized by pioneering researchers such as Hans Asperger and Sula Wolff, yet how such a conceptualization in childhood is longitudinally linked to adulthood personality and personality disorders as defined nowadays remains under-investigated. This is further compounded by the overlap of current diagnostic descriptions of personality disorders and autism characteristics likely shown in adulthood, that is, clusters A (especially schizoid) and C (especially obsessive-compulsive) in DSM-5 or detachment and anankastic traits/patterns in ICD-11, despite operationally imposed exclusion criteria (e.g. the presentation 'does not occur exclusively' or 'is not better explained by' existing autism or other mental/developmental diagnosis) (Lai & Baron-Cohen, 2015). More extensive nosological discussions on adult-diagnosed neurodevelopmental disorders vs. personality difficulties/disorders are needed to guide future practice. We argue that ruling out childhood-onset neurodevelopmental conditions including autism is essential before personality difficulties/disorders diagnoses are made, but they may not be mutually exclusive.

## **‘Camouflaging’ and the ‘Female Autism Phenotype’**

We agree with Fombonne (2020) that the concept of a ‘female autism phenotype’ should not be taken as implying a discrete subtype of autism, but should be viewed as a way of highlighting the importance of recognizing sex and gender (and other sociocultural) influences on the presentation of autism across the life span. Beyond accounting for confounding factors that distribute unevenly across sexes/genders, recent research emphasizes recognizing and measuring *behavioural exemplars* of autistic characteristics that may be modulated by sex-related biological factors and gender-related sociocultural contexts in development, which reflect the defining broad constructs (i.e. social–communication and RRBI features) independent of sex/gender (Lai & Szatmari, 2020). Camouflaging can be one of such behavioural exemplars, but should not be viewed as female-specific, nor a sufficient or necessary component of the ‘female autism phenotype’; autistic boys/men, autistic nonbinary individuals and nonautistic individuals engage in camouflaging too. The adaptive and mental health impacts of camouflaging that are key to ongoing care for autistic individuals and differential diagnosis in late diagnostic assessment, however, may be closely associated with sex and gender factors. In agreement with Fombonne (2020), we do not argue for creating ‘gender-specific diagnostic criteria, algorithms, norms, and cut-offs’ (p.737), but emphasize that ‘to improve the recognition of autism across sexes and genders, the nuances across nosology, behavioural presentation, developmental change, and contextual biases should all be appreciated’ (p.118; Lai and Szatmari (2020)).

## **Research and Clinical Directions**

First, determining the extent of camouflaging amongst the autistic population is paramount. As Fombonne (2020) highlights, it is unknown how many undiagnosed autistic adults exist. Yet, answering this question is not trivial as estimations of those who are genuinely autistic but undiagnosed change as our diagnostic conceptualization of autism changes. Improved conceptualization and measurement of camouflaging will help us to come closer to the answer. Such measures could be incorporated into population-based, longitudinal studies of autism and other clinical populations to enable a thorough investigation, overcoming the various biases associated with self-selected, largely female or clinical samples. Using such studies, it will be

possible to determine how camouflaging relates to a clinical diagnosis of autism (versus other psychiatric diagnoses), gauge how prevalent camouflaging is amongst the full spectrum of autistic individuals (including those with lower cognitive abilities) and assess developmental trajectories and sex and gender influences. Such studies will pose intriguing questions about the genuine population prevalence of autism, its true sex/gender ratio and heritability.

Second, with more work to establish construct validity, we need to determine which components/aspects of camouflaging are specific to autism and how the quality/quantity of strategies are distributed across autistic and nonautistic individuals who experience social challenges/distress (e.g. social anxiety). Camouflaging and its components may lie on continua of traits across the general population. What remains unclear is which strategies are distinct in autism, considering individuals' cognitive strengths and difficulties, particularly when the frequency/intensity of certain strategies reaches a threshold. Genetically sensitive population-based studies will be informative for unpacking this as they enable exploration of whether the genes/environments underlying camouflaging in the general population are comparable to those underlying camouflaging in diagnosed autistic individuals.

Third, there is much to be learnt about mechanisms. Camouflaging is not a core feature of autism but is evident amongst certain autistic individuals. There are autistic people who (a) want to camouflage and successfully employ such strategies; (b) want to camouflage but are unable to employ such strategies, potentially due to cognitive difficulties; (c) do not want to camouflage; and (d) are oblivious to the notion of camouflaging. We currently have very limited understanding of what drives the differences between these groups. With improved measurement of camouflaging, we can further investigate its cognitive (controlled and automatic) and other psychological and social drivers and modulators (e.g. personality, social motivation, person–environment fit). Similarly, the neurobiological underpinnings of camouflaging in autism are yet to be established. We have identified associations with medial prefrontal cortex activation during self-referential cognition (Lai et al., 2019) and neural excitation–inhibition ratio (Trakoshis et al., 2020). These findings are initial starting points and require replication and extension to allow for more precise mechanistic understanding of the interactive pathways underlying camouflaging.

Finally, the field is only just beginning to understand the impact of camouflaging on autistic people and the implications for society. We and others have shown that camouflaging is generally associated with poorer mental well-being for autistic people, although longitudinal research is required to establish any causal relationship. Heavy use of camouflaging may have a cost for individuals' mental health and sense of self, as well as access to support (e.g. in the workplace; Livingston, Shah, et al., (2019)), and may perpetuate the stigma surrounding autism (Mandy, 2019). This raises important questions about the degree to which camouflaging should be encouraged or taught to autistic people. Fombonne (2020) highlights, as we have elsewhere (Livingston & Happé, 2017; Mandy, 2019), that current autism interventions (e.g. social skills training) involve teaching autistic people strategies to compensate for, or mask, their autistic characteristics. We need to consider whether such interventions may be potentially problematic for some autistic people, and there may be lessons to be learnt from autistic individuals who are resistant to societal pressure to 'act neurotypical' and who therefore experience better mental health. Nonetheless, social coping strategies can be adaptive and empowering and support autistic people in leading independent and fulfilling lives. As a field, we need to critically reflect on how and when in development it is beneficial or detrimental for autistic people to camouflage, and how we can change societies to be more autism-friendly, diverse and inclusive, in order to lessen this burden on autistic people.

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## Supplementary Materials

**Supplement-Table 1. Example constructs potentially linked to ‘camouflaging’**

<b>Construct</b>	<b>Definition</b>	<b>Potential link with ‘camouflaging’ and association with autism</b>
<b>Impression management</b>	A sociological and social psychological concept (alongside closely related constructs including performance, self-presentation, and self-monitoring) to describe the attempts and techniques to shape others’ perceptions of oneself during daily social situations (Goffman, 1956; Snyder, 1979).	<p>Most camouflaging strategies used by autistic or non-autistic people involve altering the impression one makes on other people.</p> <p>The desired outcome is to create the impression that fits the prevailing social norms of being neurotypical.</p> <p>This construct was developed preceding contemporary autism research, and is not specific to autism.</p>
<b>Passing</b>	A sociological concept to refer to an individual’s “ <i>management of undisclosed discrediting information about self</i> ” in the presence of stigma, to be considered normal (Goffman, 1963) and to be	An autistic individual may ‘pass’ as neurotypical, which potentially confers both advantages (e.g., reduced stigma) and disadvantages (e.g., difficulties overlooked). Similarly, an autistic person who shows a less typical presentation of autism may ‘pass’ as autistic to be accepted in an autism community. Converse to passing,

	<p>regarded as a member of an identity group or category different from their own. The term has been used widely in reference to race, ethnicity, gender, sexuality, social class and disability, to name a few; for example, an LGBTQ+ individual may ‘pass’ as non-LGBTQ+.</p>	<p>sometimes autistic people refer to ‘coming out as autistic’ as a process similar to sexual minorities ‘coming out as LGBTQ+’.</p> <p>Passing as neurotypical to match general society expectations may be viewed as an outcome of camouflaging, but does not refer to the underlying mechanisms.</p> <p>This construct pre-dates contemporary autism research, and is not specific to autism.</p>
<p><b>Cultural assimilation</b></p>	<p>A sociological term to describe the process(es) by which individuals from a minority culture come to resemble a majority culture, for example, in terms of values, language and social norms (Gordon, 1964). The term is often used to describe immigrants who culturally assimilate in a new country, thus increasingly resembling natives of that</p>	<p>Camouflaging strategies reported by autistic people often involve adopting social norms that are prevalent in neurotypical (i.e., the majority) society. Equally, immigrants learn the social rules of the majority culture in their new country. For example, there are ‘British’ forms of humour, etiquette and ways of life that immigrants living in Britain come to adopt. Both phenomena in part are likely driven by a desire to ‘fit in’.</p>



	country.	This construct pre-dates contemporary autism research, and is not necessarily related to autism.
<b>Compensation</b>	<p>The process by which people with a neurodevelopmental condition (e.g., autism) can demonstrate neurotypical (e.g., social) behaviour despite underlying (social) cognitive difficulties (e.g., in mentalizing). It involves either circumventing reliance on the cognitive ability in question or finding strategies to overcome the cognitive difficulty (e.g., a non-social route to solve theory of mind) (Livingston &amp; Happé, 2017). Compensation can be cognitively taxing as it draws on additional cognitive resources (Livingston, Shah, &amp; Happé, 2019; Livingston, Shah, Milner, &amp; Happé, 2020).</p>	<p>Compensation may be one specific and particularly successful form of camouflaging. It also highlights potential underlying cognitive mechanisms.</p> <p>This neurocognitive construct is not specific to autism but is likely unique to people with neurological or neurodevelopmental disabilities more broadly. For example, it is described elsewhere in relation to dyslexic individuals achieving typical reading ability by overcoming cognitive difficulties in phonological processing (Frith, 2013).</p>

<p><b>Masking</b></p>	<p>This term has been frequently used (alongside camouflaging) in the lived experience descriptions of autistic people, referring to deliberately hiding their autistic characteristics around other people. It has been described in writings of autistic authors such as <i>Pretending to be Normal</i> (Willey, 1999) or <i>Martian in the Playground</i> (Sainsbury, 2009), in qualitative studies (Hull et al., 2017) particularly those with girls/women (Bargiela, Steward, &amp; Mandy, 2016; Milner, McIntosh, Colvert, &amp; Happé, 2019; Tierney, Burns, &amp; Kilbey, 2016), and research reports from autistic authors (Raymaker et al., 2020).</p>	<p>This phenomenon is highly overlapping with the more conscious aspects of camouflaging, regardless of whether it is ‘successful’ or not. Example quotes from lived experience accounts can be found at: <a href="https://twitter.com/milton_damian/status/1284005617980538880">https://twitter.com/milton_damian/status/1284005617980538880</a>.</p> <p>Masking is typically described with negative connotations; for example, it leads to exhaustion and burnout and may be associated with poorer mental health (Beck, Lundwall, Gabrielsen, Cox, &amp; South, 2020; Cage &amp; Troxell-Whitman, 2019).</p> <p>Masking behaviours, although frequently described in autistic lived experiences, are not specific to autism. For example, people with tic disorders have reported constant efforts to learn to hide their tics (e.g., <a href="https://www.cbsnews.com/news/hiding-tics-to-gain-friends/">https://www.cbsnews.com/news/hiding-tics-to-gain-friends/</a>), such as camouflaging tics into a normal social behaviour—an emphatic ‘hello’ to cover a vocal tic or a hair toss to mask a neck movement to make it look normative.</p>
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<p><b>Imitation</b></p>	<p>This well-defined psychological construct refers to the early emerging and life-long, spontaneous/ nonconscious (e.g., the ‘chameleon effect’; Chartrand and Bargh (1999)) or deliberate/conscious abilities and effort to mimic (i.e., observe and replicate) the actions and behaviours of others, which is key to social/observational learning.</p>	<p>Many camouflaging strategies involve a substantial degree of deliberate imitation (e.g., mimicking gestures and facial expressions of other people).</p> <p>For some autistic people, imitation may be slower or less spontaneous (Edwards, 2014) and therefore deliberate effort is required to emulate or imitate neurotypical behaviour. These atypical imitation profiles may be directly linked with abilities to camouflage as well as the level of associated fatigue and exhaustion. Such differences can be specific to some autistic people. Deliberate imitation requires more cognitive resources and therefore is fatiguing for some autistic individuals, leading to exhaustion and ‘autistic burnout’ (Raymaker et al., 2020).</p> <p>Furthermore, some autistic people may have atypicalities in motor planning (Casartelli, Federici, Biffi, Molteni, &amp; Ronconi, 2018), which lead to greater mismatch between the target and the self-produced pattern of motor behaviour. Having to constantly monitor and correct this enhanced level of mismatch requires greater</p>
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		cognitive resources, also leading to the fatigue often reported by autistic people.
<b>Trained social skills</b>	This term is generally used to describe the various social skills (e.g., gestures, eye contact, conversation, turn-taking) that can be explicitly taught to autistic people through social skills intervention in standardized ways (Gates, Kang, & Lerner, 2017), currently considered a key evidence-based and standard care model for autistic people, particularly for school-aged children, youth and adults (Lai, Anagnostou, Wiznitzer, Allison, & Baron-Cohen, 2020).	<p>It is possible that in some circumstances, social skills interventions are training camouflaging strategies. This may be problematic, given potential negative mental health outcomes associated with camouflaging. Furthermore, some argue that training autistic people to employ neurotypical social behaviour may be offensive because it is not acknowledging that autistic people are born different and should be respected and accepted as different; John Robison's book '<i>Look me in the eye!</i>' provides illustrative examples (Robison, 2008).</p> <p>Considering the unique social-communication characteristics that define autism, the process of acquiring trained social skills seems mostly specific to autism.</p>
<b>Social coping</b>	This is a broad term to refer to the	Camouflaging may be just one facet of social coping and social

<p><b>/ adaptation</b></p>	<p>strategies, both adaptive and maladaptive, that people with or without social differences (e.g., autism, social anxiety) use to cope in the social world according to their developmental level.</p>	<p>adaptation. Other social coping strategies separable from camouflaging may involve, for example, using online instead of in-person services to avoid people, or asking for families' support to navigate social situations, etc.</p> <p>This construct applies to all individuals and is not specific to autistic people. However, autistic people can employ unique social coping strategies that are different from those of people with other social challenges.</p>
<p><b>False self</b></p>	<p>This construct is originally defined in psychoanalysis to describe a 'false' version of oneself, that is distinct from one's 'True Self', as a defensive façade (Winnicott, 1960). The construct is used to refer to early child developmental processes in the context of infant-caregiver dyad, which may have long-term</p>	<p>Self-reports from autistic people often involve descriptions of them feeling inauthentic, false and even deceptive when camouflaging (Livingston et al., 2019). Similarly, autistic people report losing a 'sense of self' (Hull et al., 2017) and the process of them embracing their 'true self' (i.e., stopping/reducing camouflaging) is often associated with improved mental wellbeing. However, considering the early developmental origin of the 'False Self' construct defined by the psychoanalytic formulation of Winnicott</p>

	developmental impact.	<p>(Winnicott, 1960), it only bears a superficial likeness to camouflaging and they should be viewed as different constructs.</p> <p>This construct pre-dates contemporary autism research, and is not related to autism.</p>
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