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RESEARCH ARTICLE

The relationship between non-clinical autistics traits, personality and perceived stress

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ABSTRACT

Autism spectrum disorder (ASD) is associated with elevated perceived stress and distinct personality trait profiles. The present study extends this line of inquiry by examining whether non-clinical autistic traits, distributed throughout the general population, show a similar relationship with these constructs. Although some research has investigated non-clinical autistic traits in relation to perceived stress or personality traits separately, no study to date has examined all three constructs together within a predictive model. This study is therefore the first to explore non-clinical autistic traits and personality traits as predictors of perceived stress in a UK general population sample and contributes to the limited existing literature on associations between personality traits and non-clinical autistic traits. A total of 176 participants completed an online survey comprising three validated measures: the Broad Autism Phenotype Questionnaire, the Ten-Item Personality Inventory, and the Perceived Stress Scale. Multiple regression analysis revealed that, among non-clinical autistic traits, only pragmatic language and rigidity significantly predicted perceived stress, while aloofness did not. Among personality traits, neuroticism positively predicted perceived stress, and conscientiousness served as a protective factor, whereas extraversion, openness, and agreeableness were not significant predictors. Correlational analysis indicated that all non-clinical autistic traits were associated with higher neuroticism and lower extraversion, openness, agreeableness, and conscientiousness. These findings highlight how specific non-clinical autistic traits and personality traits interact to influence perceived stress. The implications of non-clinical autistic traits for stress appraisal in the general population are discussed, alongside directions for future research that may clarify additional mediating factors in the relationship between non-clinical autistic traits, personality, and perceived stress.

Keywords: autism spectrum disorder; non-clinical autistic traits; perceived stress; personality traits; stress appraisal

Autism spectrum disorder (ASD) is a complex neurodevelopmental condition characterised by challenges in social communication, repetitive behaviours, and restricted interests (American Psychiatric Association, 2013), which vary on a continuum of severity (Lord et al., 2018). ASD has an estimated median global prevalence of 1% (Zeidan et al., 2022). Due to hereditary factors in the aetiology of ASD, autistic traits may manifest as milder subclinical characteristics in family members, termed the broad autism phenotype (Folstein & Rutter, 1977; see also Piven et al., 1997), given that autistic individuals often share behavioural characteristics with relatives (Bailey et al., 1995; Pisula et al., 2015; Rea et al., 2018; Rosenberg et al., 2009; Tick et al., 2016).

Non-clinical autistic traits have also been observed throughout the general population, distributed smoothly from typical to clinical levels (Cardon et al., 2023; Hoekstra et al., 2008; Kurtz et al., 2023). The Broad Autism Phenotype Questionnaire (BAPQ; Hurley et al., 2007) measures three dimensions: aloofness, rigidity, and pragmatic language. Aloofness reflects reduced interest or enjoyment in social interactions. Rigidity describes difficulty with cognitive or behavioural flexibility, including a preference for routines. Pragmatic language refers to social communication challenges such as difficulties with appropriate language use and conversational turn-taking.

One factor associated with both clinical and non-clinical autistic traits is stress. Perceived stress describes stress appraisal through transactional relationships between an individual and their environment (Cohen et al., 1983; Lazarus & Folkman, 1984). Clinical and non-clinical autistic traits have been associated with negative health outcomes including anxiety (Shi & Hirai, 2024; Vasa et al., 2020), depression (Einadab et al., 2022; Hinze et al., 2024), and suicidal behaviour (Pelton & Cassidy, 2017), each of which may heighten perceived stress (Bishop-Fitzpatrick et al., 2014;

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Hirvikoski & Blomqvist, 2014; Taylor et al., 2021). Non-clinical autistic traits have further been linked to increased risk of trauma (Stewart et al., 2022), post-traumatic stress (Dell'Osso et al., 2022), and lower household income (Skylark & Baron-Cohen, 2017), all of which contribute to elevated perceived stress. Despite these associations, research on the relationship between non-clinical autistic traits and perceived stress in the UK general population remains limited.

Only two studies have examined non-clinical autistic traits and perceived stress in general population samples (Hirvikoski & Blomqvist, 2014; Lack & Jenkins, 2021). Both found that non-clinical autistic traits positively predict perceived stress, yet each has notable limitations. Hirvikoski and Blomqvist (2014) used a small Swedish sample of 53 participants, restricting statistical power and generalisability. Their reliance on global non-clinical autistic trait scores may also have obscured more nuanced relationships between constructs (Happé & Ronald, 2008). Lack and Jenkins (2021) addressed this by measuring individual non-clinical autistic traits across 32 countries, finding that only pragmatic language and rigidity predicted perceived stress. However, data were collected during the COVID-19 pandemic, a period associated with elevated perceived stress and heightened expression of autistic traits due to maladaptive coping and intolerance of uncertainty (Evers et al., 2022), which may have inflated the observed relationships. The present study therefore seeks to clarify the predictive relationship between individual non-clinical autistic traits and perceived stress in a UK post-pandemic population.

Personality is another established influence on perceived stress, as individuals are predisposed to specific stress-coping processes (Luo et al., 2022), commonly conceptualised using the Five-Factor Model (Costa & McCrae, 1992). Research indicates that neuroticism increases perceived stress, while extraversion, agreeableness, conscientiousness, and openness are generally protective through their association with adaptive coping mechanisms (Alizadeh et al., 2018; Guan et al., 2023). Neuroticism is associated with heightened negative emotional reactivity and an active behavioural inhibition system (Gray, 1987; Watson et al., 1994; see also Goldstein et al., 2019). Extraversion is linked to lower physiological stress reactivity and greater use of social support (Costa & McCrae, 1992; Hagemann et al., 1999; Hemenover & Dienstbier, 1996; Rogala et al., 2021; Swickert et al., 2002). Agreeableness is associated with fewer perceived social conflicts and greater use of social support (Bowling et al., 2005; Costa et al., 1991). Conscientiousness reduces stress exposure through planning and goal-directed behaviour (Hill et al., 2013; Murphy et al., 2012), while openness is associated with high sensitivity to both positive and negative experiences, producing variable stress perception (DeNeve & Cooper, 1998; Lüdtke et al., 2011). The current study measures personality using the Ten-Item Personality Inventory (TIPI; Gosling et al., 2003), a validated brief measure selected to reduce participant fatigue and support completion rates when used alongside other questionnaires (Rammstedt & John, 2007), despite its known limitations in structural validity and internal consistency (Thørrisen & Sadeghi, 2023).

Specific personality traits have also been linked to non-clinical autistic trait severity. Both clinical ASD and non-clinical autistic traits are positively associated with neuroticism (Sun et al., 2021; van Oosterhout et al., 2021; Vuijk et al., 2018), partly attributable to shared genetic factors (Park et al., 2017). Neuroticism has been suggested to mediate stress appraisal and reactivity in clinical ASD, and its interaction with autistic trait severity may similarly explain stress vulnerability across the general population (van Oosterhout et al., 2021). Clinical ASD has also been associated with reduced openness, agreeableness, conscientiousness, and extraversion (Schwartzman et al., 2015). At the non-clinical level, two UK studies found that higher autistic traits were associated with increased neuroticism and decreased extraversion and agreeableness, with no significant correlations for conscientiousness or openness (Austin, 2005; Robinson et al., 2020). However, neither study examined personality and non-clinical autistic traits as joint predictors of perceived stress, and the broader pattern of trait associations remains underexplored.

No study to date has examined non-clinical autistic traits and personality traits together in a model predicting perceived stress. The present study addresses this gap by exploring whether levels of non-clinical autistic traits and personality traits predict perceived stress in the UK general population, and by clarifying associations between personality traits and non-clinical autistic traits. It was hypothesised that pragmatic language and rigidity would positively predict perceived stress (H1), and that neuroticism would positively predict perceived stress (H2), while extraversion,

agreeableness, conscientiousness, and openness would negatively predict perceived stress (H3). It was further hypothesised that higher levels of pragmatic language, rigidity, and aloofness would positively correlate with neuroticism and negatively correlate with extraversion and agreeableness (H4).

METHOD

Design

A quantitative cross-sectional design was used to examine perceived stress as the outcome variable, with three non-clinical autistic trait variables (aloofness, pragmatic language, and rigidity) and five personality trait variables (agreeableness, conscientiousness, extraversion, neuroticism, and openness) as predictor variables.

Participants

Participants were recruited from the UK general population via convenience sampling. An online survey was advertised between December 2024 and February 2025. Of the 242 individuals who responded, 66 were excluded due to incomplete responses that precluded scoring, yielding a final sample of 176 participants who met the inclusion criteria of providing informed consent, being aged 18 or over, and completing all questionnaires. Following Tabachnick and Fidell (2013), the minimum sample size required for eight predictor variables was 114 ($N = 50 + 8 \times 8$), and the present sample surpassed this threshold, providing adequate statistical power for multiple regression analysis. Participant ages ranged from 18 to 76 years ($M = 34.7$, $SD = 15.38$). The sample comprised 121 females, 52 males, 2 participants who self-described their gender, and 1 participant who did not provide a gender response.

Materials

Broad Autism Phenotype Questionnaire. The Broad Autism Phenotype Questionnaire (BAPQ; Hurley et al., 2007) was used to measure non-clinical autistic traits. The 36-item measure uses a six-point Likert scale (1 = "very rarely", 6 = "very often") and comprises three subscales: aloofness (e.g., "I would rather talk to people to get information than to socialise"), rigidity (e.g., "I act very set in my ways"), and pragmatic language (e.g., "I find it hard to get my words out smoothly"). Fifteen items were reverse-coded due to negative wording. Subscale scores were averaged across 12 items, producing scores between 1 and 6, with higher scores indicating greater non-clinical autistic trait levels. The BAPQ demonstrates high internal consistency (aloofness: α = .94; rigidity: α = .91; pragmatic language: α = .85; Hurley et al., 2007), and its internal consistency and factor structure compare favourably with other non-clinical measures such as the Autism Quotient (Baron-Cohen et al., 2001), which tends to identify fewer individuals with elevated autistic traits (Cardon et al., 2023). The present study also yielded good internal consistency across subscales (aloofness: α = .89; rigidity: α = .87; pragmatic language: α = .84).

Ten-Item Personality Inventory. The Ten-Item Personality Inventory (TIPI; Gosling et al., 2003) was used to measure the Five-Factor Model of personality. The 10-item scale uses a seven-point Likert scale (1 = "disagree strongly", 7 = "strongly agree") and comprises five subscales: agreeableness, conscientiousness, extraversion, emotional stability, and openness, each assessed by two items representing opposite poles of the trait. To align with existing literature on autism and stress, emotional stability scores were reversed to index neuroticism. Subscale scores were averaged to produce trait scores between 1 and 7, with higher scores indicating higher levels of each trait. Five items were reverse-scored prior to analysis. Cronbach alphas reported during scale development were modest across several subscales (extraversion: α = .68; agreeableness: α = .40; conscientiousness: α = .50; neuroticism: α = .73; openness: α = .45; Gosling et al., 2003), which is expected given the two-item structure and may affect measurement precision (Ehrhart et al., 2009). The present study observed comparable values (extraversion: α = .80; agreeableness: α = .30; conscientiousness: α = .70; neuroticism: α = .73; openness: α = .26). Despite these limitations, the TIPI is widely used in the literature, supporting cross-study comparisons, and its brevity facilitates accessibility across a range of participant abilities and time constraints (Rammstedt & John, 2007).

Perceived Stress Scale. The Perceived Stress Scale (PSS; Cohen et al., 1983) was used to assess perceived stress over the preceding month. The 14-item scale uses a five-point Likert scale (0 = "never", 4 = "very often"), with items such as "In the last month, how often have you felt that you were unable to control the important things in your life?" Seven positively worded items were reverse-scored prior to analysis. Total scores range from 0 to 56, with higher scores reflecting greater perceived stress. Cohen et al. (1983) reported good internal consistency during development (α = .84 to .86).

The present study demonstrated excellent internal consistency (α = .90). Procedure

The study was advertised via Facebook, Instagram, The Student Room, and the British Psychological Society Online Communities forum. Participants accessed the anonymous survey link online. Demographic information (age and gender) was collected prior to questionnaire completion. Participants then completed the three measures in the order presented above. The survey was administered using Qualtrics and took approximately 15 to 20 minutes to complete. Ethical approval was granted by Loughborough University (Ethical ID: 18927), in accordance with the British Psychological Society Ethical Guidelines (2021). Prior to participation, information regarding the study aims, purpose, and researcher contact details was provided. Informed consent was obtained before questionnaire completion, and a debriefing page restated researcher contact details. Mental health support services were signposted both before and after questionnaire completion.

Data analysis

Data were analysed using IBM SPSS Statistics (Version 27). One-tailed Pearson correlations were used to examine relationships between variables. Prior to multiple regression analysis, all assumptions were assessed and met. Multicollinearity was not indicated, as all inter-predictor correlations fell below .70. Inspection of histograms and P-P plots confirmed normality and linearity. The scatterplot of residuals indicated no violations of homoscedasticity. The Durbin-Watson statistic was 2.10, falling within the acceptable range of 1–3 (Field, 2018), satisfying the assumption of independent errors. Cook's Distance values were all below 1, indicating no individually influential data points. Given the continuous nature of the Likert scale data, a single multiple regression was conducted. A significance threshold of $p < .05$ was applied throughout.

RESULTS

Descriptive statistics

Descriptive statistics for predictor and outcome variables are displayed in Table 1. The means and standard deviations for perceived stress scores, personality traits and non-clinical autistic traits aligned with previous research.

Table 1

Descriptive statistics for all study variables

Variable	*M*	*SD*
Perceived Stress Scale	26.21	9.21
TIPI Extraversion Subscale	3.96	1.68
TIPI Agreeable Subscale	5.13	1.13
TIPI Conscientiousness Subscale	5.17	1.46
TIPI Neuroticism Subscale	3.72	1.55
TIPI Openness Subscale	4.95	1.22
BAPQ Aloofness Subscale	3.08	0.84
BAPQ Pragmatic Language Subscale	2.87	0.77
BAPQ Rigidity Subscale	3.29	0.81

Note: TIPI: Ten-Item Personality Inventory; BAPQ: Broad Autism Phenotype Questionnaire

Correlations

One-tailed Pearson's correlations (Table 2) present all non-clinical autistic traits were significantly positively correlated with perceived stress. Pragmatic language and rigidity revealed strong correlations with perceived stress, while aloofness showed a moderate correlation. Of the personality traits, agreeableness, conscientiousness and openness showed significant weak-to-moderate negative correlations with perceived stress. Neuroticism showed the strongest correlation of the personality traits, significantly positively correlated with perceived stress, while extraversion was not significantly correlated with perceived stress. All non-clinical autistic traits significantly positively correlated with neuroticism and negatively correlated with extraversion, openness, agreeableness and conscientiousness. Correlations between predictor variables were weak-to-moderate, suggesting predictors were independent and multicollinearity assumptions had not been violated.

Table 2

Correlation matrix of perceived stress and predictor variables

Variable	1	2	3	4	5	6	7	8
1. PSS	–							
2. TIPI Extraversion	–.093	–						
3. TIPI Agreeable	–.276**	–.083	–					
4. TIPI Conscientious	–.428**	–.014	.115	–				
5. TIPI Neuroticism	.658**	–.137*	–.297**	–.304**	–			
6. TIPI Openness	–.242**	.348**	.107	.194**	–.170*	–		
7. BAPQ Aloofness	.312**	–.579**	–.235**	–.163*	.316**	–.410**	–	
8. BAPQ Pragmatic Language	.511**	–.213**	–.300**	–.383**	.450**	–.231**	.494**	–
9. BAPQ Rigidity	.505**	–.328**	–.215**	–.158*	.467**	–.396**	.544**	.476**

Note: PSS: Perceived Stress Scale; TIPI: Ten-Item Personality Inventory; BAPQ: Broad Autism Phenotype Questionnaire
*p <. 05; **p <. 01

Regression analysis

A multiple regression assessed how non-clinical autistic traits and personality traits simultaneously predict perceived stress in the general population (Table 3). The overall regression model containing non-clinical autistic traits (aloofness, pragmatic language, rigidity) and personality traits (extraversion, agreeableness, conscientiousness, neuroticism, openness) significantly predicted perceived stress, F (8,167), 26.302, p > .001. The model explained 53.6% of the variance in perceived stress scores (adjusted R^2 = .536). Of the non-clinical autistic traits, only pragmatic language and rigidity were significant, positively predicting perceived stress. Of the personality traits, only conscientiousness significantly negatively predicted perceived stress, while neuroticism significantly positively predicted perceived stress.

Table 3

Multiple regression results for predictors of perceived stress

	B	β	*t*	*p*
Constant	13.223		2.072	.040
TIPI Extraversion	.292	.053	.793	.429
TIPI Agreeable	–.283	–.035	–.604	.546
TIPI Conscientious	–1.262	–.200	–3.447	<.001
TIPI Neuroticism	2.563	.432	6.857	<.001
TIPI Openness	–.316	–.042	–.702	.484
BAPQ Aloofness	–.488	–.044	–.571	.569
BAPQ Pragmatic Language	1.786	.149	2.192	.030
BAPQ Rigidity	2.494	.219	3.161	.002

Note: TIPI: Ten-Item Personality Inventory; BAPQ: Broad Autism Phenotype Questionnaire

DISCUSSION

The present study investigated whether non-clinical autistic traits and personality traits predict perceived stress in the UK general population, and whether specific personality traits correlate with non-clinical autistic traits. The results indicated that pragmatic language and rigidity positively predicted perceived stress, while aloofness did not. Among personality traits, only neuroticism positively predicted perceived stress, and conscientiousness was protective against it, while extraversion, agreeableness, and openness were not significant predictors. All non-clinical autistic

traits were correlated with higher neuroticism and lower extraversion, agreeableness, conscientiousness, and openness.

The first hypothesis that pragmatic language and rigidity would positively predict perceived stress was supported, aligning with the only existing study to measure individual non-clinical autistic traits (Lack & Jenkins, 2021), which used an international sample collected during the COVID-19 pandemic. The present study is therefore novel in confirming these associations within a UK post-pandemic sample. The weak-to-moderate correlations observed between individual non-clinical autistic trait subscales further support the importance of examining these traits separately rather than using global scores (Happé & Ronald, 2008). The current results reflect patterns observed in clinical ASD samples, in which rigidity has been linked to increased stress due to reduced cognitive flexibility when coping with change (South & Rodgers, 2017), and pragmatic language difficulties have been associated with heightened social anxiety and stress (White et al., 2009). Restricted interests and communication challenges have similarly been linked to heightened perceived stress in non-clinical samples (Carpita et al., 2024). These findings are consistent with Cohen et al.'s (1983) transactional theory of stress, suggesting that individuals with elevated non-clinical autistic traits may perceive and encounter more stressors due to communication and flexibility challenges.

The finding that aloofness did not predict perceived stress was anticipated. Previous research indicates that aloofness indirectly predicts poor mental well-being, anxiety, and depression in non-clinical samples, with this relationship mediated by social connectedness, loneliness, and crisis support (Stice & Lavner, 2019; Stimpson et al., 2021). In the present study, aloofness showed a significant moderate positive correlation with perceived stress, suggesting the relationship may be mediated by factors not examined here, in contrast to the direct predictive relationships observed for pragmatic language and rigidity.

The second hypothesis that neuroticism would positively predict perceived stress was supported, consistent with previous research in both UK and international samples (Alizadeh et al., 2018; Bellingtier et al., 2021; Guan et al., 2023). In line with transactional theories of stress (Cohen et al., 1983; Lazarus & Folkman, 1984), neuroticism may heighten stress vulnerability through a predisposition to intense negative emotional reactions (Goldstein et al., 2019; Gray, 1987; Hafferty et al., 2019; Schneider, 2004; Watson et al., 1994). Individuals with both higher neuroticism and elevated non-clinical autistic traits may share genetic vulnerabilities to stress perception similar to those observed in clinical ASD (van Oosterhout et al., 2021). The heritability of neurotic traits and their association with a greater likelihood of experiencing stressful life events in samples with elevated non-clinical autistic traits may further explain these associations (Clarke et al., 2019; Park et al., 2017).

The third hypothesis that extraversion, agreeableness, conscientiousness, and openness would negatively predict perceived stress was partially supported: only conscientiousness was associated with lower perceived stress. This aligns with findings that conscientious individuals reduce stress exposure through goal-directed planning and behaviour (Hill et al., 2013; Roberts, 2009). Higher non-clinical autistic traits showed weak-to-moderate negative correlations with conscientiousness, suggesting individuals with elevated non-clinical autistic traits may be less likely to employ effective problem-focused coping strategies associated with conscientiousness (Bartley & Roesch, 2011; Hirvikoski & Blomqvist, 2014; Murphy et al., 2012). However, recent findings suggest that conscientious males show higher cortisol reactivity when stressor control is diminished (Dahm et al., 2017), and as the present sample was predominantly female and stressor control was not measured, the current results may primarily reflect conscientiousness as a buffer against perceived stress in females.

The finding that extraversion, agreeableness, and openness did not significantly predict perceived stress was unexpected, given prior research suggesting these traits buffer against stress through positive appraisal and adaptive coping (Alizadeh et al., 2018; Costa & McCrae, 1992; Guan et al., 2023; Luo et al., 2022). One possible explanation is that individuals with elevated non-clinical autistic traits report reduced social support (Lack & Jenkins, 2021), which is a key coping mechanism associated with extraversion, agreeableness, and openness (Barańczuk, 2019; Bowling et al., 2005; Lüdtke et al., 2011; Roohafza et al., 2016; Swickert et al., 2002). The absence of social support as a covariate may be particularly relevant to the non-significant result for extraversion, given its strong association with social resources (Rogala et al., 2021).

Physiological stress sensitivity has also been linked specifically to conscientiousness rather than these other traits (Brouwer et al., 2015), suggesting extraversion, agreeableness, and openness may have a more complex relationship with perceived stress when examined alongside non-clinical autistic traits.

The fourth hypothesis was supported: all non-clinical autistic traits positively correlated with neuroticism and negatively correlated with extraversion and agreeableness. These findings correspond with the only two existing UK general population studies examining these associations (Austin, 2005; Robinson et al., 2020) and align with previous associations between clinical autistic trait severity and elevated neuroticism (Vuijk et al., 2018). The present findings may suggest that non-clinical autistic traits mirror clinical associations with neuroticism, potentially reflecting a broader vulnerability to emotional dysregulation with negative long-term implications for well-being (Austin, 2005; van Oosterhout et al., 2021). The strongest negative correlation emerged between aloofness and extraversion, adding to recent findings that individuals with elevated non-clinical autistic traits experience heightened loneliness and social withdrawal (Fekih-Romdhane et al., 2025), and consistent with evidence linking non-clinical autistic traits to fewer positive social relationships (Morrison et al., 2019; Wood-Downie et al., 2020).

The present study is also the first to identify weak-to-moderate negative correlations between all non-clinical autistic traits and both openness and conscientiousness. While this differs from previous non-clinical research that found no associations for these traits (Austin, 2005; Robinson et al., 2020), the current findings align with patterns observed in clinical ASD samples (Lodi-Smith et al., 2018; Schwartzman et al., 2015), supporting a dimensional conceptualisation of autism in which openness, conscientiousness, extraversion, and agreeableness are each related to lower levels of autistic traits (Schwartzman et al., 2015; Wing et al., 2011).

Several limitations should be considered when interpreting these findings. The cross-sectional design precludes causal inference (Amos et al., 2018), and self-report measures are subject to social desirability bias and potential misreporting (Arrow et al., 2023; Gittelman et al., 2015; Joinson, 1999; Stone & Shiffman, 2002). Autism-related self-selection bias may also have influenced recruitment, as the study advertisement referenced non-clinical autistic traits. Gender differences in non-clinical autistic trait levels are well established, with males consistently reporting higher aloofness scores (Auyeung et al., 2009; Lack & Jenkins, 2021; Losh et al., 2009; Seidman et al., 2011), and the predominantly female sample may have influenced the observed relationships. Ethnicity was not measured, despite evidence that associations between non-clinical autistic traits and negative health outcomes may vary across ethnic groups (Kurtz et al., 2023). The study also did not account for mental health conditions such as anxiety and depression, which are independently associated with personality traits (van der Veen et al., 2016), non-clinical autistic traits (Einadab et al., 2022), and perceived stress (Lakhan et al., 2020), and may act as mediators in this relationship.

Regarding the measures used, the PSS (Cohen et al., 1983) assesses general stress levels and cannot distinguish between specific stressor types, which may limit the specificity of findings. The TIPI (Gosling et al., 2003) has known limitations in internal consistency and structural validity (Thørrisen & Sadeghi, 2023), and the reliability of the BAPQ rigidity subscale has been questioned in previous research (Lin et al., 2021). While the brief measures were selected to reduce participant fatigue and improve completion rates (Rammstedt & John, 2007), future studies may benefit from using measures with more robust psychometric properties.

CONCLUSION

The present study is the first to examine non-clinical autistic traits and personality traits together as predictors of perceived stress in the UK general population. Of the non-clinical autistic traits, pragmatic language and rigidity positively predicted perceived stress, while aloofness did not. Of the personality traits, neuroticism positively predicted perceived stress and conscientiousness was protective, while extraversion, agreeableness, and openness were not significant predictors. All non-clinical autistic traits were correlated with higher neuroticism and lower extraversion, agreeableness, conscientiousness, and openness, extending previous non-clinical findings and aligning more closely with patterns observed in clinical ASD research. These findings contribute to a dimensional understanding of autism and highlight specific trait combinations that may increase vulnerability to perceived stress in the

general population. Future research should examine mediating factors such as social support and mental health status and use more representative and gender-balanced samples to clarify the mechanisms underlying these relationships.

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