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Original Article

The Hidden Cost of Fitting In: Camouflaging in High-Pressure Healthcare

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Abstract

The current study explores if, and how, camouflaging is related to interpersonal functioning among healthcare providers in a high-stakes clinical context. Camouflaging is a process that many people with autism spectrum disorder (ASD) tend to do, where we mask or camouflage our autistic characteristics to fit into what is deemed socially acceptable by neurotypical. Even though camouflaging might make professional experiences slightly easier, such shining armor leaves a mental health wake of exhaustion, anxiety, and depression. A structured questionnaire was used to collect data from a sample population of 236 medical professionals (positivist research approach). Central to findings are a robust relationship between camouflaging and both interpersonal functioning and mental health outcomes over time. The results emphasize the importance of creating a culture in health organizations conducive to professionals with neurodiversity, normalizing esoteric illness experiences, and allowing space for the multiplicity of meaning inherent to being human. Implementing neurodiversity initiatives can boost employee health, interrelations, and patient care in healthcare organizations. The study is beneficial for healthcare academicians and practitioners to understand the severity of the issue and to devise ways and means to eradicate this menace. However, the results of this study could not be comprehensive in the sense that it was conducted with a very limited sample, while future studies need to use a large sample size to generalize the results. It is hereby suggested that in future studies could be conducted in different regions throughout the country.

Keywords: Hidden Cost of Fitting In, Camouflaging Behavior, Interpersonal Functioning, Mental well-being, Frontline Professionals.

Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder in which the presentation includes varying degrees of social-communication challenges and repetitive behaviors. Problems in these balancing processes led to social navigation difficulties that many of those with ASD face. This in turn led to the emergence of the idea of "camouflaging" in autism research. Camouflaging is aimed at the attributes used by those experiencing ASD to hold autistic characteristics (Hull et al., 2017) so that they could be masked up in neurotypical spaces. Though such a strategy in social situations helped people navigate the thin ice of multiple relationships, it exacted a toll on human psychology.

Previous studies about anxieties and emotional burnout showed that those who have camouflaged experienced higher levels of anxiety, depression, and emotional exhaustion (Libsack *et al.*, 2021). In high-pressure professional environments where the adaptive choice was to conform to neurotypical standards, the camouflaging became that much more attended. The study of camouflaging was focused primarily on the impacts it had on mental health, revealing that keeping up a non-autistic appearance led to burnout and emotional exhaustion (Livingston *et al.*, 2019). These effects were stronger in high-pressure professions, like medicine, which relied on social interaction and interpersonal functioning. In response, medical professionals shared experiences of feeling forced to hide their autistic traits to meet the social expectations of colleagues, patients, and the public. Although camouflaging was an initially successful compensatory strategy for countering social challenges in ASD, it tends to ultimately exacerbate mental health problems, later impairing interpersonal and dedicated professional functioning (Cook *et al*., 2021).

Although prior work has investigated the extent to which camouflaging is experienced amongst wider populations of individuals with ASD, there is a conspicuous research gap in terms of its implications for those who are medical professionals. Porricelli *et al*. (2024) investigated the overall impact that camouflaging has on mental health and social relationships, yet none focused specifically on how it is presented among medical doctors. Similarly, Zhuang *et al*. (2023) examined the general psychosocial impact of camouflaging but failed to include the occupational stressors specific to medical professionals. Because of the highly salient interpersonal demands in health industries and the high-stakes environment in health professions, it is important to study how camouflaging behaviors could impact employee social relations and well-being within this specific context.

This investigation sought to determine the impact of camouflaging behaviors on the wellness and social behavior outcomes of physicians in highly stressful and socially challenging clinical situations. Three studies in this line sought to address the lack of knowledge regarding what the impact might be on job performance, mental health, or relationships at work (Zhuang *et al.*, 2023; Porricelli *et al*., 2024). A major research question that arose from this:

How does camouflaging impact psychological functioning and mental well-being in pressurized clinical environments of medical professionals?

In response to the identified research gap, this study aimed to explore camouflaging among medical doctors. These results provided some important observations about the impact of camouflaging on their work and home lifestyles. The resulting insights were to be used in the development of targeted interventions ultimately aimed at promoting authentic self-expression among medical professionals, enhancing their mental health, and creating a more inclusive workplace (Zhuang *et al*., 2023; Porricelli *et al*., 2024). Key findings from the study included four major themes. The study identified several key themes; about the type of burnout and work-related stress among medical doctors, the research highlighted 'shared understanding' which helped promote better inter-personal relationships. This, in turn, was important to the general wellness of physicians, which has been recognized as key to preserving a patient-centered focus in healthcare.

The research also led me to think about what expectations of resilience mean in the context of wider culture change within organizations. This poses critical questions on what it means to be resilient and how resilience can potentially shape the dynamics of workplace culture.

Literature Review and Theoretical Basis

Theoretical Basis

The science of autism camouflaging in social and mental health spheres has captured momentum because of its relevance to large numbers of individuals with autism. Experiences of camouflaging are strategies, both strategic and involuntary, used by autistic individuals to camouflage or mask many of their autistic characteristics in social situations to comply with neurotypical norms (Hull *et al*. 2017). Camouflaging may be functional in the short term but can lead to cognitive and emotional costs. In the case of social conformity, for example, it is often used to reduce socially stigmatized behaviors among individuals with autism spectrum disorder (ASD) so that they conform to predominant social norms (Wilson & Brune, 2012). Still, the constant struggle to assimilate can result in psychological (i.e.: anxiety, fatigue) and emotional (i.e.: exhaustion) distress (Beck *et al*., 2020). In terms of cognition, camouflaging is a remarkably high cognitive load imposition (considering Cognitive Load Theory). Living behind a false image that is not consistent with your true feelings causes exhaustion and, ultimately burnout (Libsack *et al*., 2021; Livingston *et al*., 2019). This burden is particularly acute among professionals in high-stress occupations like medicine, additional cognitive responsibilities contribute to already unmanageable mental health thresholds.

In this regard, Theory of Mind (ToM) represents another cognitive approach useful for reasoning on camouflaging. We suggest that given deficits in the Theory of Mind (ToM) understanding of the mental states of others, camouflaging plays a role as a compensatory mechanism for negotiating social exchanges due to this impairment (Frith & Frith 2012). Nonetheless, if at the same time, it is helping people 'fit in', camouflaging can also exacerbate social isolation by obstructing 'true' self-expression, an elemental condition for emotional welfare (Hull *et al*., 2017). The double empathy problem of Milton *et al*., (2012) also recasts social difficulties as mutual, suggesting neurotypical individuals find autistic communication no more intuitive than vice versa (Milton & Hirvikoski 2017); so too do long-held assumptions prompt much higher expectations of conformity from the autistic party. This long-term camouflaging can lead to a range of serious psychological problems, from anxiety and depression (Cassidy *et al*., 2019; Hull *et al*., 2017) and suicidality. Individuals who camouflage more often also have poorer life satisfaction and increased mental health issues (Cage *et al*., 2018). This is of particular concern in professions such as medicine, where prolonged masking presents risks to the health and performance of both individuals (Livingston *et al*., 2019). So, in a nutshell, the short-term gains of camouflaging may bring social benefits but do so at the price of long-term psychological costs including cognitive fatigue and declining mental health which is why more awareness about neurodiversity especially in high-pressure situations like the medical field is necessary.

Camouflaging Behavior and Interpersonal Functioning

While the notion of camouflaging behavior, particularly among individuals with autism spectrum disorder (ASD), has garnered increased attention in recent years, much of this attention has been on its impact on social relationships and quality of life. Camouflaging involves the inhibition or concealment of autistic characteristics to help it is usually motivated by a wish for improved social navigation (Hull *et al*., 2017). While this may make those social exchanges more comfortable, the price that is paid internally usually leaves much to be desired. The practice of camouflaging has been associated with an increased risk for mental health concerns among individuals who are autistic, such as anxiety, depression, and social burnout (Libsack *et al*., 2021). Another area to investigate camouflaging is its impact on workplace interpersonal functioning. Career success and job satisfaction is highly dependent on good interpersonal functioning which is especially crucial in high-collaboration sectors from healthcare. The most significant contribution to autistic obstacles for many individuals is social communication troubles (Hull *et al*, 2019). In this line, camouflaging may help create better encounters as the individual with autism learns to momentarily imitate norm concordance (Zhuang *et al*., 2023). But because performing self-monitoring and subsequent behavioral control take considerable cognitive effort for an extended period (it becomes cognitively expensive to behave in ways adhering to normative neurotypical approaches, it does), too many such attempts lead to mental fatigue over time and depress job performance (Livingston *et al*., 2019).

There is some evidence that camouflaging may likewise have negative implications for social relationships in the long term. Masking, for instance, if masking does result in some supposedly superior entry into a social interaction; will be hindering your basic relationship-building ability. Since it creates encounters with a constructed version of ourselves, as opposed to who we are (Hull *et al.*, 2017). As a result, camouflaging often translates to loneliness and solitariness for the autistic person. Faux pas: Camouflaging creates superficial relationships, a lack of true emotional connection (Beck *et al*., 2020). Concealing oneself may lead to social fatigue which means a constant source of masking takes up vital mental energy and contributes little towards meaningful interpersonal connection. Camouflaging may also be linked to mental health outcomes, potentially via interpersonal functioning. The heightened vigilance in terms of needing to monitor and regulate behavior against attitudinal norms which brings about cognitive overload (Cage *et al*., 2018) leads to an increased likelihood of emotional exhaustion and burnout. Hull *et al*. (2019) found that autistic adults who camouflage are more likely to also report higher levels of anxiety and depression, compared with those autistics who do not. They constantly deal with this emotional drain and struggle in their personal lives as well as their relationships. Nonetheless, the same cannot be applied to camouflaging and social interaction, as they might differ according to gender. There is evidence that females perform more camouflaging, a result potentially of popularized stereotypes about what it means to be a 'girl' (Dean *et al*., 2017). The pressure to mask thus feeds back into inferior outcomes, increased stress remained pronounced and was found to be associated with even lower social functioning than before. Moreover, businesses also play an invaluable role in mitigating the negative consequences of camouflaging by establishing cultures that render it less obligatory. For example, employees with ASD generally have greater levels of job satisfaction and performance when their employers integrate neurodiversity programs and reasonable accommodations (Austin & Pisano, 2017). Policies that promote inclusion, for example prioritizing social support and normalization of neurodiversity, can alleviate the need to camouflage leading to both improved interpersonal functioning and mental health (Zhuang *et al*., 2023).

Hypothesis (H_1): *Camouflaging Behavior is positively related to Interpersonal functioning.*

Camouflaging Behavior and Mental Well-Being

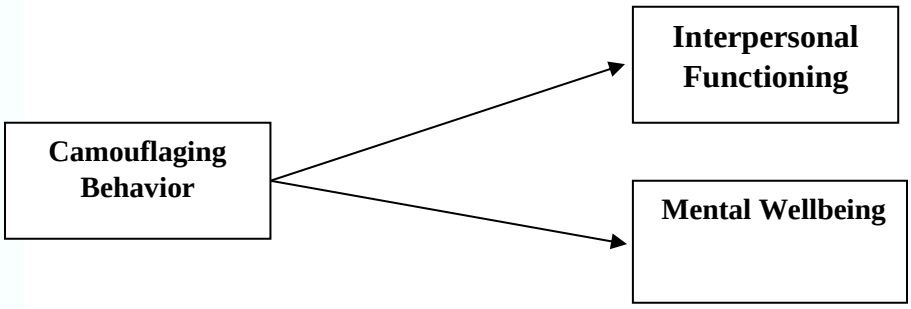
While studies examining the relationship between camouflaging and mental health outcomes for people on the Autism Spectrum (ASD) are only beginning to emerge, this notion of camouflage has recently attracted some attention. Camouflaging, the act of hiding autistic behaviors in social situations (Hull *et al.*, 2017), allows people with ASD to blend in more as if they were not autistic. This might help autistic people to function in social situations and meet the requirements of our limiting society. but at what cost? It wreaks havoc on their mental health. In other words, camouflaging is meant to look that much energy—means somebody tracking and adjusting their behavior in real-time, doing everything they can to mimic a neurotypical social reaction. And research shows camouflaging is associated with higher levels of fatigue, burnout, and anxiety (Livingston *et al*., 2019). The self-regulatory demands to appear neurotypical tap into a reserve of energy that should be directed toward emotional regulation, so it is unsurprising that depression and anxiety are at significantly higher rates (Cage *et al*, 2018). The consequences of camouflaging exceed probably the emotional cost as they can be especially detrimental in high-pressure situations where maintaining a social performance is on the edge. Time and time again, research has found camouflage to result in negative mental health consequences for autistic people. Hull *et al*. A recent study (2019) found that folks with autism who camouflaged reported higher levels of anxiety, depression, and even suicidal ideation than those who did not camouflage. Failure to be true to self is associated with these histories of trauma, more generally leading to protracted, high disidentification and depression—a constellation that may have the most actively unhealthy mental health effects (Cassidy *et al.*, 2019). The impact on mental health is further worsened by camouflaging potentially impeding access to support if the individual appears socially successful despite internal struggle. Gender, too, is crucial in this connection. Camouflaging and autism spectrum disorder (ASD) In line with this, Dean *et al*. (2017) found that women with ASD were more likely to engage in camouflaging than men, which the researchers hypothesized might reflect gender expectations around typical behavior and social appearance. This greater pressure on women to conform also heightens their susceptibility to anxiety and depression (Hull *et al*., 2019).

For women, this is exacerbated by societal pressures, and the emotional toll of camouflaging increases, which has been proven to be associated with poor outcomes. The consequences of camouflaging our mental health go beyond the internal emotional turmoil and result in a lack of real social relationships. This explains why individuals who camouflage their autistic traits find it difficult to belong, build relationships, and other connection responsibilities since social situations continue forcing them to suppress their real selves (Beck *et al*., 2020). If one remains disconnected for a long time, it will add up to isolation, which is going to affect emotional well-being. If autistic people have been masking in response, they may feel they cannot ask for help, as that has meant showing vulnerability of some sort or acknowledging a need. This isolation and emotional burnout of camouflaging adds to the mental health difficulties they experience. Recent work has indicated that inclusive environments can neutralize the ill effects of camouflaging on mental health. Research has demonstrated that when organizations offer neurodiversity initiatives and accommodate ASD characteristics in employees, this can help contribute to overcoming the psychological pain of camouflaging (Austin & Pisano, 2017). By promoting the acceptance of neurodiverse behaviors and reducing the pressure to conform to typical standards, these organizations can potentially improve mental health and quality of life for people with ASD (Zhuang *et al*., 2023). Hence, we hypothesized that:

Hypothesis (H_2): *Camouflaging Behavior is positively related to Mental Well Being*.

Figure 1

Schematic Diagram of Research Model



Method

The research occurred via a positivist approach, focusing on observable social realities to produce law-like generalizations. A cross-sectional, survey-based design was used, with structured questionnaires administered to medical doctors in District Dera Ismail Khan. This approach enabled us to obtain reliable data to investigate the relationship between camouflaging, interpersonal functioning, and psychological well-being. The study involved medical doctors working in high-stress environments, where camouflaging was expected to have significant effects. A simple random sampling technique based on Yamane's (1967) formula yielded 236 respondents from a target population of medical doctors. The research instruments were based on validated scales, slightly modified. Camouflaging was measured with the Camouflaging Autistic Traits Questionnaire (CAT-Q) on 25 items scale by (Hull *et al*., 2019), interpersonal functioning using the Interpersonal Support Evaluation List (ISEL-SF) composed of 16 items by (Cohen & Hoberman, 1983), as adapted by Payne *et al*. (2012), and mental well-being with the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) adopted from (Tennant *et al*., 2007). All items were rated on a five-point Likert scale, from strongly disagree to strongly agree. SPSS version 26 was used for analysis, with descriptive analysis using Cronbach's alpha for reliability and inferential analysis with correlation and regression tests to assess relationships. This comprehensive approach allowed us to deeply examine how camouflaging impacts the interpersonal functioning and well-being of medical doctors.

Results and Findings

Table1

Data Normality

	n	Mean	Std. Deviation	Skewness		Kurtosis		Cronbach's Alpha
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error	α>0.7
CFB	236	3.3908	.69331	.156	.158	-.573	.316	0.916
IPF	236	3.1645	.57092	-.490	.158	-.470	.316	0.831
MWB	236	3.2043	.75614	.433	.158	-.740	.316	0.872

CFB> Camouflaging Behavior; IPF> Interpersonal Functioning; MWB> Mental Well Being

Table 1 presents the descriptive statistics and measures of normality and reliability for three variables: Camouflaging Behavior (CFB), Interpersonal Functioning (IPF), and Mental Well-Being (MWB). For CFB, the mean score is 3.39 (standard deviation = 0.69), with skewness of 0.156 and kurtosis of -0.573, indicating a relatively normal distribution. CFB's internal consistency is high, with Cronbach's alpha at 0.916.

Likewise, IPF has a mean of 3.16 (standard deviation = 0.57), showing a slight negative skew (-0.490) and flat distribution (kurtosis = -0.470), with good reliability (Cronbach's alpha = 0.831). MWB shows a mean of 3.20 (standard deviation = 0.76), with moderate positive skew (skewness = 0.433) and a kurtosis of -0.740. Its Cronbach's alpha of 0.872 also reflects strong internal consistency. All constructs demonstrate sufficient reliability, with alpha values above 0.7, confirming the scales' reliability for these variables.

Table 2

Correlation Analysis

		CFB	IPF	MWB
CFB	Pearson Correlation	1		
	Sig. (2-tailed)			
IPF	Pearson Correlation	.696**	1	
	Sig. (2-tailed)	.000		
MWB	Pearson Correlation	.912**	.490**	1
	Sig. (2-tailed)	.000	.000	

CFB> Camouflaging Behavior; IPF> Interpersonal Functioning; MWB> Mental Well-Being (n=236).
**. Correlation is significant at the 0.01 level (2-tailed).

Table 2: Correlation analysis of Camouflaging Behavior (CFB), Interpersonal Functioning (IPF), and Mental Well-Being (MWB) using Pearson's correlation coefficients shows a strong positive correlation between CFB and MWB ($r = 0.912$, $p < .001$), indicating that higher camouflaging behavior is linked to greater mental well-being. A moderate positive correlation was also found between CFB and IPF ($r = 0.696$, $p < .001$), suggesting that increased camouflaging is associated with better interpersonal functioning.

Moreover, the correlation between IPF and MWB is moderate ($r = 0.490$, $p < .001$), showing that improved interpersonal functioning moderately relates to stronger mental well-being. All correlations are statistically significant ($p < 0.01$), and the sample size is 236 participants

Table 3

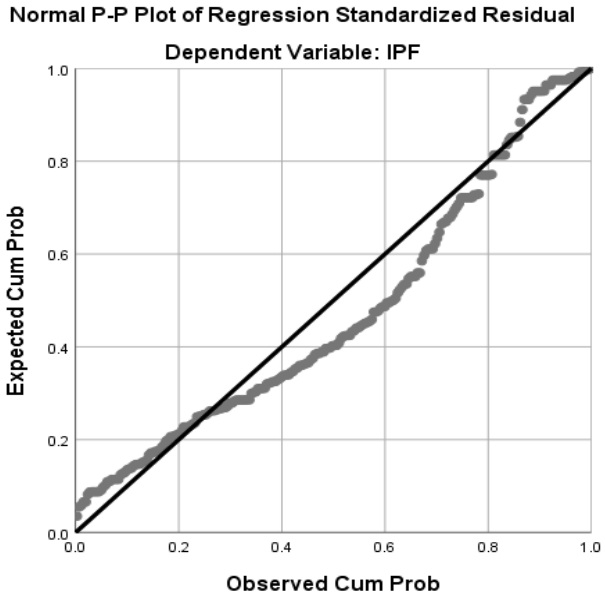
Regression Analysis Camouflaging Behavior and Interpersonal Functioning

Model	R	R^2	Adjusted R^2	SE	F	p
1	.696[a]	.485	.483	.410	220.211	0.000
Summary		**B**	**SE**	**β**	**T**	**p**
1	**(Constant)**	1.220	.134		9.126	.000
	CFB	.573	.039	.696	14.839	.000

a. Predictors: (Constant), CFB, Dependent Variable: IPF

Figure 1

Normal P-P Plot of Regression Standard Residual



In Table 3, a regression analysis examines the relationship between Camouflaging Behavior (CFB) as the predictor and Interpersonal Functioning (IPF) as the dependent variable. The results show a strong positive relationship, with an R-value of 0.696, indicating that CFB significantly influences IPF. The R^2 value of 0.485 suggests that 48.5% of the variance in IPF can be explained by CFB, while the Adjusted R^2 of 0.483 supports the model's reliability after accounting for potential overfitting.

The model fit is highly significant, with an F-value of 220.211 ($p < .001$), confirming that CFB is a significant predictor of IPF. The unstandardized coefficient (B) for CFB is 0.573 ($p < .001$), indicating that for every one-unit increase in CFB, IPF increases by 0.573 units. The constant (intercept) is 1.220 ($p < .001$), suggesting that when CFB is zero, the predicted IPF is 1.220. The standardized coefficient (β) for CFB is 0.696, highlighting CFB's strong influence on IPF, and the t-value of 14.839 ($p < .001$) confirms the statistical significance of this effect. In summary, camouflaging behavior is a strong and significant predictor of interpersonal functioning, with a substantial positive impact. Hence hypothesis H_1 is accepted.

Table 4

Regression Analysis Camouflaging Behavior and Mental Well-Being

Model	R	R^2	Adjusted R^2	SE	F	p
1	.490[a]	.240	.237	.498	.240	0.000
Summary		**B**	**SE**	**β**	**T**	**p**
1	**(Constant)**	1.978	.142		13.969	.000
	CFB	.370	.043	.490	8.607	.000

a. Predictors: (Constant), CFB, Dependent Variable: MWB

Figure 2

Normal P-P Plot of Regression Standardized Residual

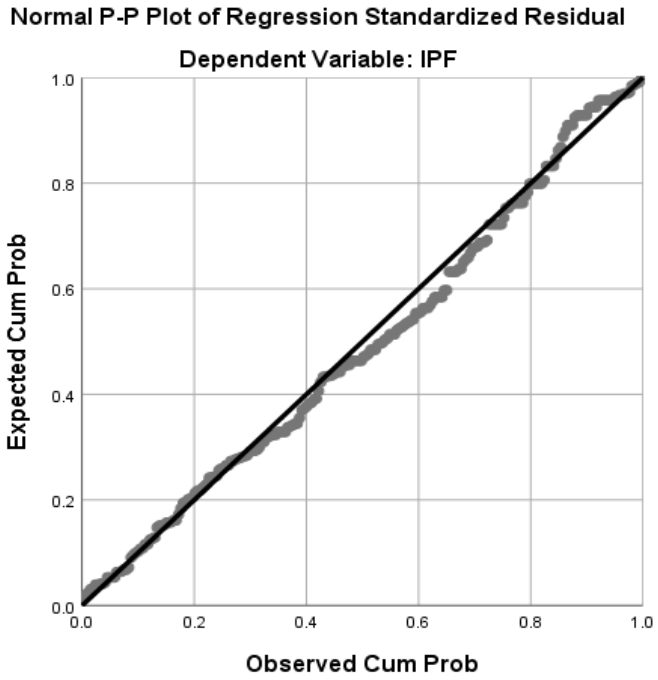


Table 4 presents a regression analysis exploring the relationship between Camouflaging Behavior (CFB) as a predictor and Mental Well-Being (MWB) as the dependent variable. The results show a moderate positive relationship, with an R-value of 0.490, indicating that CFB has a moderate effect on MWB. The model explains approximately 24% of the variance in MWB, as indicated by the R^2 value of 0.240, and the Adjusted R^2 of 0.237 confirms the model's reliability after adjusting for the number of predictors.

The model fit is significant, with an F-value of 72.070 ($p < .001$), showing that CFB is a significant predictor of MWB. The unstandardized coefficient (B) for CFB is 0.370 ($p < .001$), meaning that for every one-unit increase in CFB, MWB increases by 0.370 units. The constant (intercept) is 1.978 ($p < .001$), indicating that when CFB is zero, the predicted MWB is 1.978. The standardized coefficient (β) for CFB is 0.490, reflecting a moderate effect on MWB. The t-value of 8.607 ($p < .001$) further confirms the statistical significance of this relationship. In summary, camouflaging behavior is a significant predictor of mental well-being, with a moderate positive impact. Hence hypothesis H_2 is accepted and substantiated.

Discussion

This article explores the clinical and interpersonal consequences of camouflaging in doctors. The researchers show that, although camouflaging—masking or suppressing autistic characteristics to blend in with neurotypical people more easily- is associated positively with social appearance motivation at first, it carries profound mental health penalties. They camouflage to meet the exhausting social demands of many medical professions, leading to them being able to "pass" as neurotypical more effectively. Ironically, though, this type of behavior leads to them becoming emotionally fatigued and burnt out, making it difficult for companies and individuals to work with them effectively.

The authors found significant positive associations between the use of camouflaging behavior and enhanced interpersonal functioning at work; however, this comes with a catch. The continued mental exertion needed to pass as a neurotypical lead to heightened anxiety and depression. Healthcare professionals who camouflage more often score higher in psychological ill-being, in terms of anxiety and depression, when compared to those with lower perceived impressions. Furthermore, the study looks at whether camouflaging harms mental health (Zhuang *et al*., 2023; Porricelli *et al*., 2024). It proves that as much as camouflaging helps professionals to fit in, it comes at enormous detriments to their mental health. The emotional price of covering your true self reflects in denser levels of anxiety, depression, and burnout, which prevents such professionals from flourishing under the utmost exigent circumstances. While camouflaging is linked to stronger social outcomes, the finding is counterintuitive in that it appears there are emotional sacrifices made as well, which can accumulate and lead to negative mental health consequences down the road (Cassidy *et al*., 2019; Hull *et al*., 2017).

Conclusions

In conclusion, this study further highlights the immense effect of camouflaging on the mental health and interpersonal functioning of medical professionals. Camouflaging allows a person to "blend in" with the neurotypical environment but comes with an exhausting psychological toll that builds and contributes to anxiety and burnout over time. Building inclusive environments for neurodiverse individuals so they feel comfortable being themselves without the pressure to conform will improve mental health outcomes. This will uplift the functioning and overall well-being of medical professionals, as well as increase quality patient care results. The results highlight that some of these struggles must be targeted for healthier and supportive work environments.

Research Implications

This study has considerable implications for healthcare organizations as a whole and individual medical practitioners, especially when compared to mental health perspectives, inclusivity at the workplace, and interpersonal functioning. Conclusions: There is a need for greater understanding and advocacy for medical professionals who camouflage their autistic presentation to meet the neurotypical expectations of professional behavior. Camouflaging may help you get through a night or two of hanging out, but the emotional toll will remain in the long run, and dealing with this cost involves developing more tailored mental health programs and interventions. This can only be counteracted through reassuring neurodivergent displays and enabling them in healthcare realms, by refusing to conform to neurotypical sculptures of what work ought to resemble or how things must progress. This makes sense for job satisfaction, mental well-being, and better patient care. The study also underscores that quality-of-life-enhancing policies should allow neurodiverse individuals to be themselves and succeed without paying the emotional cost of hiding how they are. By implementing neurodiversity initiatives, medical professionals can build meaningful relationships and succeed in their job roles, while further enhancing healthcare outcomes.

Limitations and Future Research Directions

Limitations of the study: In the first place, the sample was confined to healthcare professionals in a single geographical setting and therefore may not entirely reflect experiences in other clinical settings or other countries. Second, measures of self-reported camouflaging may be biased due to participants failing to report these behaviors or misinterpreting

the measure. Third, because the research question was limited only to healthcare professionals, the results cannot be diluted to other professions.

Future research should consider a wider variety of samples, including other professions and additional regions, to provide better insight into camouflaging. Future longitudinal studies could examine the lasting effects of camouflaging, especially on mental health, and occupations. Future studies are then needed to examine how workplace interventions may be able to minimize camouflaging strategies and increase mental health among neurodiverse people.

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Declaration of Interest

The authors declare that there is no clash pf interest.

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