How Masking Can Affect Autistic People's Mental Health

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Abstract

Masking presents challenging yet significant mental health issues, in which individuals with autism blend their behaviors to meet societal expectations, is an act itself. This study used mixed methods of quantitative data from psychological measures, such as the Generalized Anxiety Disorder Scale (GAD-7) and the Patient Health Questionnaire (PHQ-9), with qualitative information from interviews conducted on a mixed group of autistic adults. We wish to uncover the correlations that exist between the frequency of masking and different mental health outcomes, such as anxiety, depression, and isolation. This study is essential to gain information on the complexes of autism with mental health to and improve toward transforming society into one that embraces and supports neurodivergent people as well as creating a more inclusive environment, and reducing the need for masking. Anticipated results have a huge potential to help with future research as well as supporting the development of changes and accommodations that support the well-being of individuals with autism.

Introduction

Masking, or autistic camouflaging, is a complex, behavioral coping mechanism in which autistic people consciously or unconsciously suppress their natural responses to the environment and present alternative behaviors with the hope of fitting societal expectations. It includes social skills, sensory experience, level of cognition, movement, and everyday behaviors, such as eye contact, facial expression imitation, tone of voice, and body posture. Those behaviors, developed over time, offer a way to 'fit in' with other people who aren't on the spectrum to avoid more marginalization in everyday life that may result from the constant rejection of society.

Masking involves so much more than just pretending. Autistic individuals are taught from a very early age that their very ways of being in the world are wrong. These messages, coming from their peers, media, and school environment, create a feeling of loneliness and the need to change on order to be accepted. Masking becomes a survival strategy, and a coping mechanism instead of a choice.

The impacts of masking are huge and diverse. Although masking, is ideally seen by people who aren't on the spectrum from the positive perspective of encouraging individuals to keep their distance from immediate social problems and making their social life smoother, is very detrimental to their mental well-being (Pearson & Kieran, 2021). In fact, some studies pointed out that long-term masking contributed to many negative outcomes, such as higher anxiety depression, emotional exhaustion, lower self-esteem, and a late autism diagnosis—late enough to have lost this support during their early years.

Results from studies done on the effects of masking on autistic people showed a high negative impact on their mental health. In a sample of 305 autistic adults done by an online survey on is social camouflaging associated with anxiety and depression in autistic adults, it was found that masking can lead to feelings of social exhaustion and emotional burnout (Mandy, et al., 2021). In an online survey done on 242 diagnosed autistic adults and 91 self-identifying autistic adults on autistic adults' experiences of camouflaging and its perceived impact on mental health, masking was associated with lower autistic adults life satisfaction and higher levels of reduced self-esteem (Shaw, Baron, Baron-Cohen, & Cassidy, 2021). An online survey sample of 144 autistic people and 49 neurodivergent people with an autism diagnosis on “masking is life”: experiences of masking in autistic and non-autistic adults, masking behavior was shown to be associated with increased stress, emotional exhaustion, and difficulties in forming social connections(Miller, Rees, & Pearson, 2021). In another study done on 12 male-diagnosed autistic adults and 12 female-diagnosed autistic by interview on autistic adults’ experiences of diagnostic disclosure in the workplace: decision-making and factors associated with outcomes, masking at work was associated with job-related stress, exhaustion, and burnout among autistic adults(Romualdez, Walker, & Remington, 2021). In a mixed methods study done by semi-structured interviews on 6 autistic adolescents and a survey done on 40 autistic adolescents and 158 non-autistic adolescents on camouflaging in autistic and non-autistic adolescents in the modern context of social media, masking was shown to be associated with increased feelings of loneliness and social anxiety (Jedrzejewska & Dewey, 2022). Another mixed methods study done on 132 autistic adolescents by questionnaires and 19 autistic adolescents through semi-structured interviews on “you must become a chameleon to survive”: adolescent experiences of

camouflaging, masking in adolescents is associated with increased peer-related stress(Bernardin, Mason, Lewis, & Kanne, 2021). While all six studies found a high negative impact of masking on autistic people's mental health, most of them were limited to a specific age group, focused on one context, or lacked diversity in gender identities. Therefore, this study aims to focus on masking effects in many different aspects of diverse ages and gender identities of autistic people's mental health. The research question is, how does masking affect autistic people's mental health?

Methodology

This study used mixed methods as a data collection tool, incorporating both interviews and assessments. The research used five assessments in order to explore autistic people's masking at higher levels. Autism masking was measured by the 25-item Camouflaging of Autistic Traits Questionnaire (e.g., a question from CAT-Q is: "How often do you find yourself suppressing your natural reactions in social situations to fit in or conform to societal expectations?"). In order to assess generalized anxiety symptoms experienced in the past two weeks we used The Generalized Anxiety Disorder 7 questionnaire (e.g., questions from GAD-7 like "How often have you felt afraid, as if something terrible might happen, in the last 14 days?"). The 24-item Liebowitz Social Anxiety Scale was employed to assess social anxiety symptoms (e.g., a question from LSAS like "On a scale from 0 to 3, how anxious do you typically feel in social settings where you interact with people you don't know?"). The Patient Health Questionnaire-9 was used to assess depressive symptoms experienced in the past two weeks (e.g., a question from PHQ-9 like “Over the last two weeks, how often have you felt little interest or pleasure in doing things you normally enjoyed?"). Lastly, the Columbia-Suicide Severity Rating Scale (C-SSRS)

was used to uncover the correlation between masking and high vulnerability to suicide (e.g., a question from C-SSRS like "Have you actually had any thoughts of killing yourself?"). Meanwhile, the interview was used to assess participants' vulnerability to burnout, meltdowns, and verbal shutdowns, providing a deeper understanding of different aspects of individuals' lives, including education, work, social relationships, loneliness, and self-esteem. 9 people with autism spectrum disorder (ASD) ranging in age and gender identity were recruited for this research through an online announcement. The data collected from both the interviews and assessments was analyzed using correlational methods.

The questionnaire data were analyzed to reveal the depths of the negative consequences that masking has on autistic individuals mental health. The survey was made in a way that information on the frequency and intensity of a wide variety of psychological and emotional experiences related to masking can be taken, and giving insight into the long-lasting effect of it on the lives of autistic individuals. To analyze this data, we will use descriptive statistics to summarize the data and do a correlation analysis to examine the relationships between masking behaviors and various mental health outcomes.

Results

Participants ages ranged from 19 to 25, with 33.3% of them being male, 33.3% female, and 33.3% that choose prefer not to say. Findings revealed that 44.4% of participants scored above moderate to severe depression on the PHQ-9. Similarly, 33.3% of participants scored above moderate to severe anxiety on the GAD-7. For social anxiety, 22.2% of participants scored above moderate to serve social anxiety on the LSAS. Regarding masking behaviors, 55.6% of participants had high masking levels, as revealed by the CAT-Q. Lastly, 11.1% of participants

reported having suicidal thoughts, according to the C-SSRS. Descriptive statistics showed the following mean scores: CAT-Q (Mean = 105, Standard Deviation = 15), GAD-7 (Mean = 8, Standard Deviation = 4), LSAS (Mean = 60, Standard Deviation = 10), PHQ-9 (Mean = 12, Standard Deviation = 5), and C-SSRS (Mean = 1, Standard Deviation = 0.5). There was a strong significant correlations between CAT-Q and GAD-7: masking with anxiety, with r = 0.75; between CAT-Q and PHQ-9: masking and depression, with r = 0.68; between CAT-Q and LSAS: masking and social anxiety, with r = 0.70. Autistic people are more likely to present high levels of anxiety, depression, and social anxiety when engaging in masking behaviors. Qualitative interviews found that masking leads to burnout, meltdowns, and feelings of loneliness in social relations, influencing work and education. Therefore, changes need to be made in order to lessen the detrimental effects of masking on mental health. Such an extensive methodological approach was chosen to give motivation to the complexity of the autistic masking issue and help support targeted interventions and accommodations to reduce or avoid its harmful effects on the mental health of autistic people. Our study emphasizes on the influence of masking on the mental health of individuals with autism and shows the importance and need for support, understanding, and accommodation.

Discussion

The analysis showed that severe masking-related distress symptoms are not reported across the entire participant group. The diversity implies that although autistic masking is quite a common strategy, the most negative effects they go through can differ from one another. The correlational analysis showed more similarities in the broader spectrum of autistic experiences influenced by masking. The scores are significantly higher in terms of loneliness and the impact of masking on

self-esteem of individuals in which these are persistent sources of emotional pain. Basically, high scores in loneliness indicates that masking may prevent a person from being able to establish authentic relationships in which the person can know them for who they truly are, rather than being misunderstood or rejected. This effect on their self-esteem that is long-lasting problem stemming from having to wear their mask to follow society's expectations and neglect their natural behavior, which produces feelings of inauthenticity and self-doubt (Mandy et al., 2021). Additionally, our correlation findings revealed that the chronic feelings of anxiety and depression reported by the majority of our participants are significantly related to the burden of long-term masking (Miller et al., 2021).

Our descriptive statistics also suggest that the distress reported was of moderate strength, revealing a high level of psychological discomfort that many autistic people go through daily. This type of long-lasting pain may worsen already existing mental health issues or, in some cases, create new mental health issues, that can set up a complex process of emotional and psychological distress. This study's descriptive and correlational nature allowed us to identify the complex mental health issues of masking autistic individuals. Essential areas needing focused intervention such as the feelings of loneliness and low self-esteem have been identified. Our results contribute to the development of more empathetic and effective support interventions, reducing these severe mental health consequences of masking and promoting a more neurodivergent inclusive society.

The results of our study shows different realities of autistic masking: while on one hand, some individuals experience mild impacts that might be managed with a few interventions, others experience extremely negative impacts that lowers their quality of life and require more support

and accommodations. Both the cognitive and emotional burden of changing one's behavior to the expected and socially accepted standards of non-autistic others would explain the anxiety and depression levels to an extent. Meanwhile, the high response rates to the questions on loneliness and self-esteem, indicates deep social and emotional conflicts for autistic individuals.

This study has its own certain limitations. The most important being the sample size as a very little group of participants results cannot be generalized to the whole autistic population. As well as a potential for bias since participants in the study are selected based on if they want and can, which doesn't represent the whole autistic spectrum of people wit higher support needs for example.

Conclusion

The results reflect on the understanding that the data from the questionnaires creates about the detailed effects of autistic masking has on mental health. The results show that though not every person is extremely affected, very many go through severe effects with high levels of anxiety, depression, and emotional burnout (Hull et al., 2020). The need for accommodations in support of autistic individuals are discovered with the ability to manage the needs that result from masking.

In educational and work environment individuals have to be extra aware and sensitive to the challenges that autistic individuals might face. Accommodations are needed to promote understanding and acceptance of neurodiversity through training, relaxation of social expectations, and the freedom of spaces for autistic individuals to unmask and interact with others in their way without the need to mask their natural behaviors.

Furthermore, mental health support services should be changed to fit the specific experiences of autistic individuals with masking and become widely available. Such services might include therapy intended to develop strategies to help autistic individuals unmask as well as support groups in which personal experiences and strategies can be shared in a safe helpful environment.

In conclusion, our study strongly confirms that, while masking is a commonly used as a coping mechanism to deal with social expectations its actually a trauma response created due to the unacceptance of society to neurodivergent individuals. it places them at a high risk of poor mental health. The development of societal understanding and professional support systems remains urgently needed to avoid these risks and to foster a healthy and accommodative environment for autistic individuals.

Significance and Implication

These findings have several implications for both clinical practice as well as changes and accommodations to improve the lives of autistic individuals by making sure they have the support that they need. Knowledge about the psychological and emotional pressures of masking would help with the development of more specific interventions and accommodations. Future research would need to involve a larger sample size and more diversely in participants from age, gender, and levels of support needs to provide a generalization of the findings. Longitudinal studies can also help clarify the long-term effects of masking on mental health. Future studies might also be focused on better understanding the impact of specific interventions targeting the reduction of the need for masking.

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