

FIGURE 1 Model of the indirect effect of self-reported autistic traits on lifetime suicidality through camouflaging, defeat, and entrapment (SDES=Short Defeat and Entrapment Scale).

TABLE 4 Logistic regression with camouflaging, defeat, and entrapment predicting presence of suicidal thoughts.

	B (SE)	95% CI for odds ratio		
		Lower	Odds ratio	Upper
Step 1				
Constant	−0.48 (0.73)			
Age	0.04 (0.03)	0.98	1.04	1.12
Gender	−0.32 (0.42)	0.32	0.72	1.63
Step 2				
Constant	−2.91 (0.83)			
PHQ-8	0.25* (0.06)	1.14	1.3	1.46
GAD-7	−0.04 (0.06)	0.93	1	1.16
Step 3				
Constant	−2.71 (0.87)			
SDES	0.16* (0.05)	1.1	1.18	1.3
Step 4				
Constant	−3.12 (1.07)			
CAT-Q	0.01 (0.01)	0.99	1.01	1.03
Step 5				
Constant	−5.1 (1.45)			
CAT-Q × SDES	−0.004* (0.001)	1	0.99	1

Note: $R^2 = 0.016$ (Cox & Snell), 0.022 (Nagelkerke). Model $\chi^2(2) = 2.54$, $p = 0.281$ for step 1, $R^2 = 0.28$ (Cox & Snell), 0.37 (Nagelkerke). Model $\chi^2(2) = 52.33$, $p < 0.001$ for step 2, $R^2 = 0.05$ (Cox & Snell), 0.07 (Nagelkerke). Model $\chi^2(1) = 12.36$, $p < 0.001$ for step 3, $R^2 = 0.002$ (Cox & Snell), 0.003 (Nagelkerke). Model $\chi^2(1) = 0.45$, $p = 0.5$ for step 4, $R^2 = 0.02$ (Cox & Snell), 0.03 (Nagelkerke). Model $\chi^2(1) = 5.61$, $p = 0.02$ for step 5. $N = 156$.

thoughts, as predicted by the Integrated Volitional Model of Suicide (IMV model; O'Connor & Kirtley, 2018). Results from the current study support this hypothesis. Camouflaging explained a small but significant amount of additional variance in feelings of a failed social struggle (defeat), and a perception that this will never change

(entrapment), after controlling for age, gender, current depression and anxiety symptoms, and autistic traits. This suggests that camouflaging explains unique additional variance in defeat and entrapment over and above autistic traits. This is consistent with previous research, showing that after controlling for age, gender, and autistic traits, camouflaging explains a small but significant amount of additional variance in mental health problems in autistic adults (Hull et al., 2021). These results suggest that camouflaging autistic traits is an important independent risk marker for mental health problems, lifetime suicidal thoughts and behaviors, in a community sample of undergraduate students.

Consistent with hypotheses, the association between autistic traits and lifetime suicidality was significantly mediated by camouflaging, defeat, and entrapment. Interestingly, there were non-significant paths between autistic traits with defeat and entrapment, and camouflaging with lifetime suicidality. This suggests that camouflaging is indirectly associated with suicidality through defeat and entrapment, and autistic traits are indirectly associated with suicidality through camouflaging, defeat, and entrapment. These results suggest a nuanced model where camouflaging autistic traits is associated with increased risk of experiencing other risk markers for suicidality. This is consistent with previous research showing associations between camouflaging and other known risk factors for suicidal thoughts. For example, camouflaging autistic traits was associated with lifetime suicidality through thwarted belongingness (feeling alone; Cassidy, Gould, et al., 2020) as predicted by the Interpersonal Theory of Suicide (ITS) (Van Orden et al., 2010). This suggests that camouflaging autistic traits is associated with feelings of not being accepted for one's true self, increasing risk of thwarted belongingness, and suicidal thoughts and behaviors (Cassidy, Gould, et al., 2020). In the IMV model, thwarted belongingness is a motivational moderator between defeat and entrapment and suicidal thoughts, whereby lack of meaningful social connections can increase risk of defeat and entrapment leading to the formation of suicidal thoughts (O'Connor & Kirtley, 2018). These results suggest that camouflaging could potentially be a motivational moderator in the IMV model, which may increase risk of experiencing defeat and entrapment, and in turn suicidal intent.

However, contrary to hypotheses, camouflaging did not predict significantly more variance in suicidal thoughts after controlling for age, gender, current depression and anxiety symptoms, defeat, and entrapment. Furthermore, the interaction between camouflaging with defeat and entrapment explained significantly less variance in suicidal thoughts, than either camouflaging or defeat and entrapment alone. The direction of this effect

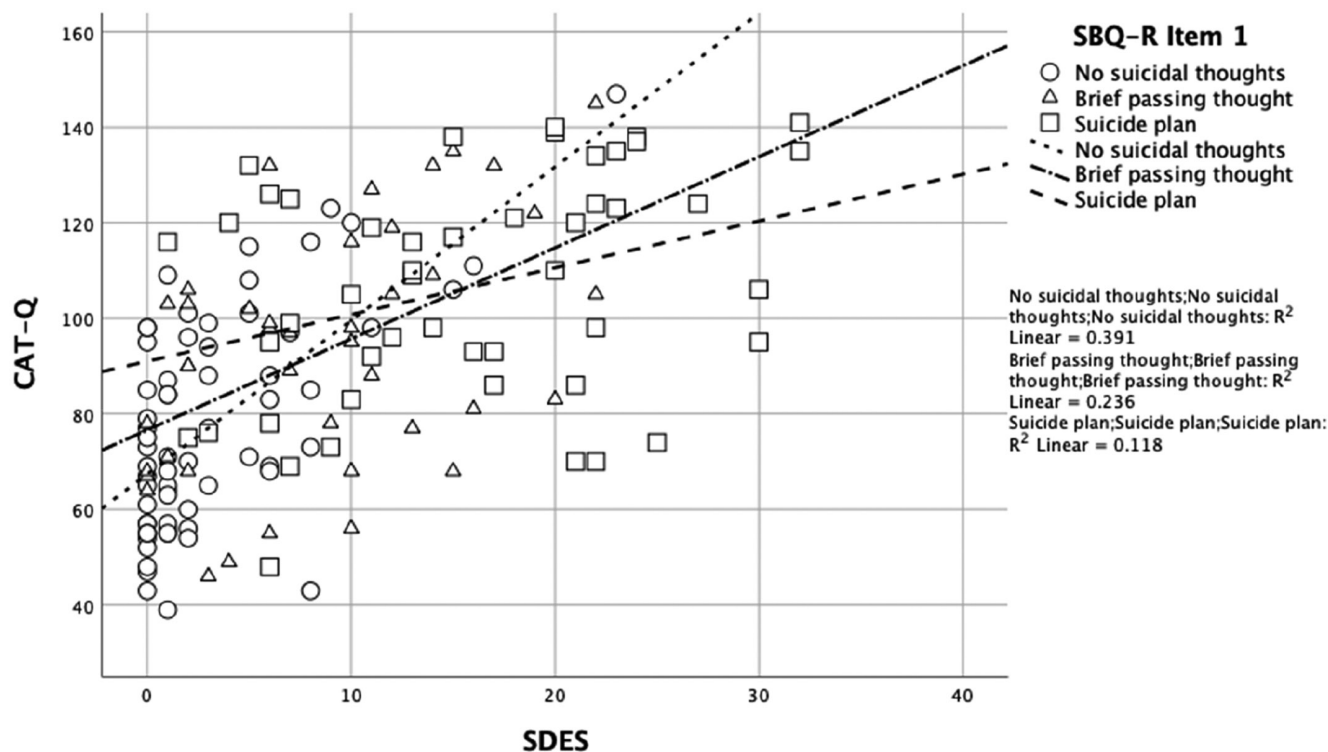


FIGURE 2 Interaction between camouflaging autistic traits (CAT-Q) with defeat and entrapment (SDES) in predicting no lifetime suicidal thoughts, lifetime experience of brief passing suicidal thoughts, and lifetime experience of suicide plans.

showed that the association between camouflaging with defeat and entrapment was strongest in the group without lifetime experience of suicidal thoughts, and significantly attenuated at increasing levels of lifetime suicidal thoughts (brief passing through and suicide plan). These findings are consistent with previous research. For example, Pelton and Cassidy (2017) showed that the association between thwarted belongingness with depression was significantly attenuated at the highest levels of autistic traits. Additionally, Pelton et al. (2020a) showed that the hypothesized associations predicted by the ITS (Van Orden et al., 2010) were attenuated in autistic compared with non-autistic adults. This suggests that suicide theories developed for the general population may not apply as strongly in the context of elevated autistic traits. Current results suggest that this is also true in the case of the IMV model.

Why might the predictions of the IMV model and other suicide models not apply as strongly in the context of elevated autistic traits? One possible reason is that the measures designed to capture the constructs in these models, which have been designed for the general population, may operate differently in those with high autistic traits. This interpretation is consistent with evidence that measures developed for the general population generally do not tend to capture the intended construct as strongly in autistic people (Cassidy, Bradley, et al., 2020; Nicolaidis

et al., 2020), and this was also true for measures designed to capture the ITS model constructs (Pelton et al., 2020b). Adaptations to tools with and for autistic people and those with high autistic traits can improve their power to detect associations with other constructs (Cassidy, Bradley, et al., 2021). Hence, further research is needed to explore whether defeat and entrapment as defined in the IMV model applies to autistic people and those with high autistic traits, and whether the model and measures need to be adapted to better apply to the experiences of these groups.

Results suggest that camouflaging autistic traits is a transdiagnostic risk marker for lifetime suicidal thoughts and behaviors. This is supported by the fact that in the current study, camouflaging was associated with lifetime suicidal thoughts and behaviors in an undergraduate student sample with low levels of self-reported autism diagnosis (1.7%), suspected autism (but not diagnosed; 8.3%), and low proportion who scored above the recommended cut-off for high autistic traits indicating possible undiagnosed autism (15.9%). Previous research has also shown associations between camouflaging with suicidality in both autistic (Beck et al., 2020; Cassidy, Bradley, Shaw, et al., 2018), and non-autistic people (Cassidy, Bradley, et al., 2020; South et al., 2020). This reflects the fact that camouflaging is normally distributed in the general population (Hull et al., 2019). Therefore, tendency to camouflage is also present in people not yet diagnosed as autistic, or who

may have high autistic traits but not meet diagnostic criteria for autism (Miller et al., 2021). Research therefore suggests that camouflaging autistic traits is potentially harmful for mental health and risk of lifetime suicidality, regardless of autism diagnosis. Hence, suicide prevention strategies should consider how to reduce pressure on people to camouflage autistic traits in wider society, which could potentially benefit everyone (Bradley et al., 2021; Mitchell et al., 2021).

There are important implications for clinical practice. First, clinicians must be aware of the potential negative impacts of camouflaging for mental health and risk of suicidal thoughts and behaviors. Second, clinicians should be aware of how autistic traits and camouflaging are associated with risk markers for suicidal thoughts. For example, lack of meaningful social connections, feelings of not belonging or being accepted for who you are, feelings of defeat and entrapment, should be followed up to explore possible suicidal thoughts and behaviors. Camouflaging can also prevent access to diagnosis, treatment, and support for co-occurring mental health problems, suicidal thoughts and behaviors (Camm-Crosbie et al., 2018). Understanding and addressing such barriers to support and treatment is the top autism community priority for future suicide prevention efforts (Cassidy, Bradley, et al., 2021). Improving training for clinicians regarding camouflaging and creating safe spaces to reduce pressure to camouflage in clinical contexts could, at least in part, start to address these barriers.

There are also important implications for wider society and future research. Research suggests that camouflaging could lower access to protective factors against mental health problems and suicidal thoughts. For example, camouflaging is associated with feelings of not being accepted by society (Cage et al., 2018), and lack of belonging and connections (termed thwarted belonging) (Cassidy, Gould, et al., 2020). Research has also started to explore the important role of stigma, identity, disclosure and minority stress in motivations to camouflage, and the consequent impact on mental health problems, burnout, and suicidal thoughts (Botha & Frost, 2020; Cage & Troxell-Whitman, 2020; Pearson & Rose, 2021; Miller et al., 2021; Raymaker et al., 2020). These societal factors involved in camouflaging, mental health, and suicidal thoughts have not yet been explored in suicide models. However, it is clear that increasing acceptance and understanding of autistic traits in society, tackling exclusion, stigma, and discrimination, could reduce pressure to camouflage, benefiting mental health and reducing suicidal thoughts in the general population (Bradley et al., 2021; Pearson & Rose, 2021; Miller et al., 2021; Mitchell et al., 2021).

The current study has a number of limitations. Self-report measures of autistic traits, camouflaging,

depression, anxiety, defeat and entrapment, and suicidality were utilized in the current study. Furthermore, short scales of lifetime suicidal thoughts and behaviors, autistic traits, defeat, and entrapment were utilized. This was necessary to reduce participant burden while exploring initial broad associations between variables, and all tools had evidence in support of their measurement properties (Allison et al., 2012; Griffiths et al., 2015; Osman et al., 2001). However, use of these shorter tools precluded exploration of how different subcomponents of autistic traits, defeat separate to entrapment, and severity of suicidal thoughts and behaviors, are associated with different components of camouflaging. The definition of camouflaging and its measurement has been debated in the literature (e.g., Fombonne, 2020; Pearson & Rose, 2021), with different measurement tools emerging to capture this construct (e.g., Hull et al., 2019; Livingston et al., 2020). The current study utilized the camouflaging autistic traits questionnaire (Hull et al., 2019), which has been criticized due to conflation with constructs such as social anxiety and poorly constructed items (Fombonne, 2020). Future research should explore how other aspects, definitions, and measures of camouflaging are associated with mental health problems, suicidal thoughts and behaviors, and components of suicide models.

Although analyses adjusted for age, sex, current depression and anxiety, and autistic traits, additional potentially important covariates, such as socio-economic status, were not controlled for. A majority of the sample consisted of young adult female undergraduate students, and scored below cut-off on depression, anxiety, and autistic traits. This limits the generalizability of results to males, older adults, those with mental health problems, and autistic people. This study was cross-sectional, and therefore, results show associations, and direction of causation cannot be confirmed. Although the survey was closed prior to the UK lockdown in response to the COVID-19 pandemic, it is possible that news of the impending lockdown and escalating pandemic situation could have impacted our results. However, rates of current anxiety and depression symptoms and lifetime suicide attempts did not appear out of line with previous pre-pandemic prevalence estimates in similar samples, suggesting that our sample was representative and similar to results obtained in previous undergraduate samples.

CONCLUSION

Results suggest that in a sample of undergraduate students, camouflaging autistic traits is independently associated with feelings of defeat and entrapment—key risk markers for the formation of suicidal intent in the IMV

model of suicide (O'Connor & Kirtley, 2018). Consistent with the predictions of the IMV model, those with high autistic traits, tend to camouflage these traits in social situations, which may be associated with increased feelings of defeat and entrapment, and lifetime suicidal thoughts and behaviors. Results also suggest that the constructs of the IMV model do not apply as strongly in the context of high autistic traits—this is similar to previous research exploring the applicability of suicide theories developed for the general population to the case of autism and autistic traits (Pelton et al., 2020a, 2020b; Pelton & Cassidy, 2017). Therefore, it will be important for future research to explore how the constructs of the IMV model and related measures apply to the experiences of autistic people and those with high autistic traits. Overall, these findings suggest that camouflaging is relevant to the IMV model of suicide (O'Connor & Kirtley, 2018). This is consistent with previous research showing the relevance of camouflaging for other motivational moderators outlined in the IMV model, such as thwarted belongingness (Cassidy, 2020; Cassidy, Gould, et al., 2020). Future research and clinical practice need to address the potentially damaging consequences of camouflaging on mental health and suicidal thoughts and behaviors.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The datasets generated and/or analyzed during the current study are not publicly available due to participants not consenting to the public sharing of data, but anonymized data are available from the corresponding author (SC) upon reasonable request.

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ENDNOTE

¹ We use identity-first language (autistic community/people/person) to describe and talk about autism in the current paper, given that this is the most preferred language of the autistic community (Kenny et al., 2016; Bottema-Beute et al. 2021; Bury et al., 2020). We recognize and respect the wide range of terms and different individual preferences for describing autism, and that the language used to describe and talk about autism will continue to evolve over time.

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