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Title: A Conceptual Analysis of Autistic Masking: Understanding the Narrative of Stigma and the Illusion of Choice

Running Title: Autistic Masking: A Conceptual Analysis

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Why is this topic important?

Autistic masking is a complicated topic. We currently think that masking includes things like making eye contact even if it makes you feel uncomfortable, or not talking about your interests too much for fear of being labelled 'weird'. There is a lot about masking that we don't know yet, but it is important to understand masking as we think that it might have a negative effect on autistic people.

What was the purpose of this article?

The purpose of this article was to look at current explanations of masking, and try to figure out what is missing.

What do the authors conclude?

We conclude that work on masking needs to think about autistic people in a different way. Autistic people grow up in a social world and experience a lot of negative views about autism and autistic people. We argue that we need to understand how this social world and the trauma that can come from being part of it contributes towards masking. We also argue against the idea that masking is a 'female' thing that occurs as a result of there being a 'female specific' subtype of autism, because this might make it harder for some people to get a diagnosis (e.g. non-binary people, and men and women who do not fit with any of the current criteria). Instead we argue that people need to recognise that autism doesn't look like one 'type' of person, and try to separate ideas about masking from ideas about a person not fitting a stereotype.

What do the authors recommend for future research on this topic?

Though masking is called a 'social strategy', there has not been a lot of social theory applied to masking research. We recommend that researchers use theories about how people try to fit in, and theories about how people exclude and hurt people who are different. This can help us to understand why autistic people

mask. We also stress the need to understand that masking is not necessarily a choice, and that there are many unconscious aspects. We argue that researchers should try to find out when masking starts to happen (for example, in childhood) and what makes people feel like they need to keep up the mask. We also recommend lots more research into autistic identity, and how different parts of identity (including things like gender, race, co-occurring conditions) might mean that someone has to mask more (or less), or in different ways.

How will this analysis help autistic adults now and in the future?

We hope that this analysis will help researchers to understand that some aspects of masking might be unique to autistic people, but some aspects might be like other kinds of ‘pretending to be normal’ that other people who are socially excluded use to try and fit in. We hope that our suggestions can help to improve our understanding of masking, and lead to research that makes life better for autistic people.

Abstract

Autistic masking is an emerging research area which focuses on understanding the conscious or unconscious suppression of natural autistic responses and adoption of alternatives across a range of domains. It is suggested that masking may relate to negative outcomes for autistic people, including late/missed diagnosis, mental health issues, burnout and suicidality. This makes it essential to understand what masking is, and why it occurs. In this conceptual analysis we suggest that masking is an unsurprising response to the deficit narrative and accompanying stigma that has developed around autism. We outline how classical social theory (i.e. social identity theory) can help us to understand how and why people mask by situating masking in the social context in which it develops. We draw upon the literature on stigma and marginalisation to examine how masking might intersect with different aspects of identity (e.g. gender). We argue that whilst masking might contribute towards disparities in diagnosis, it is important that we do not impose gender norms and stereotypes by associating masking with a ‘female autism phenotype’. Finally we provide recommendations for future research, stressing the need for increased understanding of the different ways that autism may present in different people (e.g. internalising and externalising) and intersectionality. We suggest that masking is examined through a socio-developmental lens, taking into account factors that contribute towards the initial development of the mask and that drive its maintenance.

Autistic masking (also referred to in the literature as camouflaging¹, compensation² and most recently ‘adaptive morphing’³) is the conscious or unconscious suppression of natural responses and adoption of alternatives across a range of domains including social interaction, sensory experience, cognition, movement and behaviour. Masking is an emerging research area, and as such there is variation in the terminology used to describe these experiences. Whilst some scholars draw a conceptual distinction between masking/camouflaging/compensation^{1,4} and which aspects constitute subcomponents of another, we use masking here holistically as an umbrella term to refer to the collection of these experiences, as it is the term that has been used by the autistic community themselves⁵⁻⁷. Masking has been suggested to relate to several key issues in the lives of autistic people, such as relationships and diagnosis⁸, suicidality⁹, and burnout¹⁰. Thus gaining a precise understanding of what masking is, and how it manifests in the lives of autistic people is essential. This paper aims to examine the literature so far, pinpointing factors which have gone unexplored, and ideas for future research that build up a holistic picture integrative of both internal and external aspects of masking. Whilst autistic masking is the focus of this paper we ask the reader to stay mindful that a) many autistic people experience neurodivergence and/or marginalisation (social exclusion) on multiple axes (i.e. autistic and dyslexic) and that b) many of these factors might have relevance to other neurodivergent and/or marginalised groups, and are not necessarily limited to autistic people.

Social Context

The historical social context in which autism and research about autistic people is situated, is essential to understanding what masking is and why it occurs. Autism is a form of neurodivergence, characterised by differences to the non-autistic population in several domains, including social and cognitive style, and sensory processing¹¹. Since the 1940’s, conceptualisations of autism^{12,13} have mainly derived from a

medical model of disability and ‘otherness’ in which autism (and by consequence, autistic people) has been framed as something to ‘fix’, ‘cure’, or in need of intervention¹⁴ due to perceived deficits in social communication, repetition and restriction. The core traits associated with an autism diagnosis are traits found across the human condition¹⁵ and it is their shared presence and profile which differentiates autistic and non-autistic people, however they are often labelled as being ‘extreme’ manifestations¹⁶. A diagnosis of autism is rooted in the specification that one must experience ‘significant impairment’ to be classified as autistic. As such autistic ‘traits’, ‘behaviours’ and experiences cannot be labelled autism unless they are experienced negatively, or are said to cause ‘impairment’. As a result, autistic people are viewed as being on the fringe of human normality both in academia, and society in general^{17–19}.

With a pathologised status comes the experience of stigma, dehumanisation and marginalisation²⁰.

Stigma refers to the possession of an attribute which marks a person as disgraced or ‘discreditable’²¹, marking their identity as ‘spoiled’. Stigmatised persons may attempt to conceal these spoiled aspects of their identity from others, attempting to ‘pass’ as normal²¹. Investigation of ‘passing’ and ‘concealment’ has been explored in depth in other stigmatised populations²², however the application of stigma in autism research is a relatively new endeavour^{22,23}. Stigma impacts both on how an individual is viewed and treated by others and how that treatment is internalised and interacts with one’s identity^{20,24}.

Research has shown that dehumanising attitudes towards autistic people are still highly prevalent²⁵ despite years of campaigning for awareness and acceptance, and 80% of the stereotypical traits associated with autism are rated negatively by non-autistic people²⁶. These findings are consistent with the work of Goffman in ‘Stigma’²¹, suggesting that familiarity with the stigmatised does not reduce negative attitudes towards them. Rose²⁷ explains: “We move, communicate and think in ways that those who do not move, communicate and think in those ways struggle to empathise with, or understand, so they ‘Other’ us, pathologise us and exclude us for it.” This stigma can manifest in negative social judgements towards autistic people²⁸ who are more likely to report negative life experiences²⁹ including bullying³⁰ and victimisation²⁹. Thus acknowledging the social context in which autistic ways of being are stigmatised

and derided^{14,20,31} is essential for understanding reasons that masking may occur, and what can be done to reduce the pressure to mask and associated impact.

Masking and Social Identity

As a marginalised group, autistic people are consistently presented with the message that their way of being in the world is abnormal, defunct, or impaired^{6,20,31}. The social norms of autistic people differ to those of the dominant social group, and ‘passing as normal’ or attempting to pass as normal might relieve external consequences (such as bullying) whilst increasing internal consequences (such as exhaustion and burnout)³². However the application of social theory to understanding masking is so far sparse. Goffman described the process of concealment at length in ‘Stigma’²¹, the impact that conscious and unconscious norms and societal expectations places upon stigmatised persons and the lengths they might go to in order to conceal their otherness. Whilst masking has been referred to as ‘social camouflage’, there has been minimal focus^{33,34} on the role that the social sphere plays in the development and maintenance of masking. A person’s identity is shaped by myriad factors, not least the social environment that they inhabit³¹. Here we discuss ways in which social theory can be applied to providing a meaningful understanding of masking.

The development of the social self is argued in part to arise through the process of reflection of how we are perceived by others³⁵. Self-perception theory³⁶ suggests that who we perceive ourselves to be is influenced by multiple factors, such as point in the lifespan, or the aspects of our life we are asked to consider (e.g. family, work). This begins to develop in childhood, where we explore different roles through engagement with caregivers and play, and begin to examine ourselves through the lens of the ‘generalised other’³⁷ (the theoretical outsider through whom we imagine what others might think of who we are). We consider which parts of ourselves we want the world to see, which parts are acceptable³⁸. Over time, the generalised other is replaced partially through interaction with conspecifics, though we still

imagine how they might respond to us through the generalised lens. This is in essence, a mentalising process. An attempt to put ourselves into the mindset of another in order to work out how they might think of us. Goffman described this process in ‘The Presentation of Self in Everyday Life’³⁹ as one that allows us to manage and control how others perceive us, a form of impression management. In this regard, monitoring how we appear in different social situations is a part of the broader human social experience and not limited to concealing ‘spoiled’ traits. Here the concept of masking is incompatible with the idea of autistic mindblindness⁴⁰. In order to mask one must be aware of how others might potentially view them, and suppress aspects of their identity accordingly. The idea that an autistic person might suppress aspects of themselves to ‘fit in’ is also at odds with theories that suggest that autistic people are uninterested in social affiliation^{41,42}. This assumption however, might account for the lack of discourse around how social identity theories intersect with autistic masking. The fluctuation of human identity across different social contexts has been well explored in the psychological literature⁴³, and it is acknowledged that our individual and collective selves may differ. This is yet to be explored in any detail among autistic people.

Social Identity Theory⁴⁴ argues that our self-perception is dependent upon temporal (i.e. point in the lifespan) and situational (i.e. what is going on at the time) factors, with our identity on a continuum between our personal perception of how we see ourselves as an individual, and how we see ourselves as members of a particular group or collective. Our personal and group identities are comprised of many factors, including our gender, race/ethnicity, sexuality, interests and personality traits. We may place emphasis on different aspects as we move through different contexts and environments, minimising aspects of our identity based on their perceived relevance to the current situation and/or group we are in. These contextual shifts may form part of the impression management strategies described by Goffman²¹ and are impacted by stigma. Goffman described how a ‘discreditable’ person may attempt to avoid stigma or identification by carefully monitoring how they appear to others, whilst a ‘discredited’ (already identified) person may perform the same monitoring to avoid further stigma. The identities of autistic

people are often stigmatised at both the individual level (i.e. being labelled by others as ‘odd’ or ‘weird’³², and at the group level (i.e. harmful stereotypes about autistic people^{26,32}) in a way that intersects with other aspects of their identity, leading to what Milton describes as psycho-emotional disablement (of autistic identity)²³. This stigma occurs for both autistic people who disclose (the discredited), and do not (the discreditable), relating to what Botha³² has referred to as a ‘double bind’.

It is possible that autistic people experience the same contextual identity shifts as non-autistic people in certain aspects of identity (i.e. between interacting with colleagues/friends for example; there is currently very little empirical examination of this), but experience psychological stress specifically from the masking of their autistic self because contextual shifts do not involve the hiding of one’s ‘true self’¹. Rather, emphasis is simply placed on a different aspect of identity as opposed to concealing it. An alternative possibility is that aspects of identity that non-autistic people commonly view as more easily contextualised, are for autistic people inherently related to their experiences as an autistic person. For example, experiencing a passionate, singular focus on a favourite topic may make a shift away from that aspect of one’s identity more difficult, blurring the line between contextual identity shifts and masking. A recent investigation from Schneid and colleagues³³ found that general impression management and masking were interlinked for autistic people and could not be divorced from one another.

One possible area for exploration in understanding the relationship between contextual identity shifts, and masking is the relationship between monotropism^{45 35} and identity. Monotropism is a theory of autistic cognition grounded in an understanding of attention as interest-driven and more singular in focus⁴⁵. It states that with limited attentional resources, autistic focus cannot be split between “performing a task well”, and “losing awareness of information relevant to all other tasks”⁴⁵. The shifting of identity across contexts draws upon attentional resources as we weigh up restrictions, internal (how we feel) and external (what is going on around us) input, and hierarchy (what aspects of our identity that we value). Currently, we know very little about the fluctuation of autistic identity with context. An important factor in this weighing up process is likely to be how safe a person feels in revealing aspects of their identity,

particularly if their identity is stigmatised. Cage and Troxell-Whitman's³⁴ findings suggest that masking can fluctuate across contexts, but to develop a more meaningful understanding of this we might also want to ask which aspects of contextual fluctuation are *not* harmful to autistic people.

Many autistic people experience marginalisation on several fronts⁴⁶, in ways that intersect with other aspects of their identity. The impact of marginalised status on identity has long been explored by Black scholars^{47,48}. Du Bois⁴⁷ wrote of the 'double consciousness' of being Black in America: "It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others". The nature of masking, of having to suppress aspects of one's identity, means having to see oneself through the lens of another. Du Bois stated the difficulty reconciling two competing ideals or aspects of the self, an idea which is drawn upon in the theory of cognitive dissonance⁴⁹. Cognitive dissonance occurs when there is a discrepancy between two competing ideals held by an individual, i.e. two contradictory beliefs or actions. This discrepancy causes stress, which an individual can attempt to resolve by changing or justifying one of the ideals. In order to survive as a marginalised person, the suppression of stigmatised aspects of identity may allow someone to walk in two (or more) worlds. However continuing this suppression in the face of the cognitive dissonance can draw upon significant psychological resources. Cage and Troxell-Whitman³⁴ considered the intersection between stigmatised aspects of identity and masking, using Disconnect Theory⁵⁰ to examine costs and contexts of masking. They found that autistic adults reported masking across multiple contexts (i.e. at work, with romantic partners), for both conventional and relational reasons. Those who reported higher levels of masking, or switching between masking/not masking also reported higher levels of stress, which is consistent with the idea that disconnection from one's identity causes psychological distress. This process of disconnection might be essential in understanding burnout, which been described as the result of "chronic life stress and a mismatch of expectations and abilities without adequate supports"¹⁰.

A potential relationship between masking and negative outcomes like autistic burnout¹⁰ and suicidality⁹

mean that it is important that we acknowledge masking as a self-protective mechanism rather than a necessarily conscious choice. Though masking has been defined as including both conscious and unconscious aspects, much of the research so far has focussed on the conscious aspects (i.e. strategies that are externally visible to others). It is possible that the significant energy it takes to mask means that it is only sustainable for a period. In order to sustain masking long term, the person must find a way to resolve the cognitive dissonance and resulting distress. It stands to reason that the unconscious aspects of masking may be an attempt to resolve this dissonance, by distancing oneself from the process and minimising the cognitive resources being dedicated towards maintenance. This process might also be compounded by the presence of alexithymia and interoceptive disconnection. Here we outline the potential relationship between these factors, and how they might lead to eventual burnout and exhaustion.

Alexithymia is defined as difficulty identifying one's own emotional states and distinguishing them from bodily states, and has a prevalence of around 50% in the autistic population⁵¹. Difficulty identifying one's own emotions can make it difficult to self-regulate, i.e. not realising that stress is increasing until you are at a breaking point. In addition, autistic people have reported that the energy put into masking can further detract from the already impacted ability to self-regulate⁵², placing strain on an already depleted system. This can be related back to Du Bois⁴⁷ theory of double consciousness whereby one aspect of identity is attempting to suppress and control the emotions experienced by the other to maintain safety. The further suppression of internal states and associated coping mechanisms (i.e. stimming⁵³) alongside an already present difficulty identifying one's own emotions could potentially be disastrous, leading to further long term difficulties in mental health and wellbeing (i.e. burnout, and suicidality).

We draw upon Hochschild's⁵⁴ theory of Emotional labour as a useful framework for considering the emotionally suppressive side of masking, taking into account the cognitive, bodily, and expressive factors involved and what this might look like for an individual. Future investigation into the more unconscious and dissociative aspects of masking, might draw upon Hochschild's theory of Emotional Labor to

understand the pathway from masking to burnout, to provide a deeper understanding of how to support people in recovering from mental health issues. Figure 1 outlines the pathway that we are suggesting here, however this should be considered alongside mediating factors, such as whether sensory needs are being identified and met, and the occurrence/frequency of shorter episodes of fatigue and burnout.

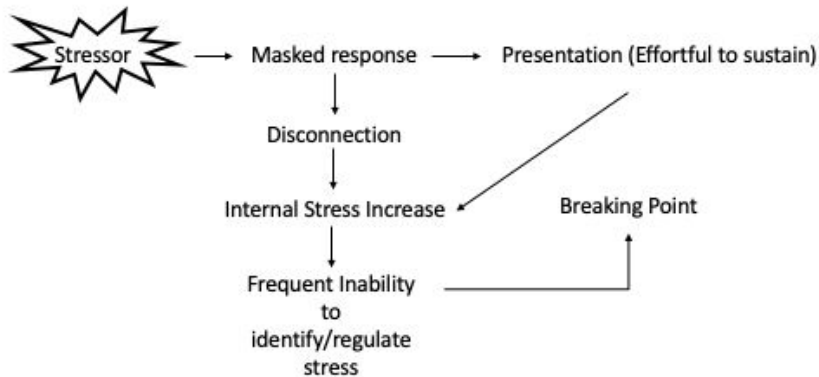


Figure 1: Potential model for considering the relationship between masking and autistic burnout. The diagram displays a linear relationship from stressor to masking response to presentation (which is effortful for a person to sustain). The masking response feeds separately into disconnection from internal cues, which then leads to an internal stress increase and difficulty regulating associated stress. In addition, the effortful presentation feeds directly into internal stress increase. Together, these flow into what we term ‘breaking point’.

Masking and Gender

Limited conceptualisations (i.e. a stereotypical idea of a white, male, non-speaking child³²) of what autism ‘looks like’ has led to underdiagnosis in certain populations, notably people of colour⁵⁵, and women⁵⁶. The current diagnostic gap between men and women sits at around 4:1⁵⁷. Attempts to remedy underdiagnosis in these populations has led to growth in understanding autistic heterogeneity⁴² and how autistic characteristics might differ from person to person. However the view of autism as a manifestation of ‘extremes’ of the human condition has pervaded professional knowledge, leading to debate over whether diagnosis has become ‘diluted’ through the inclusion of those who would not traditionally meet criteria specified in diagnostic measures⁵⁸. This view sits in opposition to the acknowledgement that diagnostic criteria and understanding have been based upon external observations of limited samples of (i.e. mostly male) autistic people^{31,59}. These external observations exclude the impact of other intersectional factors⁴⁸, such as identified and unidentified co-occurring conditions, gender, race, sexuality and cultural background. All of the factors that shape our identity.

Gender disparity in autism diagnosis is historically grounded in diagnostic criteria being based on observations of male children⁶⁰. However it has been strengthened by explanations such as the ‘extreme male brain’ (EMB) theory of autism⁶¹, which posits that autism is a manifestation of cognitive traits associated with males (i.e. ‘systemising’, logic), rather than those of females (i.e. empathising). EMB proposes that foetal androgens may be responsible for the masculine cognitive profile in autistic people, and explain why men are more likely to receive a diagnosis⁶¹. An alternative explanation is the ‘female protective effect’⁶² which posits that women are less likely to exhibit the same degree of behavioural autistic characteristics compared to male counterparts, and require heightened genetic and environmental ‘risk’ in order to do so. It is worth acknowledging here that there is very little evidence to support the idea of sexually dimorphic neurology in humans⁶³.

More recently, the disjoint between acknowledging limiting diagnostic criteria (and importantly, the interpretations of those criteria), whilst also acknowledging population based underdiagnosis has led to the proposal of the ‘Female Autism Phenotype’⁵⁶, which posits that autistic women display a ‘female specific’ presentation of autism, of which masking may be a core aspect. Whilst much of the current research into masking does not state that masking is limited to females^{9,34,64}, others do suggest that females may be more likely to mask^{65,66}. Though it is important to recognise the different ways in which autism might present in intersection with other aspects of a person’s identity and socialisation, the labelling of this as ‘female autism’ is likely to lead to more confusion in the future, which has a tangible impact outside of academia where these narratives might be perpetuated further. The idea of a female autism phenotype also fails to recognise the large numbers of autistic people who are outside of the gender binary⁶⁷⁻⁶⁹, potentially creating further barriers to diagnosis and support and the perpetuation of a stigmatising narrative .

The idea of masking as a core trait of autistic women mostly comes from what Hull et al.⁵⁶ describe as a discrepancy approach to masking. Studies taking a discrepancy approach examine the difference between the self-reported internal characteristics of an autistic person, and how they appear externally using behavioural assessments such as the ADOS⁷⁰. Studies using this method have shown that autistic females tend to show a greater difference between self-reported autistic traits and observer reports compared to autistic males^{65,71}. However the discrepancy here may not lie with the person, but with how they are conceptualised and operationalised using the tools of measurement. In the introduction to this paper we briefly discussed the development of diagnostic tools which rely on the visibility of external behaviours and which in turn draw upon historical autistic stereotypes. Deconstruction of these tools from an autistic perspective⁷² suggest that criteria used to measure how autistic a person appears is based on non-autistic ideas of appropriate social behaviour. We can consider this issue through the lens of the double empathy problem⁷³. Double empathy theory⁷³ explains communication differences between autistic and non-autistic people as a ‘mismatch of salience’; both groups draw upon different experiential knowledge,

which may lead to bi-directional breakdowns in interpreting one another. Thus judging ‘how autistic’ a person appears based on how well they are able to perform non-autistic behaviour makes little sense. The presence (or lack of presence) of a decontextualised, subjectively coded behaviour is not necessarily an indicator of masking. In short, it is important to recognise that a discrepancy between self-reported ‘autistic traits’ using clinical tools, and how a person appears outwardly does not necessarily relate to masking. A reliance on stereotypical (non-autistic) expectations of what an autistic person might ‘look like’ to an observer means that a person not fitting this stereotype may be coded as masking, as opposed to a recognition that autistic people vary in their behavioural expression as much as the non-autistic population.

Reflective approaches on the other hand examine masking as a set of behaviours and strategies that an individual can implement which leads to variation in the presentation of their autistic characteristics ⁵⁶. Studies using this approach have mostly found no difference between self-reported masking in males and females ^{1,9,34}, which reinforces our previous point about stereotype and expectation. Whilst this reflective approach is more aligned with the idea that autistic people are the experts in their own experience, there are some issues here to take into consideration. In order to reflect on masking, people must be aware that they are doing it which may make it difficult to measure both the conscious and unconscious aspects. Researchers might attempt to examine this by comparing the masking experiences of people who have received earlier diagnoses to those diagnosed more recently, as well as whether community involvement impacts on how people experience masking ²².

Instead of using knowledge of atypical presentation of autism to acknowledge that autistic people are likely to present in a number of different ways, we risk simply shifting the goalposts to a different set of limiting criteria. This could potentially lead to further difficulties in recognising men/non-binary people who present a profile that is more aligned with what is labelled ‘female’ autism, or excluding women/non-binary people who do not fit the ‘female autism’ profile ⁷⁴. The creation of subtypes and the

language around them can also lead to additional forms of stigma manifesting^{75,76}. Diagnosing women with ‘female autism’ and men with ‘autism’ proper, lends credence to the suggestion that women are not *really* autistic, and do not experience or understand the challenges that *real* autistics (i.e. men) experience. Similar discussion can be seen in regards to the former autism/Asperger syndrome differential diagnoses, and the harmful stereotypes that are associated (i.e. those with a diagnosis of Asperger syndrome being assumed to be simply ‘eccentric’ and having low support needs, vs. the idea of someone with a diagnosis of autism lacking capacity⁷⁷). Research *has* suggested that autistic women and girls may have a different set of challenges in regards to their social experiences⁷⁸, but that these differences are most likely driven by social environment and gendered socialisation rather than diagnosis, as Rose²⁷ points out “Autistic Women and girls don't experience different Autism, they experience different prejudice”. It is essential that we recognise the role that gender expectations and other intersectional aspects play in child development and how that impacts the development of one's sense of identity alongside the development of the mask. Again, we stress the need for the application of social theory to understanding the different ways in which an individual's autistic characteristics may present. Understanding gender prejudice, gender expectations and gender norms experienced by an individual helps us to avoid victim blaming (i.e. shifting the spotlight away from the reliance on gendered stereotypes for diagnosis, and suggesting that those who do not fit with normative expectations have been missed because they are ‘better at hiding their autism’). We need to be clear when we examine masking that we are not conflating masking, and a person simply not fitting with a stereotyped idea of what autism should ‘look like’.

Beyond Gender: Future directions in masking research

One possible consideration that might provide a more meaningful understanding of how autistic characteristics manifest across individuals is that of internalising versus externalising. Internalising is characterised by the process of directing emotional experiences inwards, i.e. ruminating. Whereas externalising is associated with the process of directing emotional experiences outwards, i.e. impulsivity. A person might display both internalising and externalising over the course of development, and across

different contexts. Autistic people who are more prone to externalising might appear to be easier to identify because of externally visible indicators whereas autistic people who are more prone to internalising might be more likely to ‘fly under the radar’ for longer, or be diagnosed with things like anxiety⁵⁶. It is important to recognise how individual characteristics may impact on the perceived visibility of autism across different people, and not conflate this with masking.

It is also possible that internalised ableism and difficulty in identifying one’s own autistic traits could impact on the ability to recognise and discuss one’s own masking. Internalised ableism is the absorption of negative beliefs about a particular disability and an attempt to distance oneself from that ‘spoiled identity’^{79,80}. Self-knowledge and reflection are essential for explicit discussions around masking, which leads to an unfortunate pitfall of masking research: we can only really learn about masking from the people that are aware they are doing it, when perhaps we stand to learn a lot more from those who are unaware. There are anecdotal reports from autistic people of those who, through self-acceptance, deep reflection and working through trauma have learnt to recognise some of the subconscious layers of masking. The impact of receiving a diagnosis later in life in particular can lead to the experience of re-processing one’s life history in the context of new information⁸¹. This can make it difficult to disentangle which parts of a person’s identity are truly ‘them’, and which parts might be a result of masking. The term ‘unmasking’ is common in community discussions, because it is the literal representation of an Autistic person taking control of their mask and being more authentically themselves. This occurs by choice, after a long process of learning about themselves introspectively, spending time amongst other Autistic people and learning from sharing relatable experiences through outrospection and therapising themselves in various ways⁸². Botha²² examined the importance of autistic community connectedness (ACC) in providing a buffer against the effects of minority stress. They found that ACC related to an improved sense of well-being, however aspects of ACC impacted people in different ways. Political connectedness for example can help to reframe the way in which someone views themselves, and reduces internalised stigma by showing an individual that they are not ‘alone’. Further work into how ACC impacts on

‘unmasking’ is needed to expand our understanding of how autistic community involvement and support can help to mitigate the negative effects of masking and help people to minimise, and move past internalised ableism.

It is also important that we are able to define what constitutes masking and related concepts clearly, particularly given the impact this could have on the diagnostic process as it currently stands. Diagnosis is still enshrined in the idea of being able to identify clinically defined autistic behaviour during the diagnostic process. It is important to recognise that an autistic person expressing autistic characteristics in a way that intersects with their individual identity is not necessarily masking just because it doesn't fit with a stereotyped idea of what autism looks like to an external observer. This does not mean that they are expressing a different kind of autism, or that they are ‘hiding’ their autistic traits under seemingly ‘normal’ interests. Likewise masking *can* impact on how a person might appear to observers and differentiating these presentations is no easy job. Thus clinicians need to be aware that **a**) autism does not ‘look’ like one thing and **b**) that some people might mask during the diagnostic process, but also that **c**) **b** is not always the cause of **a**. This is not an easy problem to solve (i.e. coming up with a standardised notion of masking that one might examine using a psychometric measure during the diagnostic process), but can be mitigated to some degree by ensuring that clinicians are aware of these issues and receive adequate training and continued professional development around autism from those who understand these concepts.

In addition to understanding how masking might *look*, the role of alexithymia should be considered in the discussion of how masking *feels*. What may appear to be an ‘if X then Y’ statement (i.e. X happened, so I started to do Y as a response) might frame a trauma response ³ as a deliberate cognitive strategy due to difficulty in integrating the emotional aspect of experiences that led up to that point. Lawson ³ recently stressed the consideration of social threat in masking, and potential ways to investigate this without framing masking as a deceitful or deliberate process. This also highlights the importance of including

autistic people at all stages of autism research. Differing tacit interpretations of a statement due to positionality (i.e. drawing on different experiential knowledge, which could lead to differing interpretations to an original intended meaning) may be impacted by the double empathy problem^{31,73} and might be mitigated by including autistic people within a research team, particularly when working with qualitative data.

Future research may want to examine the relationship between masking, identification of one's own 'autistic traits', and alexithymia to understand how complex interactions between the three might impact on how masking manifests. It is also important to explore trauma that can arise from lifelong stigma experienced by autistic people, and how this can contribute to the development of masking across the lifespan from childhood through to adulthood in relation to additional intersecting factors (e.g. co-occurring identified and un-identified disabilities/neurodivergence, race, socio-economic status) which produce and interact with the stigma that they have experienced.

We might also want to consider the developmental aspects of masking in greater detail, particularly in relation to the internalised ableism and stigma previously discussed. Researchers have started to examine masking in adolescents^{83,84}, adding to our understanding of masking across the lifespan. We may also want to consider the experiences of parents. Many parents of autistic children only realise that they are themselves autistic once their child has gone through the diagnostic process^{31,85,86}. It is possible that masking in these families might also constitute a learned behaviour, passed from parent to child. Researchers may want to examine whether parents of autistic children report engaging in masking (or similar identity management behaviour), and what the motivations behind this might be.

Finally, researchers may want to examine whether there are aspects of masking that autistic people feel are beneficial or have an overall positive impact on their wellbeing. Whilst we have mostly focussed on

the negative side of masking in this paper it is possible that many people view masking as part of a viable social strategy.

Conclusion

We suggest that future research considers masking as a multidimensional, fully interactive construct. To start, masking research needs to be fully grounded in social theory which acknowledges the role that the social environment and collective norms have upon the autistic person. Applying a social lens acknowledges that autistic people are social beings that do not develop in a vacuum. Moreover masking should be considered in terms of its process; we might think of masking like the process of rock formation. What we see is the rock face, akin to the externally visible strategies that one might use in order to mask, e.g. making eye contact, mimicking facial expressions. But these strategies have been moulded over time, transformed by pressure, building up layer upon layer to create what is seen by the observer. Future research should consider the role of environment and context in masking, the outside pressures that led to the initial development, and the impact that this has had upon the individual. It should also take into account the developmental trajectory of masking, and the role that time and trauma play in the development of the mask, as well as the intersection between autism and other aspects of a person's identity (such as gender, or race/ethnicity). The interaction between these processes and outcomes is likely to be an essential factor in understanding what can be done to provide better support for those whose mental health is negatively impacted by masking.

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