Consolidating a Model of Camouflaging in Autism Spectrum: An Integrative Systematic Review

by

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ABSTRACT

Background: Research into social 'camouflaging' (hiding difference) in Autism Spectrum (AS) is gaining momentum. Camouflaging is one explanatory facet for individuals reaching adulthood without receiving formal diagnosis. However, the term holds a multiplicity of definitions and needs to be delineated from motivational and experiential facets of 'neurotypical' pretence.

Aims and Objectives. We conducted an unfunded, integrative systematic review towards consolidating qualitative conceptions of camouflaging in AS adults into a single model by way of thematic meta-synthesis. Our objectives were to unpack the (a) strategies and behavioural exemplars of camouflaging, (b) motivational underpinnings to strategies, and (c) current/historical precedents and triggers for camouflaging.

Method. 2,346 articles were extracted from EBSCOhost, PubMed, Web of Science and Scopus (April 2022) and partly co-screened between authors. Additional sources included 'Connected papers' and citation searching. Eligibility included peer-reviewed, English studies with AS confirmed/suspected adults providing empirical, qualitative input on camouflaging domains a, b, and/or c. The authors reached a 0.77 Kappa agreement for initial screening and full agreement in committee discussion. After screening and quality-scoring, 28 studies were included. Demographic details were tabulated, and the results sections of all studies were line-coded, clustered, and thematically synthesised. Results included 2669 men, women, and non-binary individuals, as well as 'sub-clinical', suspected AS cases – above the age of 16 years. Thematic results were audited and mapped back onto the original cohort to reduce risk of bias. (Prospero: CRD42022324957).

Results. The data consolidated eight types of camouflaging strategies, with a spotlight on the role of imitation as an entire self-training structure to grow repertoires, from the basic behavioural suppression to sophisticated cognitive templating and performativity. Fifteen motivational facets arose, underscored by the sense that camouflaging involves the performance of 'neurotypical' behaviours, and is akin to learning to speak a second language or adapt to a foreign culture. Seven contextual factors that modulate camouflaging were raised, including crucial considerations for the role played by life-stages in pre-and-post-diagnostic performance of camouflaging, towards less or more strategized enactments.

Discussion. The goal of the integrative review is to propose a tentative framework to operationalise the concept of camouflaging. The results challenge future quantitative research to

concretely place measures of camouflaging within this (or other) models, towards justifying the phenomena observed and bolstering the theorised connections between model elements. Contextual results also raise considerations for what respectful and collaborative social skills training might look like. Limitations included demographic bias to females and the UK (raising a question of the degree to which the current versions of camouflaging, which inform modelling, are culturally modulated), potential pop-culture understandings of camouflaging in the qualitative input, and results only reflecting a subset of the overall AS community.

Keywords: Autism Spectrum. Camouflaging. Masking. Modelling. Systematic Review. Thematic Meta-synthesis.

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LIST OF ABBREVIATIONS

AD/HD	Attention-deficit / Hyperactivity Disorder
APA	American Psychological Association
AS(Cs)	Autism Spectrum (Conditions)
ASD	Autism Spectrum Disorder
CDC	Centre for Disease Control
DSM	Diagnostic and Statistical Manual of Mental Health
EPPI-Centre	Evidence for Policy and Practice Information (and Co-ordinating) Centre
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Intersex +
NEPSY-II	NEuroPSYchological Assessment 2nd Ed
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-analyses
REMT	Reading the Mind in the Eyes Test
SPIDER	Sample, Phenomenon of Interest, Design, Evaluation, Research Type
ToM	Theory of Mind
TR	Text-Revision
UCT	University of Cape Town
UK	United Kingdom

CHAPTER 1: BACKGROUND

OVERVIEW

Social camouflaging in neurodevelopmental disorders, and specifically in Autism Spectrum (AS)[*] cases is gaining increasing attention. It is an emergent topic of interest that has seen a proliferation of empirical and conceptual studies. Yet, the term is still conceptually unclear, and has varied definitions and descriptions (Fombonne, 2020). The concept broadly denotes attempts by individuals to hide autism-mediated social difficulties, towards better social integration (e.g., Hull et al., 2020; Pearson & Rose, 2021). In this study, I sought to investigate this construct and its sub-facets in adults on the autism spectrum (herewith *AS Individuals*), via an integrative systematic review – towards developing a cohesive definition.

AIMS & OBJECTIVES

I aimed to synthesise qualitative conceptions of camouflaging in AS adults into a single, consolidated model. In this regard, my objectives were to discern behavioural exemplars, motivations and contexts/precedents implicated in camouflaging. The rationale for this includes:

Conceptual Clarity. There is a need for clarification of camouflaging as a construct (Lai et al., 2021), considering it is a multi-dimensional and multi-defined concept (e.g., Fombonne, 2020; Lai et al., 2021; Libsack et al., 2021; Williams, 2022). This has resulted in inconsistencies in the terms, definitions and operationalisations used (e.g., Fombonne, 2020; Lai et al., 2021; Libsack et al., 2021). This is true for the construct as a whole, as well as its sub-components. Conceptual confusion calls into question the utility of the construct (Fombonne, 2020).

Improved Detection. Hiding difference may lead to people falling under the radar and not receiving support, which is troubling given the rate of depression, burnout, and suicidality in AS individuals (Cassidy et al., 2022; Cook et al., 2021b; Hull et al., 2020; Libsack et al., 2021). Understanding camouflaging aids detection (especially in cases of so-called *high-functioning* AS), thus improving the rate of intervention offered. Clearer insight into the experiences and motivations of AS individuals who camouflage is thus needed (Fombonne, 2020). This is crucial, as pretence behaviours are not unique to AS individuals, and if sufficient context is not incorporated into assessment, the lack of specificity may lead to a scenario where more 'neurotypical' individuals report 'masking' than AS individuals (e.g., Jorgenson et al., 2020).

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[*]To de-pathologize language, 'Autism Spectrum Conditions' (ASCs), or simply AS, will be used instead of Autism Spectrum Disorder, although the latter reflects the Diagnostic and Statistical Manual of Mental Health – 5th Edition, Text Revision (DSM-5-TR) term (American Psychological Association (APA), 2022).

Formal Analytic Confirmation. Conceptual integration of camouflaging as a construct also raises the need for not only *narrative* integration of literature, but also formal *analytic* integration of past findings towards discerning which facets agree. To this end, integrative reviews pursue the same rigour and quality assessments as systematic reviews (De Klerk & Pretorius, 2019). However, they go a step further towards formal (in this instance, qualitative) meta-analysis and integration of data into a single framework (Grant & Booth, 2009).

STUDY QUESTIONS

1. What are the domains of adult AS camouflaging that such strategies comprise? [Focus: **Behavioural Exemplars**]
2. What are the motivations of AS individuals towards camouflaging (and do these appear associated with particular strategies?) [Focus: **Intent of Behaviours**]
3. What appear to be the environmental triggers (past and present) that motivate camouflaging behaviour in AS individuals [Focus: **Precedents of Behaviours**]

My assumptions made (Evidence for Policy and Practice Information (and Co-ordinating) (EPPI)-Centre, 2010) are that (1) separable (possibly hierarchical) categories of camouflaging exist. (2) There is awareness and intent to camouflage, and a participant is able to reflect on such motivations (see Limitations). (3) Environmental factors will moderate the form and intensity of camouflaging that is enacted, and that said factors are isolatable.

DEFINITIONS OF KEY CONCEPTS

The Spectrum

ASCs are neuropsychiatric profiles marked by difficulties with (a) socialising (inc. in Theory of Mind (ToM) and empathy) and (b) cognitive inflexibility (inc. fixation on systemizing; APA, 2022; Baron-Cohen et al., 2009). AS is estimated as occurring in every 1 in 44 children on average (2,27%) and presents across socio-economic and ethnic groups (Centre for Disease Control (CDC), 2022). AS-associated difficulties exist on a continuum of not only *clinical* individuals (i.e., impaired enough for formal diagnosis; Pearson & Rose, 2021), but also sub-clinically impacted individuals. Chown and Leatherland (2020) argue against the term *autistic traits*, as there is no single trait that is uniquely autistic and normally distributed. Instead, we see clusters of outward behavioural difficulties and deviances from a neurotypical baseline (Chown & Leatherland, 2020; Pearson & Rose, 2021). Camouflaging may contribute to individuals falling below diagnostic cut-offs (i.e., sub-clinical) – but they nonetheless still share

in the specific *neurotype* (shared experiences and clusters of difficulties), which *underlies* the behavioural divergences that define AS, rather than having less *traits* (Chown and Leatherland, 2020). Taking this dimensional perspective – I include data on participants with a heightened degree of AS-associated difficulties (inc. sub-clinical, suspected cases).

Camouflaging AS

The concept of social camouflaging, under this or any other term (e.g., masking or passing) indicates attempts by individuals to hide their neurodivergence or neuro-minority status. As I will focus on AS, this will refer to attempts to hide AS-linked difficulties and behaviours (e.g., fixations, sensory self-stimulation, difficulties of mentalising, etc.), to appear less autistic, achieve better social integration, and avoid negative social impact such as being bullied (e.g., Hull et al., 2020; Pearson & Rose, 2021).

THESIS STRUCTURE

The remaining chapters will be structured as follows:

Chapter 2: Literature Review – A broad overview of the Autism Spectrum will be discussed, followed by more specific unpacking of the different conceptions and varieties of social camouflaging that are currently outlined in the literature. The dimensionality of all neurodevelopmental conditions will be noted, followed by a brief outline of social cognitive theory and social identity theory, which will be my interpretive frame for this paper.

Chapter 3: Method – The review study design, preparation, sourcing, and screening processes will be listed, towards clear reproducibility. Beyond this, the analytic procedures that were used towards thematic analysis and model construction will be outlined.

Chapter 4: Results – The chapter will start by presenting the amalgamated sample data from across all sourced studies, to contextualize findings. Following this, direct thematic analysis of the results will be presented. This will reflect existing implications from the quoted literature, without an additional interpretive frame yet included.

Chapter 5: Discussion – Social cognitive theory and social identity theory will be used in order to shape the findings of the thematic analysis, and present a consolidated model of camouflaging strategies, motivations and precedents. Implications, recommendations, limitations, and final conclusions will be presented.

CHAPTER 2: LITERATURE REVIEW

To give some scope of this field, I will discuss a broad conceptualisation of AS, variations in camouflaging descriptions and operationalisations, and a tentative proposition for understanding camouflaging behaviours through theories of social psychology.

UNDERSTANDING AS

ASCs, as a category, include the previous diagnoses of Asperger's Syndrome, Childhood Disintegrative Disorder, Autistic Disorder, and Pervasive Developmental Disorder (not otherwise specified; Lord et al., 2018; Sharma et al., 2018). This heterogenous group of profiles is presented as a dual domain construct of (a) social difficulties (Table 1; A) and (b) cognitive inflexibility (Table 1; B). As social impairment is singularly clustered (APA, 2022), to unpack it further, I will delineate according to the *social instinct impairment* triad [social communication, social interaction, & social imagination] posited by Wing and Gould in 1979 (Wing et al., 2011).

Table 1

ASC Domains per the DSM-5-TR (APA, 2022)

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history (examples are illustrative, not exhaustive):
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same/similar food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
4. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Pragmatic (Social) Communication. This refers to understanding/enacting the social dictates of an interaction (Wing et al., 2011). AS individuals may show language delay or monotone, demonstrate poor 'back-and-forth' chat or social-emotional reciprocity, poor collaborative-, compromise- or sharing-skills, contextually/culturally odd behaviour, a lack of insight into social hierarchy, or poor insight into the non-literal (e.g., sarcasm; APA, 2022; Wing et al., 2011).

Social/Interactional Skills. This domain sign-posts non-verbal engagement and interest to social partners during interactions (Wing et al., 2011). AS individuals may show poor eye contact, flattened affect, non-responsiveness and non-initiation of interactions, and inappropriate body language (including poor integration of body language with verbal language; APA, 2022; Sharma et al., 2018; Wing et al., 2011).

Social 'Imagination'. While this was originally thought of as abstracted perspective taking towards predicting behavioural consequences (Fletcher-Watson & Happé, 2019; Wing et al., 2011), this category has since expanded to include broader deficits in ToM (*mind-blindness*) in AS, and related struggles in appropriate, *empathic* responsiveness (Baron-Cohen et al., 2009). Thus, the individual, to some degree, may struggle with insight into mental states (e.g., Fletcher-Watson et al., 2014; Senju, 2012). Such struggles may be moderated by *context-blindness*. While conceptualising a mental state, AS individuals may fail to draw on salient cues or overall contextual *gestalt* to accurately infer a person's mental state (Vermeulen, 2015).

The existing cluster of *social and communicative impairments* in the DSM has been subject to controversy. Wing et al. (2011) raised concerns that the 2013 draft did not adequately provide discussion of *social imagination*, despite their belief that it leads to the most profound social difficulties. Instead, the DSM simply alludes to such concerns, including Table 1: A.3. references to "difficulties adjusting behaviour to suit various contexts", "difficulties in sharing imaginative [*pretend*] play" and "deficits in […] understanding relationships" (APA, 2013, p. 50). No changes to this were made for the DSM-5-TR (APA, 2022). We must understand social imagination/mentalising because, in many *quantitative* camouflage studies, ToM-deficit assessments are used as a partial operationalisation of the degree of 'true' AS impairment (Cook et al., 2021b; Hull et al., 2020), including, Lai et al. (2017), Lai et al. (2019), and Wood-Downie et al. (2021) using the Reading the Mind in the Eyes Test (REMT), Corbett et al. (2021) using the NEuroPSYchological Assessment 2nd Ed. (NEPSY-II), and Livingston et al. (2019a) using

the Frith-Happé Animations. Furthermore, camouflaging studies outline several camouflage strategies as being social-cognitive *compensations* (e.g., Livingston et al., 2019b).

AS is further characterised by inflexibility and systemizing as *non-social* factors. With inflexibility, individuals may demonstrate preference for restricted, repetitive, or circumscribed activities or interest, a need for uniformity, and a need for environmental systems (e.g., routines and behavioural rituals; APA, 2022). Examples may include rigid thinking, difficulty with changes or transitions, or an intense preoccupation with certain topics or activities (APA, 2022; Sharma et al., 2018). These may stem from an intense drive to *systemize*, possibly to create structure in what is experienced as a dysregulated environment (van der Zee & Derksen, 2021). Further repetitive acts include echolalia and motor-stereotypies (e.g., hand-flapping, spinning, grunting; Kapp et al., 2019). This may be because sensory dysregulation is a commonly overlapped concern in AS (APA, 2013; Wing et al., 2011). Even into adulthood, this can include sensory self-stimulation ('stimming') behaviours towards self-regulation (Kapp et al., 2019).

This section highlights the multiple spheres of difficulty that AS individuals experience. Poor body language or eye contact, difficulties mentalising, stimming, stunted reciprocity, difficulties with context, and so forth, may create the impression of being odd, and may 'out' the individual's AS status. Such faceting helps provide context for camouflaging behaviours.

INTRODUCING CAMOUFLAGING

While camouflaging strategies are noted across neurodevelopmental conditions, the literature focus has predominantly been towards AS, and it will be with specific emphasis on AS that camouflaging is henceforth discussed. The DSM makes provision for the fact that symptoms "may be masked by learned strategies in later life" and that "intervention, compensation, and current supports may mask difficulties in at least some contexts" (APA, 2013, p. 50, 53). Camouflaging reviews describe it as management of AS-linked behaviours or difficulties (Hull et al., 2020). It includes suppressing organic responses (e.g., resisting stimming) and performing superficially *typical* behaviours (e.g., forcing eye contact), or using cognitive heuristics (e.g., interpreting facial expressions as an inferential tool; Hull et al., 2020; Pearson & Rose, 2021), learnt through observation (Cook et al., 2021b). It thus essentially reflects "behaviours that [*observationally*] appear inconsistent with the presence of autism" (Libsack et al., 2021, p. 1).

There is notable variation in the terms used (Libsack et al., 2021), wherein (a) camouflaging may be equated with masking, passing, etcetera, leading these to be treated as a

single process (Pearson & Rose, 2021; Tubío-Fungueiriño et al., 2021), or (b) it may be treated as an umbrella term for sub-processes encapsulated by, for example, masking and compensation (Cook et al., 2021b; Lai et al., 2015) or masking, compensation and additional facets (e.g., Livingston et al., 2019b). In this regard, the listed behaviours or processes involved are not necessarily discrete categories and may overlap. Some terms include:

- **Masking/Camouflaging**. Though these words are sometimes umbrella terms (Lawson, 2020; Pearson & Rose, 2021), they may designate suppressing one's tendencies (Pearson & Rose, 2021), and adjusting behaviours such as hand-flapping and eye contact (Cook et al., 2021b; Hull et al., 2020). It may also include performativity, such as mimicking peers or keeping proximity to groups to blend in (Cook et al., 2021b; Hull et al., 2020).
- **Innocuous Engagement**. This relates to a subset of behaviour aimed at keeping oneself 'out of the limelight', suppressing opinions, deferring conversational-topics and decision-making, using passive language and non-controversial topics (Cook et al., 2022).
- **Passing/(Adaptive) Morphing**. These terms appear to be used as synonymous with camouflaging as an umbrella term (e.g., Lawson, 2020; Libsack et al., 2021), with possible focus on the *imitation* of presumed 'neurotypical' behaviours.
- **Imitation/ Mimicking/ Copying/ Assimilation**. This implies fitting in with peers (Hull et al., 2019). It sometimes seems to capture the performative aspect of masking, wherein facial expressions, interests, and behaviours are copied from peers or celebrities through observation (Hull et al., 2020; Libsack et al., 2021; Tubío-Fungueiriño et al., 2021). This also overlaps with compensation (specifically **'shallow' compensation**), whereby social scripts are learned and enacted (Hull et al., 2020; Livingston et al., 2019b).
- **(Deep) Compensation (Cognitive Camouflaging).** This, as its own strategy, implies complex cognitive strategies that make up for ToM deficits (Cook et al., 2021b; Libsack et al., 2021), including building social heuristics, and empathy- and feedback-strategies (Hull et al., 2020; Tubío-Fungueiriño et al., 2021).
- **Accommodation.** This is the strategy of finding environments and peers that complement one's cognitive style or personhood, such as likeminded peers (Livingston et al., 2020), such that autistic difficulties are not necessarily reduced, but the fall-out diminishes.

Camouflaging is operationalised differently across studies. Quantitative research is often based on a discrepancy approach (Hull et al., 2020). It reflects camouflage *efficacy* or degree of success

(Cook et al., 2021b). This entails score discrepancy between the presumed or tested, 'true' difficulties of a person, and (external) observer rating of their presenting social competence (Cook et al., 2021b; Hull et al., 2020; Libsack et al., 2021). Qualitative research has often used observation and (self-)reflective approaches (Hull et al., 2020). AS individuals or those close to them discuss the experience of, and strategies enacted in, their attempt to hide difference (Hull et al., 2020). It is likely that this reflects a separable domain of camouflaging – namely, the partially-conscious *intent* towards, frequency of, and means of, enacting camouflaging (Cook et al., 2021b; Williams, 2022). It is this stream of studies that will inform my data collection.

The Controversy of the 'Female Phenotype of AS'

The current DSM-5 profile of AS stems from a history of male-dominated samples (Kirkovski et al., 2013). Neurodiverse women tend to demonstrate better sociability and behaviour, and with AS, 1) go undetected (unless demonstrating these DSM-standard, male-associated variants of AS), or 2) are misdiagnosed with a principally affective, personality, or psychotic disorder (Kirkovski et al., 2013). Although women demonstrate the same core impairments as men, the way these manifest (i.e., the behavioural exemplars) are noted to differ (Lai et al., 2015). The ratio of *diagnosed* men to women is between 4:1 (CDC, 2022) and 3:1 (Loomes et al., 2017). This has led to discussion of the female phenotype of AS (e.g., Hull et al., 2020; Tubío-Fungueiriño et al., 2021), which is presumed to present with features such as better expressiveness, greater demand avoidance/anxiety, and differently oriented fixations (i.e., more socially oriented interests and fixations; Lai et al., 2015).

Yet, the concept of camouflaging is fraught when it is treated as the *core* aspect of the postulated 'female phenotype' (rather than just a feature of it), to explain evading detection (Fombonne, 2020; Pearson & Rose 2021). This is because (a) men also camouflage (e.g., Libsack et al., 2021), (b) women have more environmental socialising pressures placed on them (e.g., Pearson & Rose, 2021), (c) there are lower rates of men in self-report studies (Cook et al., 2021b), (d) less than half of camouflage studies compare sex-differences (Libsack et al., 2021) – and finally, (e) if the majority of studies consist of female participants (Cook et al., 2021b), and the majority of said participants received a diagnosis based on the established male-presentation (Tubío-Fungueiriño et al., 2021), then there is an internal contradiction in such camouflaging representing the 'undiagnosed female phenotype' (Libsack et al., 2021).

This highlights a confusion in the definition of camouflaging. Shortfalls on the side of an *assessor's* ability to detect sex-moderated behavioural exemplars of AS (Lai et al., 2021) cannot de facto be equated to an individual *intending* to evade detection (Pearson & Rose, 2021). Camouflaging can only be treated as one among many coping strategies employed by AS individuals, and not as a definitional aspect of a presentation (Fombonne, 2020; Lai et al., 2021).

Finally, despite anecdotal and professional opinions to the contrary, there is no robust empirical evidence (as yet) that women camouflage by exclusively different means or modalities than men. Although further studies may demonstrate such, review of the current literature only reflects that women may engage in camouflaging more often or more severely (Cook et al., 2021b). Thus, I will not delineate according to gender when analysing camouflaging modalities.

Mood-based Fallout of AS and Camouflaging

Common psychiatric comorbidities in AS include anxiety and depression (APA, 2022), which may be deeply impairing and predict late diagnosis, as such symptoms of internalisation may have an over-shadowing influence on one's clinical profile (e.g., Hull et al., 2020; Lord et al., 2018; Pearson & Rose, 2021). Internalising also does not demonstrate the same disruptive nature of externalised difficulties (e.g., impulsivity, lability and conduct concerns) that lead to an earlier assessment (Hull et al., 2020). Thus, internalising does not imply *intention* to hide difference, though it may have similar outcomes. Furthermore, AS individuals are at a higher risk for suicidal ideation, and a recent British retrospective study found that individuals with a higher degree of suspected autistic difficulties made up 10.7% of *all* suicide attempts (eleven times the national population-level rate of diagnosed AS; Cassidy et al., 2022). This is concerning given the degree to which mood-related consequences have been linked to camouflaging – such as due to the exhausting, anxiety-provoking, and dissociative nature of continuously hiding one's innate traits and imitating peers to gain social acceptance (Cook et al., 2021b; Hull et al., 2020; Pearson & Rose, 2021). Such threats highlight the need to improve detection and support for AS individuals who have historically camouflaged difficulties.

Camouflaging and Intellect

Camouflaging capacity/success has been related to improved intellectual and executive functioning in some individuals (Cook et al., 2021b). Gould (2017) posits that, irrespective of gender, better verbal and overall intellectual abilities support AS individuals socially engaging through intellect and learned rules. Common assumptions of camouflaging maintain that it is

typically female, 'high functioning', adults of average to above average intellectual functioning who are likely to perform such strategies (Libsack et al., 2021). This can be distinguished from delayed maturation, which demonstrates genuine improvements in the individual's underlying cognitive profile with age, and not just within their behavioural enactment (Livingston & Happé, 2017). Overall, a difficulty with making robust claims around one's cognitive capacity and camouflaging is that many studies do not measure or report on the intellectual functioning of their participants (Cook et al., 2021b).

AS AND NEURODEVELOPMENTAL DIMENSIONALITY

As neurodevelopmental conditions, ASCs are present from birth or otherwise arise in early childhood (APA, 2022; Licari et al., 2019), due to suspected interplay of genetic and intra-uterine factors (Licari et al., 2019; Wing et al., 2011). It should also be noted that AS, and other developmental conditions, rarely occur in isolation. Neurodevelopmental conditions are often comorbid with one another and additional psychiatric concerns such as mood difficulties (e.g., Gillberg, 2010; Gillberg & Fernell, 2014; Licari et al., 2019; Sharma et al., 2018). Thus, camouflaging cannot be assumed unique to AS (Pearson & Rose, 2021). Yet, AS dominates the literature on camouflaging. Within such a context of comorbidity, it has been proposed that less impairing forms of 'pure' AS (i.e., without significant comorbidities) fall under the diagnostic radar, while an increase in experienced difficulties (e.g., mutism, emotional dysregulation, conduct concerns) and comorbid concerns (e.g., attentional difficulties, epilepsy, intellectual impairment) fast-track a child towards diagnosis (Gillberg & Fernell, 2014).

Furthermore, AS difficulties exist on a continuum between *typical* functioning, a sub-clinical degree of ASC-linked behavioural clusters, and outright diagnosable impairment (Pearson & Rose, 2021). It is likely that different forms of camouflaging also exist on a continuum that implicates sub-clinical individuals as well (Hull et al., 2017). It is then important to distinguish different types of pretence behaviours. Neurotypical self-representational strategies may gear more towards consolidating social status or pursuing identity experimentation (Hull et al., 2017; Jorgenson et al., 2020). Neurodivergent camouflaging appears more related to attempts at gaining baseline acceptance from peers (Tubío-Fungueiriño et al., 2021) and effortful avoidance of outright negative interactions such as bullying (Pearson & Rose, 2021).

ANALYTICAL FRAMEWORK

To frame this study's results, a macroscopic view of camouflaging efforts will be discussed using social *cognitive* theory (towards a mechanistic understanding of strategies) and social *identity* theory (towards a motivational understanding of factors shaping behaviour). These two streams have seen increasing integration within the field of social psychology, connected by their ability to (a) unpack the pragmatic, motivated decisional processes people make in light of (b) the broader societal pressures and practices they exist within – thus informing (mal)adaptive social behaviours (Operario & Fiske, 1999).

Within a social cognitive paradigm, Gould (2017) states that AS individuals can learn social rules and cues, for interpreting social dynamics and mental states. However, rather than developed via intuition, such rules are effortfully, cognitively learnt (Gould, 2017). This struggle with *spontaneous* ToM results in the need for compensatory mechanisms (Senju, 2012). While imitation and scripting are noted in camouflaging, this must be contrasted with theories that AS individuals may struggle to generalise and prototype information, and so may have difficulty drawing on associative recognition across contexts or exemplars (Fabricius, 2010), or may not draw on situational priors within an interaction (Amoruso et al., 2019). Applied to camouflaging, while imitation and templating do occur, difficulties in developing robust, flexible social templates for use across contexts (Senju, 2012) may be why such attempts are described as the *superficial* performance of typical behaviours (Hull et al., 2020). This is consistent with evidence that, for example, when AS girls are placed in unfamiliar contexts, the mimicked templates they rely on falter and they struggle to engage (Attwood, 2006, as cited in Hull et al., 2017, p. 2520).

Social identity theory posits that behaviour is shaped by the context (and dictates) in which it is nested (Hogg & Vaughan, 2014). Specifically, intergroup dynamics are framed in terms of wanting to bolster the positive affiliations of one's own in-group membership (e.g., the AS community), and where not possible, to align oneself to an alternate valued group (e.g., the neurotypical majority) (Harwood et al., 2020). Camouflaging may stem from aversion to stigma and social exclusion (either due to the direct AS *label*, or related negative experiences such as bullying due to *oddness*; Pearson & Rose, 2021). The degree of camouflaging between contexts is impacted by the different pressures a situation places on a person to adapt in order to achieve acceptance (Hull et al., 2020; Tubío-Fungueiriño et al., 2021). Pearson and Rose (2021) indicate self-perception exists at both an individual and group level – and that different aspects of self are

more emphasised in different contexts. However, unlike the typical situation of drawing on salient aspects of self, in AS, the self requires concealment, rather than 'sifting' (Pearson & Rose, 2021). With more sharply directed attentional capacity, such suppression may result in cognitive dissonance. While this explains the distress and burnout an individual experiences, it also may explain the automatic performance of some camouflaging, as automating helps distance oneself cognitively from the process of suppression and thus spares greater psychological reserves (Pearson & Rose, 2021). Camouflaging strategies thus serve as a self-protective mechanism when the individual's AS difficulties meet with the social context (and the supports or threats embedded therein; Hull et al., 2017; Libsack et al., 2021).

In sum, the literature indicates that profiles on the spectrum of Autism could be delineated according to a triad of social difficulties, with a key issue relating to camouflaging implicating one's capacity for *social imagination* (i.e., mentalising). Indeed, amongst the different forms of social camouflaging noted in the literature, several relate to compensatory mechanisms, meant to correct for ToM difficulty. This brings in social cognitive theory as an explanatory framework – as social patterns are prototyped based on one's prior experiences, and replicated. More broadly, AS-linked difficulties result in an individual appearing socially 'odd' and so risks their exclusion or targeting. This further implicates social identity theory as a motivating force for camouflaging behaviours, as one must effortfully learn out-group ('neurotypical') interactional patterns, so as to hide signs of difference and enact a perceived 'valuable' identity. Social camouflaging is not unique to the female gender or AS alone, although these have been principal research foci up to this point. Nonetheless, social camouflaging has been implicated in an increased rate of mood-based fallout out and suicidality – raising the need for the detection and support of impacted individuals.

CHAPTER 3: METHOD

STUDY DESIGN

I pursued a qualitative, integrative review of camouflaging in AS. The *integrative* review is a method arguably synonymous with Grant and Booth's (2009) *critical* review categorization. Both evaluate topical literature, by assessment of quality, towards meta-synthesis of data into a unified model or hypothesis (Grant & Booth, 2009; Torraco, 2005), rather than just narrative summation. In this study, the term 'integrative review' is used to indicate integrative and critical reviews as a synonymous, systematic method with the addition of formal, meta-analytic processes. Systematic methods ensured replicability (De Klerk & Pretorius, 2019), and as such followed the same mandates towards: inclusion and exclusion criteria, pre-defined article search- & selection-strategies and variables of interest, quality assessment, tabulation, and summation of the literature (De Klerk & Pretorius, 2019; EPPI-Centre, 2010). However, additional meta-synthesis was pursued by way of thematic analysis (De Klerk & Pretorius, 2019), with data from each article coded and clustered into themes and hierarchies (Torraco, 2005; Whittemore & Knafl, 2005). This review followed the 'Preferred Reporting Items for Systematic Reviews and Meta-analyses' (PRISMA; 2022) guidelines, which form a structural framework for review reporting in health research (Page et al., 2021). See Appendix 1.

STUDY PREPARATION

I started by building a preliminary conception of the topic (De Klerk & Pretorius, 2019; Gheondea-Eladi, 2015), and noting key variables. I consulted the models of Hull et al. (2017) and Livingston et al. (2019b), as well as Livingston, Shah and Happé's (2017) conceptual paper – with a proliferation of new studies since then motivating the current study. Additionally, I read several existing reviews on the topic (i.e., Allely, 2019; Cook et al., 2021b; Hull et al., 2020; Lai et al., 2015; Libsack et al., 2021; Tubío-Fungueiriño et al., 2021). These confirmed that a formal integrative review of camouflaging as a construct through qualitative meta-analytic procedures has not yet been done. A meta-ethnographical review of camouflaging is underway (Field et al., n.d.), and listed on the Prospero registry. However, the study differs from this paper in also including childhood studies and consequences of camouflaging, whereas I focus on modelling precedents and enactment of adult AS camouflaging. Thus, each study is justifiably distinct.

PROCEDURES

A summary of the study procedures is provided below in Table 2.

Table 2

Review-process Summary

No.	Stage	Elements	Process
1.	**Defining article selection criteria:**	Criteria A Criteria B Criteria C	**Factors of interest**: defined by S.P.I.D**.E.**R model **Depth**: Any 3 'experiences'(**.E.**) /exemplars present **Quality**: Studies with a B-grade rating or higher
2.	**Screening:**	Step 1: Title- and abstract- screening (Criteria A) Step 2: Full-text screening (Criteria A & B)	(Source 1) Database Rayyan screening, *with supervisory co-scoring* (Source 2) 'Connected Papers' screening (Source 3) Review-papers citation screening
3.	**Quality Assessment:**	Step 1: Quality grid-scoring, paper by paper Step 2: Quality grid-re-scoring (all papers per item: i.e., comparative design) Step 3: Check for Criteria C	
4.	**Tabulation:**	·	
5.	**Analysis:**	Step 1: Coding and thematic clustering of all A-graded studies Step 2: Integration of supplementary data from B-graded studies	

Study Foci and Eligibility Criteria

As an emergent field of research (Fombonne, 2020), many facets of camouflaging have been delineated. Furthermore, different conceptual frameworks have been developed for systematic reviews, to assist researchers in delineating what the core concepts and variables of a study are. I used the **S.P-I.D.E.R. (Sample, Phenomenon of Interest, Design, Evaluation / Experiences, Research Type)** framework to delineate variables (University of London, 2022).

S. Sample. I included adults (ages 16+) with a heightened degree of reported, AS-linked difficulties. This includes clinically diagnosed and sub-clinical/suspected AS groups. This dimensional perspective is necessary, as existing research sometimes enmeshes the data of groups. This is clear in individual studies (e.g., Livingston et al., 2019b), and review summations of studies (e.g., Cook et al., 2021b). Camouflaging is related to a continuum of social difficulty.

P-I. Phenomenon of Interest. This is defined as the documentation of, or discussion of, camouflaging in the participant groups. Studies will be included if they note *any* form or definition of camouflaging, including masking, mimicking, compensating, and all similar modalities (under any other name) of appearing less autistic/socially different and more socially adept.

D. Design. Sources are empirical work (i.e., the novel generation of data on the topic of camouflaging – such as observational studies, single or focus group interviews, surveys, case reports) or the novel *integration* of original data (e.g., social media discourse analyses). I accepted both original studies and follow-up studies in which *new* input was generated.

E. Evaluation/Experience. Facets of camouflaging include motivations, specific strategies, and the pervasiveness of such behaviours across contexts (Cook et al., 2021b). Thus, my outcome variables were: (a) Behavioural Exemplars, (b) Intent of Behaviours and (c) Precedents of Behaviours. Articles had to address any *one* (or more) domain (a-c), and at least three exemplars across *any* domain. This ensured articles engaged with the topic in depth.

R. Research Type. Sources must come from qualitative research, or mixed-method research in which qualitative elements are readily extractable. The motivation for focusing on qualitative work is owing to time-limitations, and a related focus on thematic integration. Sources had to come from published, peer-reviewed articles (thus facilitating effective quality assessment). Organisational, self-published, or self-promoted documents were thus excluded. Sources had to be in English and available full-text. Where full-text articles were not available, I attempted to contact the authors for access. However, if not received, articles were excluded.

Data Sourcing

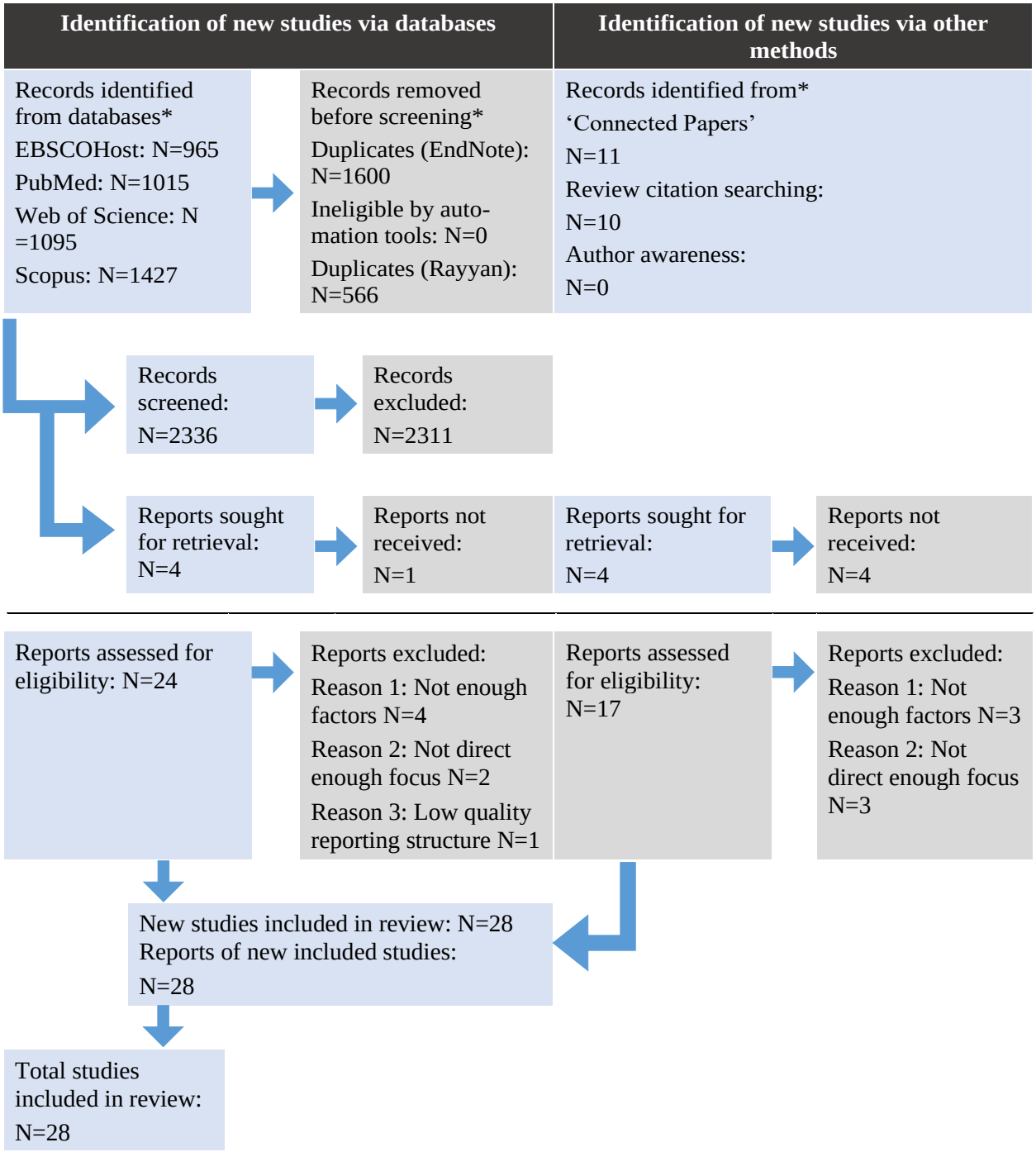
Multiple procurement strategies are recommended for reviews (Whittemore & Knafl, 2005). I used (a) general-purpose databases and (b) the 'Connected Papers' (2022) platform. Connected Papers use a focus paper to generate an association graph with other articles based on the overlap in references, which suggest a high chance of related topics (2022). I finally made use of (c) citation searching topic-related reviews and editorials. The camouflaging reviews were consulted, along with a University of Cape Town (UCT) librarian, to guide database selection (Schlosser et al., 2007). The final selection was EBSCOhost (Academic Search Premier, CINAHL, APA PsychInfo, APA PsychArticles), PubMed, Web of Science and Scopus (inc. Embase). A combination of free-text terms and MESH or controlled vocabulary terms were used (EPPI-Centre, 2010). The search string can be viewed in Appendix 8.

Article Screening & Selection

This section relates to processes of inclusion for articles, towards (a) narrative tabulation and (b) core or supplementary analysis. This process is summarised per PRISMA conventions (Page et al., 2021) in Figure 1. Full listing of inclusion or exclusion rationales are in Appendix 2.

Figure 1

Article Selection Process



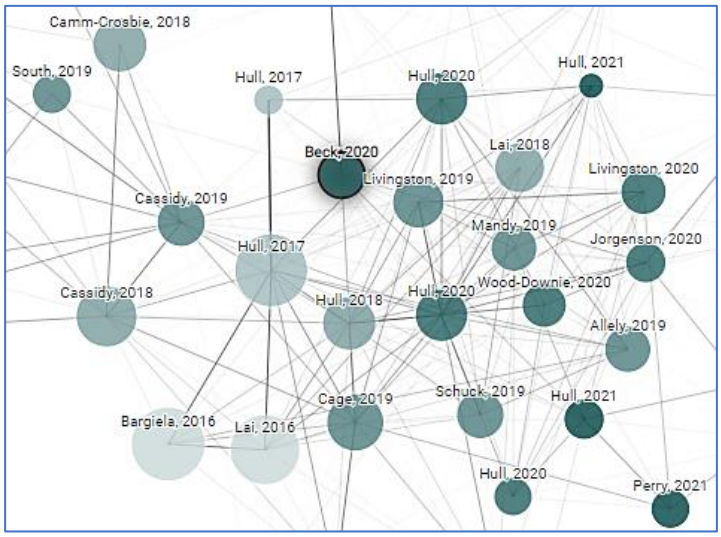
Data Collection Process

Database Searches (sourced 26 April 2022). Each database was searched using the designated search string. Results were exported to EndNote, which was used to scan for, and delete, duplicates in the listing. As no screening had commenced there was no threat of selection

bias at this point (Schlosser et al., 2007). The listing was then exported to Rayyan.AI (Ouzzani, 2016). This application allowed both the research supervisors and me to independently review the articles, blind to one-another's responses. Articles were screened in stages, starting with title level, then abstract level, and then full text to determine eligibility (De Klerk & Pretorius, 2019).

Figure 2

'Connected Papers' Matrix



Note. Cross-sectional demonstration of the relation-matrix generated by the 'Connected Papers' web platform.

I screened all 2336 articles. The research supervisors then (blind-)co-scored 510 articles (21.83%) without overlap, at title- and abstract-level, which is above the 20% threshold recommended (Schlosser et al., 2007). Seven articles had mutual agreement of inclusion; 499 had mutual agreement of exclusion; four articles had disagreement (Cohen's Kappa: 0.7738, within acceptable range; McHugh, 2012). As I also scored full-text levels, this partly explains the difference in initial verdicts. Following group discussion, full agreement was reached.

'Connected Papers' Searches (sourced 17 – 19 May 2022). Included qualitative or mixed method articles that are explicitly centred on camouflaging (i.e., Beck et al., 2020; Bernadin et al., 2021; Cage & Troxell-Whitman, 2019; Cook et al., 2018; Cook et al., 2021a; Cook et al., 2022; Hull et al., 2017; Livingston et al., 2019b; Miller et al., 2021; Schneid & Raz., 2020) were entered in the 'Connected Papers' platform to source additional citations. Only camouflage-centric papers were entered because this guaranteed topic focus.

Citation Sourcing. All topic-related systematic reviews or editorials that were found were citation screened. Once more, only camouflage-centric reviews were screened, towards topic focus (see Appendix 2). No *new* reviews were pursued for screening at this stage.

Researcher inclusions. Although the researcher included a review for secondary citation screening (Williams, 2022; see Appendix 2), no additional empirical papers were included.

Final inclusion was determined by full-text assessment. No case studies were ultimately sourced. Furthermore, AS was the sole focus of the screening, and articles were not included if 'hiding' behaviours where related to an *additional* status (e.g., LGBTQI+).

Quality Assessment

Once articles had been screened, they underwent quality assessment. The assessment guideline that was used is the Lorenc adjusted protocol of Hawker et al.'s assessment framework (2002, as cited in Lorenc et al., 2014, Appendix 5), as this outlines scoring procedures to delineate adequate and inadequate articles. The scoring protocol was then further operationalised in order to provide clear standards for the cut-off scores. This did not entail changing the score-point system, but providing further textual information on how to delineate what score a study has reached for each item (provided in blue text in Appendix 3). The tool comprises nine items that assess *reporting* quality according to cut-off scores for 'good', 'fair', 'poor' and 'very poor' reporting. The quality assessment checklist and scoring procedure can be found in Appendix 3.

Studies falling within the range of *low and medium quality* (9-29 points, Grades B-C) were considered inadequate quality for this review. I applied a weighting approach, towards a *best-evidence synthesis* of higher (quality) weighted studies (Schlosser et al., 2007), but included remainder studies in the analysis, nonetheless. This operationally means that high quality (A-Graded) studies were used to derive core findings (theme coding), with the remainder (B-Graded) studies being used to supplement the existing themes. The rationale is that a model should stand irrespective of inadequate data. Indeed, a sensitivity analysis by Carroll and Booth (2012) found that exclusion of low-quality studies did not make a significant impact to the results of qualitative reviews, as they rarely solely exhibit a unique topical facet. C-Graded studies were not included, as they represent reporting quality too low for viability.

The following consistent, systematic interpretations were made for criteria:

- If samples were recruited (and/or surveyed or interviewed) online, then authors had to outline the location/nationality of participants (given possible international participants).
- If more than one author co-scored in the process of analysis, this was accepted as *auditing*.
- Most media-sourced data had to be de facto down-scored for transferability and generalisability, as the majority of such bloggers, authors and 'post-ers' did not provide demographic details systematically enough to draw inferences from.

- For methods and ethics, no studies were down-scored for poor or vague reporting of recording/secure storage of private data, as this was discussed so seldomly that it did not constitute a significant means of delineating quality.
- Transferability and generalisability of each study was the most qualitatively deliberated item. Many studies did not report in-depth about participant contextual factors and instead appear to have work on the presumed national homogeneity.

Each article was, one at a time, quality assessed in its entirety. Once this was completed for each article, then all articles were cross-scored and compared per each item on the quality grid. This ensured consistent scoring per item across all articles. This furthermore did result in shifts in the scoring, from generous to more critical scoring as I worked through studies in the first stage. When cross-comparing studies in the second stage, this resulted in points being removed for earlier studies and re-rewarded to later studies in the list.

Data Extraction

I extracted data into a pre-designed Excel spreadsheet according to characteristics of the studies and their findings. Piloting of the coding protocol was recommended (Schlosser et al., 2007), thus the table was expanded iteratively as formal review of articles commenced. This spreadsheet formed the basis of the preliminary narrative tabulation of results. The Word.doc transcription of the Excel Spreadsheet is provided in Appendix 4, along with the initial coding protocol. Final narrative tabulation of demographic details is provided in the *Results* section. A protocol deviation was that, instead of the supervisors reviewing coding choices for 20% of articles, a full list of initial codes and extractable factors (including operationalisations) were discussed with them.

Data Analysis

In integrative reviews, analytical processes common to qualitative work, including thematic or content analysis, are favourable (De Klerk & Pretorius, 2019). While systematic reviews do aim for data synthesis, integrated reviews amalgamate a single, integrated construct, model, or hypothesis - which rather than being a final confirmation of a research question, instead represents a tentative base to spur forward testing, confirmation, or refutation (Grant & Booth, 2009; Gheondea-Eladi, 2015). Given the constraints of a mini-dissertation and the unfeasibility of accessing original raw data from articles, I followed the propositions of researchers such as Thomas and Harden (2008), and Lachal et al. (2017). They suggest a method

of thematic (meta-)synthesis for qualitative reviews which codes article *results sections* themselves. This model agrees with the core steps of systematic review work already completed, and results sections are then line-coded and clustered as with thematic transcript coding (Lachal et al., 2017; Thomas & Harden, 2008). However, what constitutes the core results of an article is not clearly defined. Thus, the entirety of the results section was used, since an *author's* reporting of findings also represents a 'voice' or 'lens' different from the voices in their own raw data (Thomas & Harden, 2008). Informed by the above, I approached my analytic strategy using the coding steps outlined by the Braun and Clarke model (Bryman, 2016; Terry et al., 2017):

- A-graded study result sections were closely read towards familiarisation. An initial, provisional set of codes was generated from this overview (see Appendix 5). This works within the '*Small-q TA'* school, to marry flexibility and coding reliability (Terry et al., 2017).
- The entire dataset was line-coded using the QDA Miner Lite, qualitative analysis software. I then clustered the initial codes into domains and tentative themes.
- Relationships between theme clusters (e.g., nesting) were derived and audited by the supervisors. Only one theme ("digital communication") was folded into "Scripting".
- This model was then supplemented by additional articles (i.e., B-graded studies). Such additions are highlighted as such in red in Appendix 6.
- In integrative analyses, the derived model must be mapped back onto each of the original studies to ensure the content still represents a reflection of the original cohort of data (e.g., Torraco, 2005; Whittemore & Knafl, 2005), ensuring trustworthiness of the findings (Gheondea-Eladi, 2015). This step was completed by searching for any significant outlying perspectives to the amalgamated model. I would like to provide a final emphasis that the purpose of the integrative review is *singular* synthesis. As such, results represent an interpreted amalgamation of the given data. The results will *not* necessarily reflect the exact intention or understanding of any one given participant or author. Instead, the results will reflect a version of the unified camouflaging model, presenting the most sensical, consistent and narratively congruent picture that emerges when all camouflaging literature is considered together. Certain passages and quotes may thus be reinterpreted and extended when brought into contact with other studies.

I allowed multiple coding of statements *across* the three domains of focus, as this provided explanatory links for their conceptual connection. However, where multiple codes existed *within* the same domain, a set of nested sub-themes and sub-facets were instead derived.

A distinction must be made here between the thematic analysis procedures and the final discussion of the results. For thematic analysis, a semi-inductive approach was adopted for managing the data. Although theme construction and discussion following on this was guided by existing theory, the semi-inductive approach to coding ensured provision for new or anticipated themes. These resultant themes are then discussed in light of existing literature. Although reduction of bias is discussed in the next section, the supervisory review is critical to this effort (Maritz & Jooste, 2011), as this comprises the most judgement-oriented stage of the review. The supervisors challenged me to account for, and reflect on, coding choices (Maritz & Jooste, 2011).

REVIEW QUALITY AND RIGOUR

Veracity of Results

Certain expectations are placed on review work to ensure the quality of its output:

Clarity (Booth et al., 2012). The review process must be clearly outlined, in a manner whereby each step is easy for the reader to follow. The questions and intent of the paper must be focused (including at the level of search terms and eligibility criteria). I have clearly outlined each step of the research process. This has included three clear research questions, clear data sources with corresponding search strings, an extraction table and quality assessment procedures.

(Internal) Validity (Booth et al., 2012). Database bias may arise when few or incorrect databases are searched (Schlosser et al., 2007), however, consultation with the UCT librarian has assured good scope for this review. Publication bias arises if only published articles are used, as such papers tend to favour stronger results or effect sizes (Schlosser et al., 2007). However, qualitative research may not tend to have such clearly defined (un)favourable outcomes and is arguably less prone to this difficulty. To combat selection bias (Schlosser et al., 2007), there was 1) supervisory review of 20%+ of selected articles, 2) reporting of consensus-building processes, 3) reporting the rejected articles, and 4) reporting of inter-rater agreement via Cohen's Kappa.

Auditability (Booth et al., 2012). Throughout the entire research process, every effort has been made to be transparent regarding each step taken. This, and an audit trail of consistent criteria being used for assessing each article, further improves the **reliability** of findings (Gheondea-Eladi, 2015). Conclusions should be evident from the quality selected data itself.

Certainty. Confidence in the certainty of results is a subjective endeavour in qualitative work, but for the current review was approached through use of the GRADE-CERQual (2023) framework. We overall categorize a *moderate confidence* in the study results (see Appendix 9), given high agreement between included studies.

Study Clearance and Registration

The proposal was approved by UCT's Department of Psychology and Research Ethics Committee. The study protocol was also submitted to the Prospero [CRD42022324957] international review registry for listing, on 11 April 2022.

Ethical Considerations

Given that the study used open access data in published articles and did not include any prospective or retrospective sampling, limited ethical considerations were deemed necessary. For any sourced articles where there is no reference to any oversight of the study by an ethical review board, or where there is otherwise no reference to the study following standard ethical protocol (e.g., full informed consent and de-identification), such studies were flagged in Red in Table 3 and full discussion of ethical concerns is provided in Appendix 3.

Three of the included studies did source from existing online data, being (a) blog posts, (b) magazine publications, and (c) cited book publications, respectively. Given that such data has been posted in the public domain, by individuals who noted they desire such information to contribute to awareness raising, and that such data has already been published in openly accessible camouflaging publications, I posit no ethical conundrum in re-consolidating such data.

Reflexivity

I, as principal investigator, hold academic interest in the topic of neurodevelopment and promoting the support of impacted individuals. In terms of bias: I have no diagnoses. Although I relate to the sensory sensitivities and systemizing inclination of AS, I feel no claim to the distress or functional impairments that form the lived experience for individuals with formal diagnoses. From working in the field of neurodevelopment, I also held prior awareness of existing camouflaging models and their screening tools. It was thus unfeasible to expect I would constitute a blank slate in analysis, and instead I adopted a semi-inductive approach, with supervisory overview of the themes generated. As no live data collection was conducted, there was no biasing influence of my presence and/or status(es) on the participant data – and while there may have been from the original authors, the overall agreement in themes across the

literature may mean that this biasing influence was negligible when consolidated. I am not a specialist in theories of social psychology, and it is possible that the provided explanatory framework appears somewhat reductionist. However, I feel it represents a logically coherent and internally congruent outline of mechanistic processes, which does not detract from the categorical findings of the study.

In summary: following PRISMA (2022) guidelines, I conducted an integrative systematic review, to evaluate topical literature towards meta-synthesis of a model of adult AS camouflaging. This entailed conducting a systematic review and thematic meta-analysis of qualitative research data. I used the S.P.I.D.E.R. framework to delineate key variables of interests, being; adults on the spectrum (ages 16 years+), discussing any form of social camouflaging (inc. exemplars, motivations and precedents), presented in empirical, qualitative, peer-reviewed data. Such data was sourced from multiple databases, the 'Connected Papers' platform, and citation searching. Of the 2336 articles sourced, 28 studies met the inclusion criteria (including passing quality assessment). Just over 20% of the sourced articles were co-screened by the second and third author, with group discussion resolving any disparities to a 100% agreement. After such screening, the first author line-coded the Results Sections of each article, and conducted a thematic analysis of the resulting 'transcripts'. Following reporting of the direct thematic clusters that were found – the data was subjected to a social cognitive and social identity framework, in order to consolidate a single model of adult AS camouflaging. Confidence in the final results was assessed using the GRADE-CERQual (2023) framework, with this study being categorised as moderate confidence, due to demographic biases. In the following section, I will start by outlining these demographic variables before unpacking the study's thematic results.

CHAPTER 4: RESULTS

This chapter will begin by outlining details of the included studies under review, and their sample demographics – to contextualise the overall transferability and generalisable of study findings. Results of the thematic synthesis will then be presented per the three domains of focus.

SAMPLE DATA

In total, 28 studies were included (22 A-Graded studies towards establishing themes, and six B-Graded studies used to bolster results; see below Table 3). Altogether, the studies comprised 2450 participants. The sample was narrowed as far as possible, considering authors did not always clarify if their *total* sample contributed to the qualitative results or not. However, two mixed-method studies, Cage et al. (2018) and Cage and Troxell-Whitman (2019), did not provide demographic details for the specified subset of participants that contributed to qualitative results. Thus, final aggregate data in Appendix 4: Section 2 had to be calculated using a *maximum* sample of 2669 participants. For data per study, see Appendix 4: Section 1.

Table 3

Structure and Quality Scores of Included Articles

No.	Study Authors	Quality Score	Study Design: Qualitative Data Source	Sample Size (Specifier)	AS Diagnostic Status
		A-Graded (30-36)			
1	Bargiela et al. (2016)	33	Mixed: Survey & Single Interview	14 (total)	Formal diagnoses
2	Bernadin et al. (2021)	30	Mixed: Survey & Single Interview	4 (relevant sub-set)	Formal diagnoses
3	Botha et al. (2020)	31	Qualitative: Single Interview	20 (total)	Formal & Self-identified diagnoses
4	Bradley et al. (2021)	32	Mixed: Survey	277 (total)	Formal & Self-identified diagnoses
5	Cage et al. (2018)	31	Mixed: Survey	63 (relevant sub-set)	Formal & Self-identified diagnoses
6	Cage & Troxell-Whitman (2019)	32	Mixed: Survey	91 (relevant sub-set)	Formal diagnoses
7	Collis et al. (2022)	32	Mixed: Survey & Single Interview	12 (total)	Formal diagnoses
8	Cook et al. (2018)	33	Qualitative: Single Interview (triangulated dyads)	4 (relevant sub-set)	Formal diagnoses
9	Cook et al. (2021a)	34	Qualitative: Single Interview	17 (total)	Formal diagnoses

10	Crompton et al. (2020)	31	Mixed: Single Interview	12 (total)	Formal diagnoses
11	Harmens et al. (2022)	32	Qualitative: Text Analysis [blogs]	24 (total)	Formal & Self-identified diagnoses
12	Hickey et al. (2018)	33	Mixed: Single Interview	13 (total)	Formal diagnoses
13	Hull et al. (2017)	33	Qualitative: Survey	92 (total)	Formal diagnoses
14	Kapp et al. (2019)	34	Qualitative: Single & Group Interviews	31 (total)	Formal diagnoses
15	Leedham et al. (2020)	31	Qualitative: Survey	11 (total)	Formal diagnoses
16	Lilley et al. (2021)	31	Qualitative: Single Interview	26 (total)	Formal diagnoses
17	Livingston et al. (2019b)	33	Mixed: Survey	77 (total)	Formal & Self-identified diagnoses
18	Mantzalas et al. (2022)	33	Qualitative: Text Analysis [social media]	683 (total)	*Unclear*
19	Miller et al. (2021)	33	Qualitative: Survey	144 (relevant sub-set)	*Unclear*
20	Milton & Sims (2016)	30	Qualitative: Text Analysis [magazine pub.]	361 (total)	*Unclear*
21	Schneid & Raz (2020)	32	Qualitative: Single Interview	24 (total)	Formal & Self-identified diagnoses
22	Tint & Weiss (2018)	31	Qualitative: Group Interviews	20 (total)	Formal diagnoses
		B-Graded (24-29)			
23	Baldwin & Costley (2015)	27 **(Ethics < 3)**	Mixed: Survey	82 (total)	Formal diagnoses
24	Dachez & Ndobo (2018)	29 **(Ethics < 3)**	Qualitative: Single Interview	31 (total)	Formal diagnoses
25	Davidson & Henderson (2010)	27	Qualitative: Text Analysis	45 (total)	*Unclear*
26	Foster & Pearson (2020)	29	Qualitative: Single Interview	5 (total)	Formal diagnoses
27	Howard & Sedgewick (2021)	**30 ** (Analysis < 3)**	Mixed: Survey	245 (total) *Relevant subset unclear	Formal & Self-identified diagnoses
28	Milner et al. (2019)	28	Qualitative: Single & Group Interviews	22 (final)	Formal & Self-identified diagnoses
				2450 (total)	

The sample comprised formally diagnosed individuals, sub-clinical or self-identified AS participants, and those of unclear status (e.g., sampled from media posts). Eight studies also did their own screening for AS (Bargiela et al., 2016; Bradley et al., 2021; Cage & Troxell-Whitman,

2019; Cook et al., 2021a; Crompton, 2020; Hickey et al., 2018; Howard & Sedgewick, 2021; Livingston et al., 2019), but did not use this for exclusions. Across studies, reporting was inconsistent (with a large portion of missing details), and so descriptive data is also provided for the 'reported total' of each individual category (i.e., excluding unspecified or unknown data). The terms *total* and *reported total* will refer to this distinction henceforth, in the format [*total : reported total*]. Please see the tabulated data discussed below in Appendix 4: Section 2.

Age. The *reported* range was 15-79 (*reported* mean = 35.40 years). This was *not* skewed by high-school or late-life-stage studies, as their exclusion gave a *reported* mean of 34.16 years. 15-year-olds were accepted only when articles were adulthood oriented, and the participants could not be separated out. Participants appear more representative of middle adulthood.

Gender. Distinction between gender and natal sex was not systematic enough across studies to separate out. However, some individuals reported another status outside the male-female binary [*3.86% : 6.11%*]. The sample was predominantly female [*39.68% : 62.77%*], given that several studies were explicitly focused on female experiences, or otherwise (especially in unpurposive survey studies) there was a trend of lower male participation [*19.52% : 30.88%*]. Even when female-only studies are excluded, only 34.19% of men still comprise the mixed-gender sample. 36.79% of participants did not have gender or natal sex reported.

Nationality (residence). Although most of the sample is delineated (at minimum) by continent, the large majority come from the United Kingdom (UK) [*33.01% : 76.88%*] – *excluding* even an additional 279 participants who are likely UK-based but not explicitly stated thusly. The implications will be discussed later. The nationality or national residence of 57.06% of participants were not provided. From even the *reported* total of participants, only Australia and New Zealand (combined) breached above a 10% representation in the sample.

Ethnic and/or Cultural Identity. Although I hold no fundamentalist beliefs on race, the construction of race holds structural implications for an individual's life-experiences in a given context. This was unreported for 80.67% of the sample, and the remainder predominantly identified as White [*17.87% : 92.44%*] (including 110 culturally White-British, 81 culturally White-Australian, and 286 unspecified) or Mixed-Race [*1.09% : 5.62%*], including 1 individual specified as of (partly?) South American descent and 1 of partly Aboriginal descent. The 1 Black individual in the studies was culturally Black-British. 1 Hispanic individual and 8 (unspecified)

Asian individuals comprised the remainder. Quality assessment made clear that results were often based on the presumed homogeneity of the national context or the 'AS label'.

Education. Nine participants had 'high school' (0.34%) as their full-time occupation. It was not always clear whether a reported qualification was a past achievement or current endeavour. However, all except Cook et al. (2021a) presented 'current' (full-time) tertiary studies as mutually exclusive to employment, with 166 such participants (6.22%). Overall, at least 6.56% (*reported* 18.90%) of the sample were *studying*. For 70.29% of the total sample, their qualification level was unclear. At least 36 are presumed to have not reached matric [*1.35% : 4.54%*], and 458 [*17.16% : 57.76%*] to have (at minimum) matriculated. 299 were pursuing, or had completed, any degree of tertiary university or trades training [*11.20% : 37.70%*]. Given inconsistent reporting, this is the 'lowest common denominator' that can be presented.

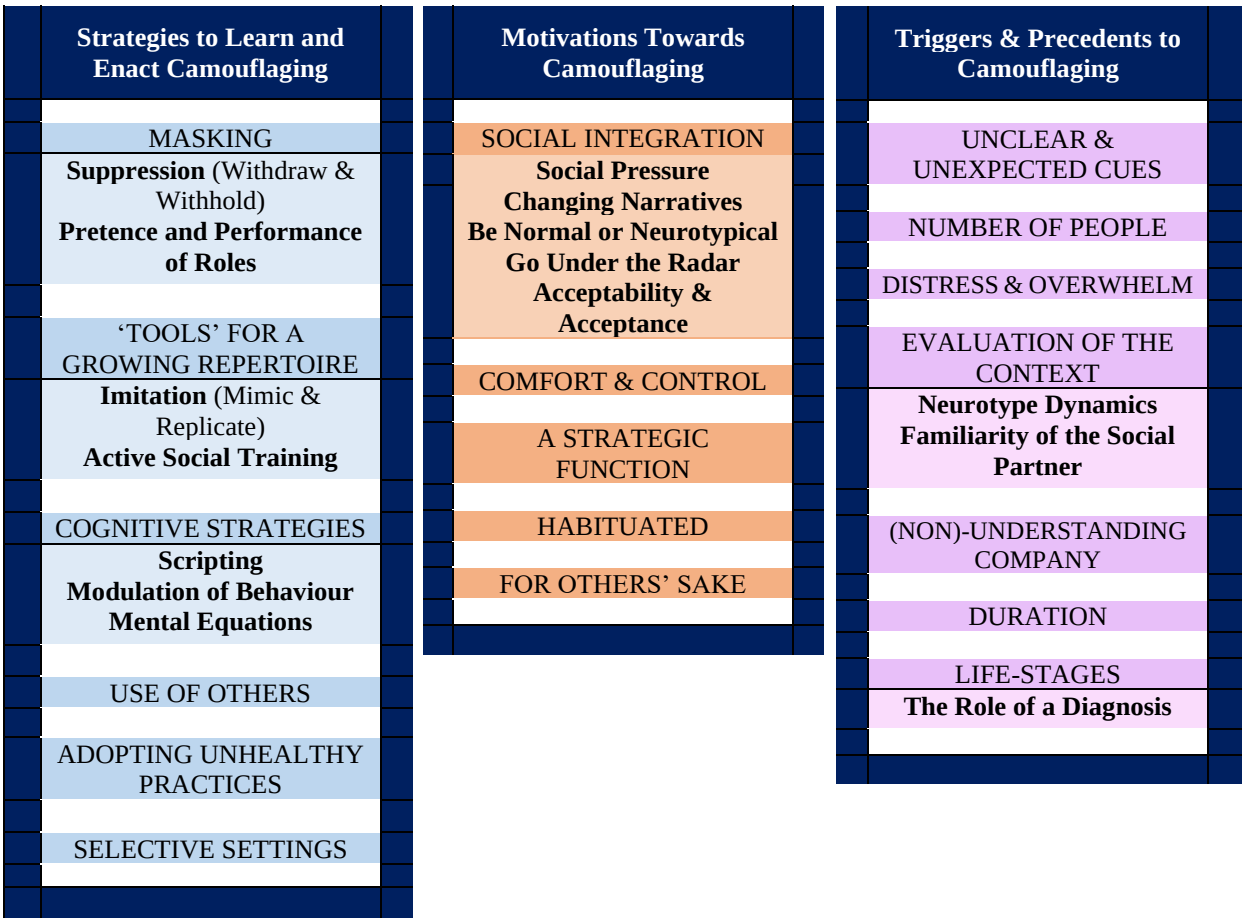
Employment. Job-status varied in terms of how it was reported. 65.31% of the sample did not have employment reported. 24.02% of participants were engaged in some form of occupational or study-related work (*reported* mean = 69.22%), while 8.13% were unemployed or unable to work, *combined* (as the most congruent common denominator; *reported* mean = 25.20%). The remainder were either retired, volunteers or carers [*2.54% : 7.34%*]. Of those clearly delineated as having employment, as opposed to studies, 154 worked full-time [*5.77% : 16.63%*], 86 worked part-time [*3.22% : 9.29%*], and 213 were unclear [*7.98% : 23.00%*] (inclusive of self-employed or freelance work).

DOMAINS AND THEMES

Data was thematically analysed according to three domains: (a) strategies that define camouflaging, (b) the motivations that drive camouflaging, and (c) the contextual factors and precedents that trigger camouflaging (in terms of individual situations or lifespan experiences). Each domain will be discussed independently. However, where a specific theme from one domain was deemed more appropriately discussed under another (e.g., a motivation that is specific to one strategy), this will be highlighted as necessary. Where multi-coded statements existed *across* domains, these have been raised as *explanatory links*. All sentiments that reflected explanatory, directional or causal language will stem from quoted statements. Considering there are too many quotes to comprehensively provide (see Appendix 6), I use 'exemplar quoting' of the most direct and illustrative examples of the theme. All articles will be referenced per their provided number[#] given in Table 3.

Figure 3

Summary of Each Theme Domain



Domain 1: Strategies of Camouflaging

This domain covers the different categories of strategies (and their behavioural exemplars) in camouflaging. Across the strategies presented, it must be borne in mind that "respondents described how these camouflaging techniques required intensive monitoring of the way they presented themselves"[13]. Rather than a strategy/theme in itself, this "dynamic monitoring"[9] process seems to present as a tool that facilitates several other strategies (to be discussed). Several themes emerged in this domain, as outlined by Figure 4.

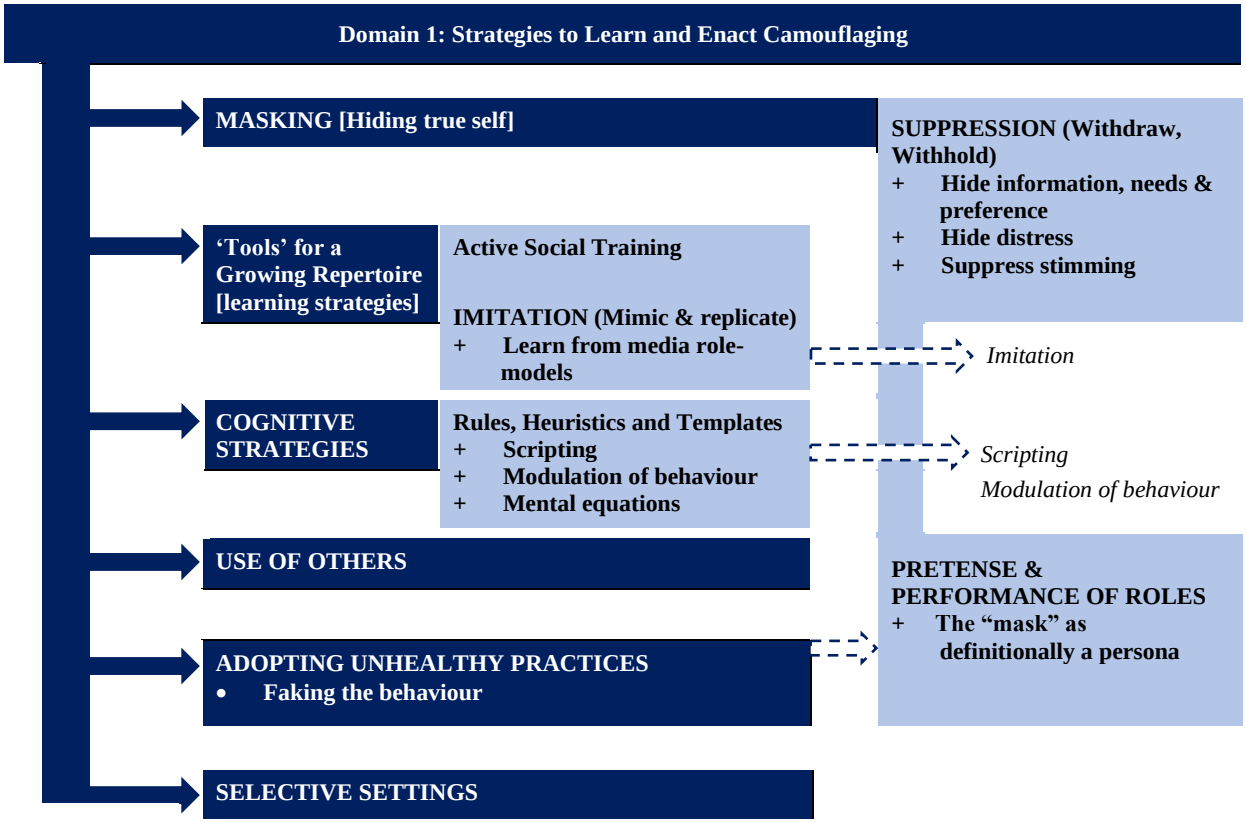
1.1. Masking (Hiding the 'True' Self)

Drawing on a pre-existing notion, which was discussed quite consistently – 'masking' reflected a means to "present to the rest of the world"[13] in a way that is incongruent with one's "true behaviours"[13], or results in an "intentionally hidden"[16] "true self"[12]. Two key components reflect the metaphor of the mask: (a) as something behind which a truer self is hidden

(suppression), and (b) as something that is simultaneously projected forwards (personas). It "encompasses the aspects of camouflaging that focus on hiding one's ASC characteristics and developing different personas or characters to use during social situations"[13].

Figure 4

Strategy Domain Theme-Hierarchy



1.1.1. "Suppress[*ion*]"[13]

Suppression as a component of masking, may reflect being *still* and withdrawing oneself to functionally *hide* – sometimes referred to as "concealment and withholding"[3]. "Some [*participants*…] had the goal of speaking as little as possible", "remain[*ing*] silent"[13], and otherwise "reduc[*ing themselves* …] to the point of suppressing [*their*] reactions"[21]. This reflects adjustment of behaviour by almost eliminating noteworthy acts. However, there were more moderated iterations of selective self-editing, such as "suppress[*ing*] aspects of oneself"[19] "thought by society to be undesirable"[17] – including "more innate (and often autistic)" aspects[9].

A sub-domain herein is **1.1.1.1. *hiding personal information, needs, and preferences***. This relates not only to one's behaviour, but personhood. It highlights how AS individuals feel obliged to minimise their preferences[10,16]. As one person raised regarding *going to the pub*: "I

don't want to, I want everybody to go somewhere that is not noisy. But I also don't want to be the person that makes us all go to a library ... and speak in hushed tones"[10]. This suppression of preferences also extends to one's own interests in conversation. The individual may "not speak of anything of interest to [*them*]" or "[*minimises*] the amount of time they had to speak"[13] to not take over a discussion with "autistic or less conventional interests"[9]. This further tied into a drive to "not divulge personal details" and to "say as little about [*oneself*] as possible"[13], lest something they say be poorly received[13].

Suppression also involves **1.1.1.2. *hiding distress*** and the strain of getting through the day, creating an air of coping. People "mask difficulties"[22] (requiring the "management of discomfort"[13]) and so "no one is going to expect that inside [*they're*] driving [*themselves*] crazy"[22]. Study participants have noted how they "worked so hard to hold [*themselves*] together for so long"[11], such as being composed at school but experiencing "regular emotional 'meltdowns', at home"[1]. AS individuals may also "mask sensory differences such as pain due to sounds"[19], or distress due to the actions of others as "they knew [*they*] would not understand"[7].

A third sub-domain was **1.1.1.3. *suppressing stimming behaviours***. This related to either outright, complete[7] "suppress[*ing*] of stims"[14,19], or to reducing[7] or "transmuting stims into a more socially acceptable form"[14]. Here, ***monitoring*** was seen to come into play. The "self-policing of their behaviours […] for some participants constituted a pre-cursor to suppressing"[7] and resulted in a "constant self-monitoring"[7]. People block stimming "using physical or mental restraint"[7] or enacting stims that are more discreet[19] or subtle[7,13]. Interestingly, some "respondents reported needing time to recover after camouflaging, where they could be alone and release all of the behaviours they had been suppressing"[13]. This confirms that camouflaging also hold importance for restricted and repetitive behavioural symptoms of AS (Table 1, Section B), as purely social strategies would not need to be *released* once a social interaction has ended.

Exemplars of suppression. Across the dataset, strategies thus include:

- Keeping quiet or speaking as little as possible, or "avoidance of social contact"[15].
- Suppressing/transmuting innate *existing* behaviours (e.g., reactions, stimming) or aspects/traits of oneself (e.g., non-conventional interests) – through self-monitoring.
- Withholding distress and overwhelm (inclusive of emotional, sensory and fixation-bases).
- Non-disclosure of personal information[25] (e.g., "withholding diagnosis"[3]) and non-self-advocacy of preferences.

1.1.2. Pretence and Performance of Roles.

As a second component of masking, such strategies included part- or whole-performance of *roles* or developed personas[1] "that [*were*] ego dystonic"[15]. This was often based in pretence, deception[17] and inauthenticity[2] - such as "pretend[*ing*] to be interested in conversation topics"[1] or "faking interests"[17]. Personas were described as a "social mode"[4], "special personality"[21], "different identity"[13], "that subsumed their sense of authentic self"[20]. Personas were further described in "theatre vocabulary"[24], as a social character that got brought out. Interactions held a "performance quality"[12], in which individuals were "playing a role"[4,16], game[4] or part[4,13].

In this vein, participants "treat [*their*] clothes rather like a costume, and certain items of clothing help [*them*] to uphold certain personality characteristics"[13], and in this manner, their outfit becomes a "person that they put on"[15]. While some described a specific persona, such as the "bubbly and vivacious" partner[1] or "mister footloose and fancy free"[15], others reported using many identities to "[*become*] so many different people"[11], or "[*try*] on different personalities" and so became "all these characters"[16]. Sometimes, personas reflected attempts at "pretending to be someone else" specifically[1] or a "borrowed personality"[24] – creating a link to '***Imitation'*** (discussed later). At the extreme, people feel the performance is "not [*them*]"[1], "artificial to them" or "something contrived"[21]. Individuals may then describe "'having little of [*themselves*] left' […] because they are a 'patchwork of acts'"[4] or "bits and pieces of disconnected things" where "there [*is*] no centre"[16]. However, performativity may be moderated, with one person noting the personas as: "all me at the core, but they are edited versions of me"[13].

These variations of self may relate to *situational roles*. Participants may edit behaviour according to broader templates based on the setting/context, such as the "model pupil"[1], the "professional mode"[25], the "alpha male […] or the mediator"[21]. There may be "a repertoire of roles for: café work, bar work, uni[*versity*], various groups of friends"[13], possibly allowing them to "flit around different groups"[16]. A further *motivational* facet is a role that is developed around a specific other person. Examples included a persona that was "brought out […] as [*their*] partner's girlfriend"[1], camouflaging to "[*make their*] wife less embarrassed to be seen with [*them*]"[6], or the individual's partner making them feel like "[*their*] behaviour somehow needed modifying"[15]. Interestingly, all such statements related to romantic partners.

A key sub-domain of pretence and role performance is that **1.1.2.1** ***'the mask' is definitionally a persona***. Although *masking* is described in various terms, *the mask* is most

consistently discussed towards "taking on a certain 'persona'"[1], allowing one "to be a certain way"[10] and develop characters[13]. It is the antithesis of authenticity to one's AS self, with one participant wondering how others "have 'embraced' their Asperger's personality and shed the masks"[20]. The plurality of masks is thus highlighted: "Which self? Which pretend mask?"[16].

Exemplars of performativity. Specific strategies thus identified included:

- Pretending to be a different person (changing facets of one's identity or personality)
- Developing (or adopting) *situational* role-templates or identity variations to perform.
- Pretending to be interested in a topic or faking (conventional) interests.
- Using outfits or items of clothing to uphold a persona.
- Making use of humour "as a 'double bluff' technique to openly joke about aspects of [*one's*] behaviour"[1] to detract from actual suspicions.
- Appearing blasé or nonchalant (such as the example of mister fancy free[15]).
- Using socially acceptable ailments or partial disclosures as a cover, such as: acting hard of hearing in noisy settings, or "claim[*ing*]" to be allergic" to hide odd eating habits[25].

Explanatory Links. Masking and concealment "were directly talked about with regard to the ***stigma***"[3] (especially adverse events). AS individuals expressed that they may experience "bullying and mocking […] when not masking"[6]. This appears linked with a history of receiving ***negative feedback***. For example, "in response to feeling marginalised [*they*] attempted to suppress their stims"[14], as "[*due to*] the negative reactions of others […] they felt "embarrassed"[7]. Masking was a route out of stigma pathways, as "faced with either being ostracised for 'being different' or being 'accepted' by pathologising one's identity […] 'acting' in a way to avoid either […] seems a logical strategy"[20]. Such stigma reactivity is clear in that, for example, "stimming happened more as a function of whether people […] felt ***understood***"[14], with individuals "drop[*ing*] the mask with trusted friends and family"[18]. Masking behaviours "often stemmed from bullying or pressure to conform"[17], with deception "diffuse[*ing*] potentially threatening socio-spatial encounters"[25].

Suppression appeared linked to ***going under the radar***. Behaviours consistent with the suppression theme "allowed blending into the background, but were less effective in supporting social interaction"[17]. Blending-in was especially noted for suppression of stimming as "participants tried concealing stimming from view"[14]. Overall, suppression and performativity reflect two sides of *the mask*, joined thematically by with-holding much, or all, of oneself.

However, as in Figure 4, personas appear arguably more complex, with several possible intermediary strategies feeding in. One paper described that "masking [*understood here as behavioural policing*] regulated existing behaviours"[17] as opposed to creating new ones. Thus, suppression may only reflect an impact on existing repertoires. The next section discusses how new behaviours develop, such that contextual roles reflect "learned behaviours"[25].

1.2. Tools for a Growing Repertoire (Learning Strategies)

This section outlines how AS individuals develop social strategies. "Instead of relying on 'implicit' social signals […] participants treat socialising as a skillset to be learned"[26].

1.2.1. Imitation (Mimicry & Replication)

At its base, imitation is a form of camouflaging. Yet, it is also a tool for developing further skills. As a strategy, AS individuals may, in conversation, *mirror*[19] their partners, "***automatically*** mimic[*king*] what other people are doing […*or*] saying"[1]. This can create 'passable' behaviours but may be dangerous if one unintentionally mirrors undertones such as "a guy's flirtatious behaviour without realising"[1]. However, as a grander strategy of "observation and mimicry"[22], it is a means for one to consciously or strategically "[*copy*] directly from the person in front of them"[13] or "[*observe*] people (autistic and non-autistic) engaging in social interactions from afar, carefully noting the manner in which they engaged with and responded to each other"[9]. Through "watching others"[4] and "studying their peers"[12], they developed a repertoire "learnt from […] other people"[1] and "outwardly become exactly like everybody else"[12]. Individuals might also delay this emulation and "later act them out"[1]. With such behaviours being re-enacted at later points, the social repertoires built through imitation can be "refined through an iterative process"[9]. By "trialling these behaviours"[9], individuals were able to "refine strategies"[17] "with the aim of learning social rules and appearing 'normal' when making comparative evaluations to people"[15].

AS individuals may pick a specific role-model, such as a broadly "socially valued person"[9] or perceived "socially successful people"[13]. One person gave the example that: "Everyone seemed to really like her […] So I changed my laugh, and I started practising my laugh to make it a bit more like hers"[9]. A sub-domain in this regard is **1.2.1.1. *learning from media***. "Behaviours […] could be identified and learned […] from watching television and films"[13] and from "reading different books"[16] or magazines[1]. This would again implicate role-models, as individuals "described actively learning how to 'mask' from different media sources,

including characters […*that would*] have the right behaviour for certain things"[1]. In managing being bullied, one participant gave the example that "there's this book by Ellen Montgomery and the character Emily […] she just looks at them, and because of her expression they go away"[1].

Exemplars of imitation. Specific forms of imitation include:

- Observing and studying (possibly socially valued individuals) as a third-party to copy behaviours – including acting out, re-enacting or trialling behaviours to practice them.
- Copying the "speech-"[13,19] "-patterns"[1] including accents[1] and phrases[19] of other people, "or use tv/film phrases"[17].
- Doing as other people do, by copying "body language"[1,13] and mannerisms[13]. This includes copying expressions[13] from others or learning "facial expressions from fictional literature"[1], such as trying to "smile like they smiled"[12].
- "Copy[*ing*] clothing style"[13], "dress sense"[19], or "interests from others"[13].

Explanatory links. The link between imitation and ultimate '***performativity***' (such as performing the fashion, interests, and even personhood of others) was well laid out in the data. It was highlighted that "one way to identify the appropriate role to play was to mimic the behaviour of others"[13], referencing imitation as a tool. This was further linked to ***masking*** and ***stigma***, as sometimes behaviours were picked up or learnt "in order to manage more unpleasant situations, such as bullying"[1]. However, for direct mirroring of the social partner in the moment, one alternate *motivation* raised was that "this may have been an unconscious attempt to create an increased sense of familiarity" with them[1].

1.2.2. Active Social Training

A direct route to building social strategies was social coaching or training. This might be in the form of self-study materials, such as "books on body language" or "a guide to being assertive"[1]. Participants also reflected on the possible usefulness of receiving social training, with one person noting: "many of you will be reading this thinking, 'Oh, I don't need social skills training', but some people do, especially around bullying"[20]. This reflects a time and place that is contextually beneficial to have a repertoire of strategies at hand. In linking to the theme of ***active safety***, others agreed that they need "support to help deal with bullying" as well as to "improve their social skills"[23]. One participant reflected on how "there was nobody […] that told [*them*], 'listen, let's help you learn how to communicate. Let's help you navigate'"[21]. However,

they also noted that attempts by others to provide such steering can "[*feel*] coercive"[21] and have one feeling insulted[21] when managed poorly or pushed too far.

1.3. Cognitive Strategies (Rules, Heuristics, and Templates)

As discussed, imitation helps discern which templates to perform. This theme unpacks strategies borne of cognitively, or "intellectually conceived"[17], social patterns, and behavioural *templating*. AS individuals "[*adopt*] a set of 'rules'"[4] or "structured techniques" to "reduce some of the [*situational*] uncertainty" [13] or stress. Since "every social encounter requires constant decoding"[25], these mental guidelines are "more generalised and so could be prepared ahead of time and applied to different situations […*such as*] keeping a mental list of how to behave depending on where they [*are*]"[13]. This includes laughing at joke cues/prompts[17], playing-up signs of interest to keep the partner "speaking and so take the pressure off the [*AS*] individual", "nodding and agreeing", or "mak[*ing*] generic comments rather than offering specific ones that might reveal [*their*] more unusual traits"[13]. One notable rule was to "ask questions of the people"[13] "about themselves"[17], flipping conversation with an "'And you?' […*to keep*] the conversation going"[9]. Where such questions are planned, it reflects:

1.3.1. Scripting

This is templating in terms of *preparation* for socialising, such as planned "social niceties"[17] or phrases[9] to carry interactions. Responses are kept on hand, rather than fluidly constructed ad hoc, and relate to more "simple and inflexible" compensation[17]. The individual may grow "a list of public responses"[23], such as "one or two questions to ask […] topics of conversations […] anecdotes to relate and potential responses to others"[13] to structure socialising. They may imagine "how whole conversations might go […*so they*] have responses practiced"[13]. Taken digitally, *preparation* emerges in online[1], "written communication […*as*] a preferred form of communication"[27]. There is less "pressure […] to respond immediately"[1], and so there is "time to think about what they want to say"[27], and sometimes to "'research template for what [*they*] need' or 'find phrases [*they*] can borrow'"[27].

1.3.2. Modulation of Behaviour

Distinguished from role performativity, this theme reflects "the need to 'adapt behaviour'"[4] to a template that, while perhaps not organic to how the person might behave (i.e., curated), is not *necessarily* inauthentic or ego dystonic either. One's *output* is adjusted in order "to be good"[1], to "act more extroverted"[2], "respond in the 'right way'"[4], or "demonstrate their

competence[,] skills"[6] and "positive attributes"[9]. It templates a socially appreciated or desirable[17] output to "manage other's impressions by presenting a particular image"[6], while hiding "parts […] they [*are*] not happy with"[13]. This often means appearing "'similar' to a social partner, 'friendly', 'nice' and 'intelligent'"[9]. This *can* continue to be congruent with one's own identity. As one person noted: "My autistic lack of non-verbal signals [*is*] read as hostility […] so I have to act the good will that I genuinely feel"[13]. She must "over-empha[*sise*] these behaviours"[13] to relay a genuine internal experience.

Strategies include forcing eye contact (or an approximation thereof)[9,13,17,24,28], smiling[17] and putting on the "right facial expression"[4], "masking tone of voice"[27], and pointedly "emphasising their more normative interests"[9]. This "[*generates*] new behaviours" rather than "regulating existing behaviours"[17] and relies on the skill of ***self-monitoring*** once again. Modulation reflects a cognitive[9] task towards "controlled behaviour"[13] through "self-monitoring[26], "self-awareness, and monitoring others' reactions"[13] and "social cues"[9]. This is needed for quick adjustments, like a "spidey sense is tingling [… *that the other*] person has received weirdness"[22], so the individual "can catch [*themself*] a lot better"[26].

1.3.3. Mental Equations

These relate to cognitive strategies and situational tracking becoming more complex and fluid[17]. AS individuals describe "pattern detection and internal data modelling"[17] to learn "how to 'read' other people and fit in"[26]. Streams of information are used like a "manual […*or*] computer where you have to type in every command"[1], as the partner's "gesture + facial expression + context"[17] is used to extrapolate their "mental state"[17], "to predict what others will say and do"[13]. By "solving mathematical equations"[4] and "observ[*ing*] patterns in behaviour"[17] – templates can be stored up. AS individuals may learn by transferring observations that someone "behaving x/y/z types of ways" may be having a similar experience to what "so and so people had felt" in previous contexts[17]. This acts as an "intellectual mode, it's not intuitive, but […] you stack it up […*and*] the system becomes more refined."[24].

Modelling may be individualised, as "the more you get to know someone the easier it is to read them […] like a formula"[26]. This sub-domain of **1.3.3.1. *bespoke enactments*** signals "building patterns and sub-patterns […] based on every person"[4] which are stored for future back referral[17]. This may aid other strategies (e.g., ***scripting***), such as "remember[*ing*] lots of details about people so [*they*] have things that [*they*] know [*the partner wants*] to talk about"[19]. A

motivational facet for the entire 'Cognitive Strategies' theme – but most exemplified by 'mental equations' – is the intent to **1.3.3.2. *compensate for lacking skills***. Participants describe how they must "compensate for personal difficulties"[9] and "for what [*they*] don't naturally possess"[4]. "Developing rules or guidelines to compensate" allows them to "meet the social and communication gaps"[13]. In this regard, developing a fascination with people or psychology itself becomes a "strategy oriented towards problem solving […*as*] by understanding […] under-lying mechanisms of interactions, they try to find solutions to adapting and integrating"[24].

Exemplars of cognitive strategies. The following strategies were thus:

- Adopting cognitively derived rules, such as allocating a specific behaviour or rule to a specific context/situation – and "mak[*ing*] faces that fit the situation"[13].
- Showing non-verbal interest and making generic statements to keep others speaking.
- Selectively sharing self-aspects that appear 'nice', 'competent' or 'similar' to the partner.
- Scripting elements of conversation – and searching templates for written communication.
- Using "'you' questions"[13] as a means of conversation maintenance.
- "[*Adapting one's*] way of speaking"[24], which may mean amplifying the amount of mistakes or swear words[24], or smoothing one's voice to "sound less choppy"[9].
- Having an "internal buzzer" to stop speaking, to not monopolise conversations[13].
- Monitoring behaviour, to make (approximate) eye contact or amplify expressions.
- Use mental equations and patterns to make predictive interpretation of mental states.

Explanatory Links. Cognitive strategies are related to ***imitation***, as "everything [*they*] had to learn [*was*] by observing"[28], and *inversely*, AS individuals could also create a feedback loop in which "understand[*ing*] what others think" assists "in order to imitate behaviours […*and*] have understanding in lots and lots of details… these marginal details"[21]. A growing repertoire thus appears to assist specificity in future learning. The end point of "complex and flexible" equation strategies may demonstrate genuine "improvements in social cognition"[17]. Yet, "not all respondents developed such structured rules for conversation"[13], as individual differences in processing and persistence such as "internal factors were found to drive compensation"[17]. Many techniques and basic cognitive templates end up being "simple and inflexible" and "[*transfer*] poorly to new contexts"[17]. For example, a person asking "question after question, to keep conversation going" may lack nuance and lead to the partner withdrawing[13].

Cognitive strategies link to ***neurotype dynamics*** (discussed later). It is with "non-autistic people"[27] that AS people have to make "uncomfortable […] eye contact" and "pull the right face"[27]. With "autistic friends […] there's not so much pressure […] to do that, like, formula about how to have a conversation"[26]. Cognitive strategies are also taxing, "requiring intensive concentration"[13]. This had "a negative impact on their ability to communicate – because they were thinking about how to "modulate [*their*] behaviour […*and*] had less capacity to focus on what was being communicated"[27]. Finally, there was variation in motives. Like masking, it was possible for cognitive strategies to serve as a survival mechanism, such as when people experienced being "manipulated" and so "learnt how to read others' intentions better"[1]. However, it also served to "appear more socially acceptable"[4] and enact a valued[9] image.

1.4. Miscellaneous Strategies

1.4.1. Use of Others

This reflects the explicit, or unwitting, use of people to further camouflaging goals. It partially encapsulates "supported communication"[27] in which others assist in "check[*ing*] high stakes written communication" or providing live support for interactions[27]. This highlights that camouflaging does not need to be a blanket façade against the world – but that trusted confidantes might be brought in to assist. "Neurotypical people could be beneficial in a social situation" by way of "being able to explain […] what is happening in a group conversation of wider social event"[10], or "tak[*ing*] the lead in situations" where the AS individual is uncomfortable[15]. However, it did not always include the other's awareness. Some described "attaching themselves to someone more social 'to give the illusion of being sociable'"[4] or "enlisting the help of an unwitting other" and pretending to want their company[25].

Although Schneid & Raz (2020) view friendly assistance as an alternative to camouflaging, the strategies mentioned also may neatly reflect a supplement to camouflaging when related to other literature.

1.4.2. Adopting Unhealthy Social Practices

AS individuals may take on unhealthy practices, as they contribute to their image or serve as a social lubricant. For the former, one person's "experience of masking" included "adopt[*ing*] restrictive eating, 'in order to try and fit in somewhere'" and struggling with resultant Anorexia Nervosa[19]. For the latter, alcohol functioned as a crutch, "as a way to 'free up'"[1] the individual and allow them to "get 'through social events'" and "feel less anxious and self-aware"[4]. Thus,

substance use may help bolster camouflaging, as without it "masking [*may*] become more difficult"[19]. However, such behaviours may not be particular to AS or camouflaging alone. Another ***explanatory link*** is that substance use can relate to ***pretence***. One person explained how "although they'd not been drinking[,..*they*] let [*the others*] think that"[10] to excuse awkwardness.

1.4.3. Selective Settings

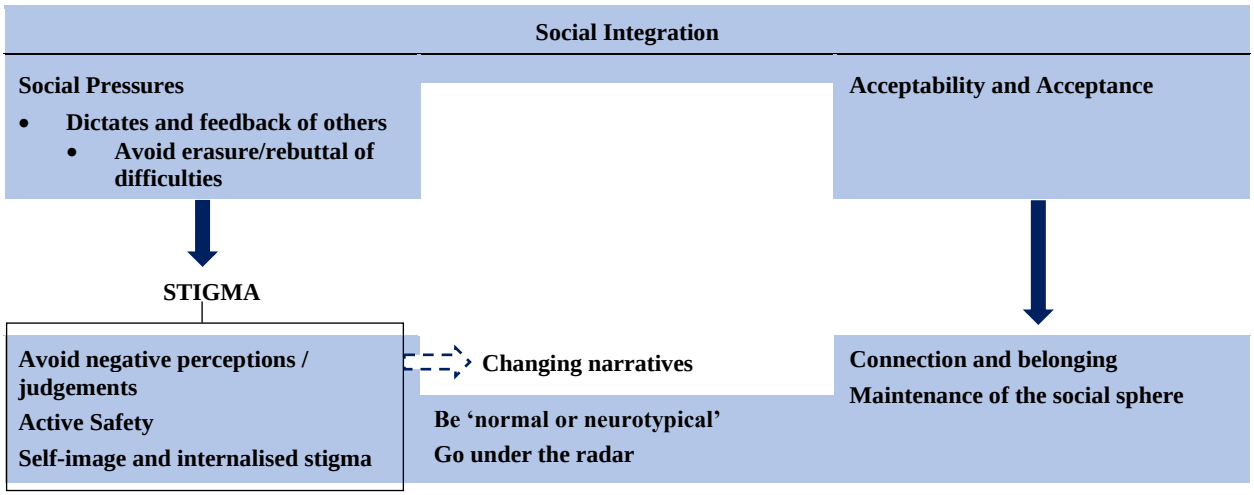
This was the least inductive theme, which was developed to engage with the literature concept of *accommodation* introduced by Livingston et al. (2020) – and reflects environmental themes that were not better encapsulated by any other strategy theme. Some described how they "[*pursued*] environments that supported strategy success"[17], including choosing to stay in a community whose norms support camouflaging, such as behaving with "reserve [*and*] reticence" in the United Kingdom[17], living in the countryside for more "slow and deliberate" social styles[20], or AS females preferring the "more straightforward" interactions of male friends[1]. Relocating could also serve as "self-reinvention"[16]. In selecting optimal social spaces, participants might pursue "quite structured settings" such as "journal clubs"[12] where there is a clearer, topical framework that guides interaction, or else environments that play to one's skills, such as "workplaces in which non-social abilities were more important"[17]. Preference could fall to other like-minded[26] or similarly "atypical, excluded" and/or AS individuals[24]. Those of a different "age[,] socio-professional class[,] nationality" were often different enough to the person that "there could be no social comparison […] where they risk feeling out of place"[24].

One may reasonably assert that many camouflaging behaviours are not unique to AS alone, and it is crucial therefore to understand the underlying motivations of such behaviours.

Domain 2: Motivations for Camouflaging

2.1. Social Integration and Assimilation

Figure 5



This multi-faceted set of themes encapsulates the social forces that motivate an individual to camouflage for the purposes of *social integration*. "Most respondents reported a social expectation from the general population that individuals with ASC need to change in order to be accepted"[17]. AS people might try to 'fit in' with broader society or the neurotypical majority owing to the push and pull influence of (a) negative social pressures, and (b) the desire for acceptance and connection.

2.1.1. Social Pressures

As highlighted in Figure 5, at one extreme, AS individuals perceive an "intense pressure […] to assimilate"[3]. Peers can be "sensitive to their differences"[1], in a society or culture that could seem intolerant[17], "indifferent and unsympathetic towards difference"[12]. Thus, coerced[21] into having to "meet social expectations"[16], AS people have "no choice but to change"[4], lest they be "shunned"[3], or "[*feel*] marginalised and excluded"[16]. Camouflaging, for those with the capacity for it, is painted less as a choice and more as a survival mechanism. In experiencing a "lack of even casual acceptance"[5] one participant relates how "[*he*] spent [*his*] adult life trying to assimilate" as AS individuals "are told to fit in or die"[3]. The person learns that "being [*themselves*] is never acceptable, that [*they're*] a social lepper"[4].

Social pressure includes culturally-informed gendered pressures. ***Masking*** (suppression & role performance) and ***passivity*** link together as "some women suggested their quiet and passive behaviours were seen as socially acceptable for girls"[1]. A further expectation is for women to be the "caring, nurturing, 'looking out for everyone', kind of role" or the "good girlfriend" or "wife" ***situational role***[1]. Some women are pushed into "fulfilling their duty" by meeting a partner's sexual demands[1]. Although such pressures are not unique to AS, AS women have noted "the added difficulties of being an individual with autism [*mean*] these social pressures are amplified"[28].

A component of social pressure is the **2.1.1.1. *dictates and feedback of others***. Behaviours are adjusted "as a result of the negative reactions of others"[7], like "past experiences of criticism, rejection and misunderstanding"[9] – including, "being reprimanded"[7], "oblique comments"[3] being made, and being "blamed" or called "'rude' or 'lazy'"[1]. "Attempts of others to 'normalise behaviour'"[20] include "negative comments about [*the AS person's*] character"[16], such as being "mad/weird/different"[23]. Even within the family, people may hear that "[*they're*] sick, [*that*] something is wrong with [*their*] brain"[9]. Such input makes the AS individual feel

belittled[14] or "self-conscious"[7] – and "self-policing […*becomes*] reactive (i.e., as a response to someone pointing out or criticising the behaviour) or pre-emptive (i.e., based on previous reactions of others)"[7]. Broader societal *discourses* can also be hurtful, such as how discussion of an AS "cure" is "telling [*the AS individuals they*] shouldn't exist"[5].

Feedback and dictates may directly *instruct* behaviour. People in the person's life (with poor or well-meaning intentions) take up the mantle of "'stigma coaches', promoting rigid concealment"[25], such as "telling [*them*] off if [*they're*] too weird"[4]. Such "instructing [*feels*] coercive"[21], with the AS individual being "defined" by "how a person should take shape"[21]. A facet of such feedback is "if [*you*] could conceal [*your*] traits before, then there is no reason why [*you*] shouldn't continue so"[18] - indicating how camouflaging is prescribed even after diagnosis. Historical evidence of one's ability to camouflage creates an impression of what their "most capable"[22] looks like, and means they are expected to continue as such for the convenience of others. Others "developed neurotypical expectations"[10] and "think [*the AS person*] manage[*s their*] life better than [*they*] actually do"[4]. AS people are accused of being "'difficult to be around' if [*they*] don't mask"[10] or accused that they "gave up caring" when they dropped the façade to live authentically[4]. Thus, "the amount of effort placed into previously camouflaging"[15] creates a bind of "[*having*] to keep up that standard"[23].

This also links to the sub-domain of **2.1.1.1.1.** *avoiding the erasure/rebuttal of difficulties*. People's AS identities are denied by others who then feel validated in not providing accommodation and thus "[*deny*] the autistic person the space to be themselves"[3]. Connected to ***suppression*** (i.e., withholding information), participants hold an "ongoing fear of disclosing […] high-light[*ing*] the potential for invalidation"[15]. When 'coming out' as autistic, people are told they are faking[18,19], "don't look autistic" or "look fine"[4]. This results in "support needs being unrecognized"[18], feeling "invisible and dismissed"[15] and exhaustion from having to "explain over and over again […] why [*they are*] different to the stereotypes"[11]. Such stereotyping (even in the AS community) makes individuals feel like "frauds" or "imposters"[11] that are being "kicked out of [*their*] own disability"[11]. Additionally, some people do not believe "in autism" itself[28] and see the individual as "'dramatic' or 'sensitive'"[23] – or see the 'quirks', but dismiss them if the person is, for example, "academically able"[23].

The overall discussed *negative feedback*, perspectives, and social pressure lead to the next themes, which deal with "concealment due to stigma"[3]. Participants who have experienced

"discrimination, dehumanisation and powerlessness"[3], and have grown "fearful of reactions"[15], are motivated to camouflage "to avoid adverse or negative reactions"[6].

The first component of stigma **is 2.1.1.2. *avoiding negative perceptions/judgements***. Whether the diagnosis is known or not, hiding behavioural 'quirks' protects one's "social image"[9] from "negative judgement"[14]. Since one cannot act organically "without incurring stigma and disapproval"[4] – camouflaging hides traits "perceived negatively by others"[21], to prevent oneself "from being singled out"[8], and thus "avoid rejection and ostracism"[17] or "social exclusion"[23]. The feared judgements include seeming "unusual"[7], "'weird', 'strange', […] 'boring' […], 'rude', 'sick' or 'shifty"[9], "sad, ridiculous, or childish"[14], or "like a socially clumsy idiot"[13]. A facet of this domain is **2.1.1.2.1.** *the negative stereotype of the AS-specific label*. Once diagnosed, there are stereotyped assumptions of how incapable the individual must be, with participants noting how "people don't take [*them*] seriously once they find out [*they're*] autistic"[2]. This "infantilisation" and "assumed incompetency"[3] includes others implying the person is *always* at fault, "treat[*ing them*] like [*they*] don't understand what people are talking about"[2] or that they were "automatically wrong, because [*they*] had this Asperger's"[15].

There are also grander "assumptions about their characteristics and abilities"[11]. In a context of there being "not a lot of awareness … or positivity"[3] surrounding AS, individuals get treated like 'lesser' people[2,25,26] and AS itself as "inherently 'bad'"[3] or as "a disease"[24] to be "eradicated"[25]. The AS label can be "a social stigma discriminating them from other members of a society"[21]. Stigmas include views of the person as "less trustworthy"[25] or "linked to violence […*as*] troubled minds, who hack into computers and/or […*do*] school shootings"[3]. Even if not embarrassed by their AS, people camouflage to not "be labelled by it either"[8]. As one person put: "I am not interested at the moment to come out of the closet, because it is very important for me that people judge me by my skills, my personality"[21]. Ultimately, the interplay of 'undiagnosed' versus 'labelled' judgement has no 'win'. "Both disclosure and failure to disclose resulted in negative consequences […] because they could tell people, and be judged on the label, or not tell people, and be judged on their behaviour"[3].

In countering stigma, however, camouflaging could also aid in **2.1.1.3. *changing narratives***. Towards "being perceived positively"[2], "being able to play the social game was seen as contradicting the external labelling of autism"[21], and "challenge[*s*] commonly held views"[13]. People can present as competent[6], functioning[13], "responsible member[*s*] of society"[9], and

"[*show*…] that autistic people can have people skills and be good role models"[13]. However, statements sometimes reflected stigmatic conceptions of *some forms* of AS. In aiming to change their own narrative, some spoke about not wanting to seem like the "angry quiet girl"[2] or being "acutely aware of the (autistic) blokes that are like 'I like trains, I like buses'" and not "wanting to be seen like that"[9]. Comments sometimes reflected the "male, minimally verbal child"[3], or how "in a room with 100 different men" they would "probably be able to point out which ones are autistic"[28]. There is thus a thread here in which the self is distinguished from some *contrast* version of AS that retains stigma, rather than narratives changing for 'the spectrum' overall.

At greater extremes, denigration leads to the need for **2.1.1.4. *active safety***. There was consistent and uniform mention of bullying[1,12], being "'abused', […] 'attacked' […] 'targeted'[4], and/or "ostracized"[11], with some "even report[*ing*] physical assaults"[13]. Such situations move beyond reputational concerns, towards enacted harassment and discrimination. Participants spoke to "extensive experience of how cruel people are"[17] and their "sometimes evil reactions"[13]. 'Coming out' with AS is a "controversial and challenging decision with […] profoundly uneven, consequences"[25]. When feeling like "prey in the world of predators"[28], camouflaging can "reduce the threat" by acting as a "defence mechanism"[13] which "protect[*s*] against future retaliation" such as "violence, intimidation, bullying and harassment"[6]. One component of safety is *avoiding "being taken advantage of*"[11,13]. Linked to ***suppression*** (e.g., non-disclosure), AS individuals may not want to give "information about [*themselves*] which can then be used against [*them*]"[13]. This flags both overt and insidious bullying, whereby bullies try to capitalise on the idea that "someone with social communication differences will not pick up on manipulation", and due to this "vulnerability" will "exploit [*the AS individual's*] trust"[26].

The final stigma theme was **2.1.1.5. *self-image and internalised stigma***. A self-reinforcing loop in camouflaging is shown, as to "pass as normal […]" also means the hidden parts are "socially flawed and faulty […] reaffirming the social stigma"[21]. Participants reflected how "even [*they are*] still influenced by prejudice"[21], and how they internalised[3,6,7,14,15,18] stigma[6], "negative attitudes"[7] and "unhelpful messages"[15] – and "[*struggle*] with self-acceptance"[11] and a "sense of shame"[6]. Past or current self-reflections referenced being a freak[3], "odd and strange"[13], wrong[15,16,20,23], broken[15,19], bad[15,16], defective[15,20], or "like 'a burden on society'"[4]. "Participants also positioned themselves as responsible for the outcome of past negative social experiences"[9]. This self-blame might extend to individuals "doubt[*ing their*]

sanity" as it could "feel like the whole world is gas-lighting [*them*]"[11], such as "being told […] the lights aren't hurting [*them*]" and "being told every day that [*their*] lived experience isn't real"[11]. Diagnosis (as a ***life-stage***), allowed them to feel like they "are not 'mad'"[24] or "this weird crazy person"[28].

A component of identity evident here concerns **2.1.1.5.1.** *continued shame after a diagnosis*. Despite the benefits of receiving a diagnosis (discussed later), some struggle with acceptance of the AS label. The chronic AS status may drive home that one is "stuck like this forever […*and*] going to struggle with things for the rest of [*their*] life"[15]. Confronting the diagnosis means "taking the mask off and revealing the real broken you"[13], "subsequent reviewing of the past […] and [*possible*] great feelings of inadequacy"[12]. The label may seem like "a 'failing' they need to compensate for"[26] or else "make life more unhappy for […] those with whom [*they feel they*] force to interact with [*them*]"[17].

Explanatory Links*:** The link between ***stigma and ***masking*** has been discussed, as has the link between masking (suppression) and ***going under the radar***. However, all three appear to form a triadic relationship. "Outward perceptions of vulnerability lead to dehumanisation, which in turn leads to further shame"[26]. Thus, "to avoid drawing negative attention"[14], camouflaging and concealment "enabl[*es*] them to 'survive' […], 'not stand out' […], and [*not*] be 'bullied'"[4]. In terms of *contexts* of discrimination, "bullying and overt mistreatment by others did not appear to be as prevalent in the workplace as they had been in educational settings but were still mentioned"[23]. For example, "many [*AS*] professors […] choose not to tell their colleagues", because they predict that "they will be pitied or perceived as less capable"[25]. This introduces the link between negative stereotypes and suppression ("withholding") due to worries about the AS associations of others[3]. Moreover, "in the face of repeatedly negative reactions to disclosure, strategies for keeping safe become more extreme"[25]. Numerous statements highlight the interplay of feedback and internalised shame, whereby people had "been judging [*themselves*] because [*they were*] judged by others"[21], with feelings of shame "because of the stigmatising attitudes [*they*] hear from people around [*them*]"[4]. These "negative self-conceptions"[16] "impacted their identity and confidence to self-advocate"[18].

2.1.2. Be 'Normal' or 'Neurotypical

This liminal theme falls between social pressure and the desire for acceptance. Although AS individuals "[*attempt*] to conform to the norm"[20], as "society expects [*them*] to behave like

neurotypical people"[6] or "the non-autistic majority"[10] – some describe how "camouflaging helped them feel 'normal'"[4]. This push-pull force is clear, in that attempts to hide difference happen under duress, as people feel "anxious because [*they*] have to behave well" and "work very hard to pass as 'normal'"[10]. Simultaneously, they may have a desire to "assimilate to meet the social norm"[15] and embody a "more valued" social identity[9]. As one person stated: "I didn't want anything more than just to be normal and to fit in"[28]. For ***explanatory links*** – appearing neurotypical goes beyond self-modulation to outright ***pretence and performativity***, with people describing how they "'[*act*] out' social ritual[*s*] to try appear normal"[25]. Individuals may "fake neurotypical behaviours"[5] or "assume a very normal aspect"[17]. This is supported by ***cognitive strategies***, which allows one to "adapt their thinking styles to suit the 'norm'"[28].

One component herein is the view that **2.1.2.1. *camouflaging is the language of neurotypicals***. Camouflaging is thus not just a reduction of differences (e.g., stimming) or 'equations' to predict mental states, but literal adoption of communicative patterns of the majority, including *pretence* inclinations. Many references are made to using "neurotypical people's interaction style"[17], communicating on "neurotypical terms"[13], or "adher[*ing*] to non-autistic social norms"[9]. Some described it as a "non-native"[19] 'language', or themselves as constantly "interpreting another language"[13]. Camouflaging then itself is "the language of [*neurotypicals*, …] an automatic one"[19], with "most neurotypicals […] camouflaging nearly all the time"[13]. Here, "motivations to camouflage were similar to those of the general population; camouflaging was simply seen as the way in which everyone tries to fit in or hide less desirable aspects"[13]. Another person described working by a "paradigm […] based on neurotypical people. Fake it until you make it"[16]. In this regard, ***masking*** (i.e., suppression and pretence) was especially linked to neurotypical behaviours "(e.g., hiding controversial opinions)"[17].

2.1.3. Go 'Under the Radar'

Another motivation reflected how participants have a "fear of standing out"[18] "for the 'wrong' reasons'"[13], and enact camouflaging towards invisibility[5] and "blend[*ing*] in with the normals"[13]. In line with avoiding social contact altogether (discussed under ***suppression***), some AS individuals may choose to "stay out of the public eye as far as possible"[25], or in public, draw on apparatuses such as "newspapers and headphones"[24], facilitating their ability to "[*act*] as a 'wall flower'"[28]. Much as the theme of 'acting normal' falls in a liminal space, going under the radar may not just be linked to fear, but also the desire *not* to "feel different in comparison to

others"[6]. As one participant put: "I'm not one to make a scene. I don't even want to be in a scene! I try to always be behind the scene!"[22]. This theme also holds a link to personal ***comfort***, as being invisible can "become [*a*] comfort zone"[5].

2.1.4. Acceptability and Acceptance

"Participants were motivated to interact with others in a manner that facilitated social acceptance and connection"[9]. This *pull* for assimilation[13] at the extreme reflects being "'desperate' for acceptance"[1]. This acceptance was not just about connection, but a more *baseline* desire to be "socially acceptable"[4] to others, towards "social inclusion"[18] and "social integration"[21]. Participants felt an "intense need to find a way to improve [*themselves*] and make [*themselves*] acceptable"[20], linking to "feelings of isolation and social alienation"[20]. An undetected AS status means one is "more likely to be socially accepted"[13]. Thus, acceptability too does not necessarily include one's 'true' self, as one person raises: "I mask so well I am accepted but not as an autistic person"[5]. Some reflect the hope that they be "accepted by others, first as a person who functions in the neurotypical world, and later as a 'truly' autistic person"[11].

This is not to say that **2.1.4.1. *connection and belonging*** is not an important motivator. "[Autistic people] often genuinely want to make a connection"[9] and camouflaging helps create a sense of "social connection"[9], to "'interact' and 'meet people'"[4] and so gain "'friendships', 'partners'"[4], as the individual might otherwise "not [*be*] very good at initiating" such engagement[17]. At minimum, it is a desire for positive interactions, as people "want to be involved"[10], be "out having fun"[2], and "[*get*] sort of out with other people"[12]. More intensely, "masking their difference" reflects a desire to "feel that they belonged" or "feel included in friendship groups"[8], build "positive and meaningful relationships"[20] and "promote social cohesion"[19]. Yet, there are "complex and transactional challenge[*s*]"[20] to this endeavour. Efforts may be spurred by the "sense of loneliness" that leads one to "[*make*] a conscious effort to socialise and acquire friends"[12] – or by seeing the relationships of others and "desir[ing] to have the same kinds of friendships"[8]. But using camouflaging may lead the person to feel that they have "no true friends […*as they're*] changing who [*they*] are"[2] towards a "kind of impression to be […] 'liked' by others"[9]. They may also resort to a position of passivity, "'pleas[*ing*], appeas[*ing*] and apologis[*ing*]' […] in order to feel accepted"[1], thus foregoing their own needs.

2.1.4.2. *Maintenance of social spheres* introduced an interesting component. On one hand, masking may motivationally support in "keeping friends"[2] and "increase[*ing*] the

likelihood of much desired future social interaction and ultimately ongoing companionship"[9]. However, "social camouflaging […] requires continuous maintenance" itself[21] to sustain one's impression management. Different strategies may need to supplement one another, such as how "scripted phrase[*s*]"[9] or substances[1] may support continued engagement. Irrespective of such efforts, however, **2.1.4.2.1.** *masking may falter over time*. Participants spoke of "an inability to mask or compensate beyond the initial stages of a relationship […*or*] to convert acquaintances into friendships"[17]. Strategies are "exhausting in the long term"[24], and rather than bother, some AS individuals may simply change their setting, such as "frequent changes of employment"[16].

2.2. Miscellaneous Motivations

2.2.1. Comfort and Control

While not universal, certain people prefer camouflaging as an easeful way "[*to*] get through situations as painlessly and as quickly as possible"[6] and "reduce the threat of feeling uncomfortable"[13]. Explanations were that "using structured techniques" (e.g., scripting) could "reduce some of [*the social*] uncertainty"[13] and allow the AS individual to feel "more 'confident'"[4,13] and "more [*in*] control"[13,26]. One study did note that more men experience camouflaging as a positive/relieving endeavour[13]. Moreover, comfort can depend on the type of strategy used. ***Masking*** would allow one to "conserve resources" more-so than ***cognitive strategies***[17]. As discussed, ***going under the radar*** also aids comfort.

2.2.2. A Strategic Function

A pragmatic[13] reason for selective camouflaging was that it helped one "achieve goals"[18], "have a future"[4] "(e.g., independence and employment)"[17], "partially cope in a world that does not feel designed for" them[19], and "survive in school and college and […*keep*] jobs"[13]. A recurring example was how "no-one would ever hire [*the individual*] if [*they*] didn't camouflage in job interviews"[13]. This links to ***feedback*** to the person, as one recalled that a career agency "advised [*them*] to say nothing of [*their*] AS"[25]. This also links to ***stigma*** (active safety), as some people have lost employment after disclosure[18]. While such strategizing was sometimes "important for increasing life opportunities"[17], at a smaller scale it also helped people get through "their day-to-day responsibilities without issue"[22] and "perform daily tasks"[17]. Towards striking a balance in their lives, a point raised was that "masking is a tool that should be used to get things, nothing less, nothing more"[18].

2.2.3. Habituation

Some people camouflage automatically as a default[4]. Two facets are (a) that the person may be "unsure of their motivations […*which*] autistic males were more likely" to report[2], reflecting unconscious/unwitting performance. (b) The person may otherwise know their motivations but not feel in control of camouflaging or find it "impossible to turn it off"[6]. They "[*want*] to control when and how they camouflage" and "learn how to drop the camouflage"[13] but feel like their 'mask' needs to be "surgically removed"[20]. In either case, people report acting "like an auto-pilot or a robot"[21], as "camouflaging had become habitual"[6] after a "lifetime of conditioning"[6]. "Over time, learned social skills required less conscious application"[12]. This was noted in the medical setting, as when they "actually got tested [*they were*] on autopilot and […] got misdiagnosed"[28]. Habituation was not universal though, and some "participants did not experience any automatization of their camouflaging"[9], which remained effortful. For different strategies, **social mimicry** (live *mirroring*) "was automatic and unconscious"[1]. "***Masking*** strategies were simple and often automatic", and ***cognitive strategies***, "although hard to implement at first, could become 'second nature'"[17].

2.2.4. For Other's Sake

Some people prioritise the social experience of others. "They [*avoid*] behaviours that potentially […] fostered conflict; or created anger, discomfort or distress in others"[9], noting that camouflaging felt "more for other people's benefit"[9]. For example, in suppressing stims, "participants described the annoyance and distraction their stimming may cause others"[14]. Such priorities could reflect a "concern for others"[17] and not "hurt[*ing*] the feelings of others"[23]. However, it may link to others ***rebutting*** their difficulties, as one person put: "It only benefits the 'normal' people around me, by allowing them to just pretend everything is fine and not have to give a single thought to communicating clearly"[4]. This also raises a ***neurotype dynamic***, as one "[*performs*] neurotypically to put others at ease"[27], possibly due to fearing being equated to a ***stereotype***, as "autistic people are often classed as 'rude'"[26].

Of course, the motivations for camouflaging will be driven by the specific contextual factors the AS individuals experience in a given interaction.

Domain 3: Contexts & Precedents of Camouflaging

The following domain concerns past and current situational forces that modulate the strategies and motivations of an individual towards camouflaging, including modulating the success or deterioration of strategies.

3.1. Unclear and Unexpected Cues

Given the inflexibility of some strategies, the data suggests that *predictability* supports success. Thus, one may see a drop in how well one "fit[*s*] in" in the face of "confusing social interaction attempts"[15]. Participants describe how "some of these times were really ambivalent"[21], and how they "don't like interacting with people [*they*] can't 'read'"[23], implicating ***cognitive strategies***. Less complex cognitive strategies "transferred poorly to new contexts", such as scripts not being useful to "[*respond*] to unexpected turns in conversation"[17]. In the face of "unstructured social settings (e.g., parties)", the cognitive strategies could be "too slow and inflexible in fast-moving social interaction"[17]. Cognitive templates may also rely on the material that the social partner provides, and meeting someone with "no [*apparent*] interest"[17], for example, leaves one stumped.

3.2. Number of People

An increase in the number of people present, or "socialising as part of a large group"[1], further contributes to the unstructured pressures of an interaction. As one person notes: "social grouping brings out my autism"[21], since such situations make it "difficult to talk to people"[12]. However, as discussed under '***use of others'***, a confidante may be used as a protective social foil, explaining the situation and speaking on behalf of the AS individual. Moreover, "taking on a certain '***persona"***" was raised as a strategy for managing large groups[1]. Interestingly, ***suppression of stimming*** was related to even one person's presence, with some people only enacting stimming when "they were alone, out of sight of others" because they felt "shy or even embarrassed when someone else is present"[7]. Part of the difficulty with groups is they "[*involve*] multiple social cues […*which are*] more demanding on compensatory resources"[17]. This segues to the next theme, in that participants may "[*appear*] atypical in [*environments*] with higher demands"[17].

3.3. Distress and Overwhelm

Increasing duress may lead to a break-down in camouflaging. When needing to "do a lot of camouflaging in high stress environments" people describe "[*feeling*] as though [*they've*] lost

track of who [*they*] really are"[13]. Being "distracted or stressed" includes the "sensory environment"[17] and "sensory processing difficulties, particularly auditory, [*that*] make masking tougher"[19], and which "wipe out 100% of [*one's*] 'coping energy' in moments"[17]. Flare-ups in "anxiety and other mental health concerns"[22] are also noted, including if a person has not had a chance to "recharge", and thereby "[*describes*] not being able to 'cope', putting them at risk of a 'meltdown'"[4], and as a result being "unable to mask their difficulties any longer"[22]. Beyond having "a bad day"[17] is also the longitudinal role of stress and demands, as the scale of "demands (e.g., living independently) increased into adulthood" and strategies may then "become insufficient"[17]. Duress was also linked especially to ***cognitive strategies***[17], as overwhelm means that "socialisation is no longer a priority"[17] and the person "[*doesn't*] have the energy to really try (to interpret meanings)"[26]. Distress and meltdowns also degrade ***suppression of stimming***, as the person desires to "find comfort by arm-flapping, verbalizing or rocking, or other behaviours considered sufficiently 'abnormal' in public"[25]. Camouflaging breakdown might finally flag someone as "warrant[*ing*] a diagnosis"[17].

3.4. Evaluation of the Context

Whether someone considers camouflaging strategies to be necessary or worthwhile in a certain context will determine whether they are enacted. People may "logically [*assess*] the costs versus benefits"[17] of camouflaging, such as whether "interactions are short and meaningless" with people you "probably won't see […] again"[4]. It is noted, for example, that disclosure is a "highly contingent and contextualised process"[25]. In a "superficial interaction, masking"[17] and non-cognitively taxing strategies allowed one to engage "with minimal stress"[13] and to draw on a repertoire of skills they otherwise "needed to make small talk"[13].

3.4.1. Neurotype Dynamics

Camouflaging was repeatedly raised as necessary to "fit into non-autistic social groups"[6], linking to ***social pressure***. AS people experience a "'performance demand' when communicating with neurotypical people"[27], feeling "forced into an unsuitable conversation pace"[27]. In interaction with neurotypical others, AS people may feel awkward and ashamed"[10], and compelled to "make all the effort" with people who are not "willing to meet halfway"[10]. This pressure includes "[*expectations*] to behave neurotypically with their non-autistic friends and family"[10]. The inverse was also true, in that "participants did not feel the need to camouflage as much, if at all […] when they were with […] other "autistic" or neuro-diverse people"[4], "because

other autistic people did not judge them for autistic behaviours"[27]. There is likewise less pressure to rely on taxing ***mental equations*** and 'formulas'[26] when with other autistic friends. Aspects of this are found in AS people ***selectively*** "befriend[*ing*] others with autism or other differences"[8], or being "more comfortable […] with other autistic people, even making distinctions between autistic and non-autistic family members"[27].

This component reflected the point that "the more neurotypical they are, the harder it is to communicate"[27]. But this is not a universal point (in isolation). It may be difficult to draw on ***cognitive strategies*** "when others [*have*] social difficulties", although similarities with their partner (e.g., special interests) [*reduce*] the need to"[17]. If the social partner, of any neurotype "exhibit unpredictable behaviours, [*it*] can be more difficult than being around neurotypicals [*they*] already know. It's about predictability"[10]. This introduces '***familiarity'***.

3.4.2. Familiarity of the Social Partner.

Certain people are safe to *lessen* the camouflaging with, as they are "know[*n*] well enough to trust"[2]. Thus, strangers may trigger stronger camouflaging, either because (a) the AS person does not trust their skill to "interact comfortably with strangers"[13] and there is a threat of that partner being "more likely to hold them in ***negative regard***"[9] or (b) because it was understood that "connections have to be made initially on ***neurotypical terms***"[13]. Simpler ***cognitive strategies*** could also be "less effective […*when*] meeting new people[17] – because "meeting someone new means that contextual information […] is lacking"[26]. This difficulty was amplified when the new partner has "good social skills"[17]. Cognitive strategies could overall still be "worthwhile to make a positive impression towards friendship" but not if the context was viewed as "inconsequential"[17].

However, camouflaging does not just lessen with time, but rather the *character* of certain people is learned well enough to trust, like "selected (accepting) family or friends"[14]. While reiterated that participants camouflage "less often with close friends and family members"[13], some did not feel even this degree of safety, and "described camouflaging at all times"[13] irrespective, "even with people [*they*] know pretty well, or [*their*] families"[4]. This may relate to the degree of contextual pressure experienced. For some, it is a learning process of "getting slowly better at being comfortable not putting [on] [*their*] armour, around people [*they're*] reasonably comfortable with"[4]. For others, disillusionment may lead to one 'giving up', and being "'no longer [*able to*] tolerate raising the issue of autism when [*they*] first [*meet*] people

[…]' and 'stick[*ing*] with acquaintances rather than friends,' as 'more than enough has come [*their*] way in the rejection department'"[25]. This links to ***social pressure*** and ***stigma*** experiences precluding the type of connection that allows individuals to "[*feel*] more comfortable showing their 'true' ASC characteristics"[13]. This too links to the following theme regarding how threatening or understanding a social partner is perceived to be.

3.5. (Non-)Understanding Company

This theme links directly to avoidance of ***stigma*** and critical treatment. AS individuals can be 'open' when they feel understood[10,12,14,20,27]. The safety aspect is represented by (a) "people who 'understand' or 'accept' autism"[4], or "who understand Asperger's well"[20], "who accept[*the individual*] and [*their*] quirks fully"[4]. This may (often) be other autistic connections, or otherwise any other person who is "not someone who would scorn [*them*] for certain actions"[2]. For one man's stimming, his wife "understands it, she knows why [*he's*] doing it … she lets [*him*] get on with it most of the time"[14]. Safety also relates to (b) one's ability to discern "whether or not [*others*] are likely to have [*one's*] best interests in mind, how likely they are to gossip, and how important it is to make a disclosure decision"[25]. With 'safe' people, "being in these comfortable and accepting environments 'allows [*AS individuals*] to relax be able to communicate effectively and honestly'"[27]. Such 'safe' people are not always those in close familial or social relation"[25]. Moreover, if others were perhaps not 'understanding' pre-diagnosis because the AS label had not yet been raised, post-diagnosis might see these significant others "evolving supportively in light of new understandings"[15].

However, "often, non-autistic friends and relatives were not accommodating of autistic people's social needs"[10]. In lacking proper understanding, such people "do not get why certain things might be difficult"[10] and continue to frame things from a "neurotypical perspective"[10]. As one person expressed: "if they were to understand more why, they probably wouldn't carry on to you and harm you and upset you"[12]. Such a lack of understanding may lead to the negative attributions and misinterpretations[1] of behaviour that paint the AS person as "'rude' or 'lazy", etcetera[1]. The 'threat' from this "lack of understanding" may pre-empt "suppressing or substituting [*of*] behaviour[s]"[7]. This is seen, for example, in how "repression of stimming happened more as a function of whether people said they felt understood"[14].

3.6. Duration of Camouflaging

The duration and "the extent to which [*camouflaging*] happened could vary"[13]. Some described camouflaging (in a more amorphous, umbrella sense) "all the time"[4], "constantly monitoring their own social behaviour"[9]. "One autistic participant gave an account of how pervasive and all-encompassing masking can be, 'Life is masking, masking is life'"[19]. This appears to link to '***habituated'*** behaviour, with camouflaging performed so automatically that the person "need[*s*] to remind [*themselves*] to unmask"[18]. Even in ***performativity***, one person described having to "act every single waking moment of our lives"[3]. However, at least for some, this was not true. In line with camouflaging being undone by strain or duress, "the longer a camouflaging session continued, the harder it became to maintain the intended level"[13]. Some participants elaborated how "compensation was […] difficult to sustain"[17], as one could "appear fairly 'normal' for stretches of time"[11]. This included time-limited descriptions of how the person could "force [*themselves*] for a whole evening"[24] or "a half hour appointment"[22]. It is possible that *constant* camouflaging reflects rather a constant felt *need* to camouflage.

3.7. Life -Stages

Age and stage of life may shift the AS individual's relationship with camouflaging, which is discussed as starting in their "childhoods where they tried to assimilate"[3]. Irrespective of an AS label, some were "acutely aware of their difference from neurotypical people from as early as they can remember"[3], and "[*learned*] as a young child to ***suppress*** aspects of themselves"[19]. However, some had a steadier experience of age-norm changes, whereby things that were accepted as a young child "became less socially acceptable as one got older"[14]. "Peer relationships had proved extremely difficult during participants' education years"[23], and "secondary school"[1,12,14] was a key stage where norm changes led to misinterpretation[1] and/or judgement of the person. "The gradual realisation of difference from peers typically began in childhood and intensified in adolescence […] abetted by experiences of bullying in secondary school"[12]. If participants had not yet experienced "bullying or pressure to conform from a young age"[17], this "pressure" built "higher in adolescence"[17]. One person reflected that "until [*he*] got to secondary school [*he*] didn't realise that other people were judging [*him*] badly for [*stimming behaviours*]"[14]. Teenage "female peers" were especially noted for being "more sophisticated in their social abilities", causing one to feel intimated[1], such as in "chat and gossip"[28] dynamics. Such mounting pressures spurred on the need to camouflage.

Camouflaging "went on to college as well"[15], with "description[*s*] of ***role-playing*** [*being*] most frequent in early adulthood"[16]. Young adults also pursued '***structured groups'*** towards "deliberately set[*ting*] about making friends"[12]. In terms of the difficulty of adult socialising, some extrapolations must be made. Managing one's impression grew "gradually more difficult in adulthood, as social interactions became more complicated"[21]. This was re-affirmed by one person stating: "Masking has become more difficult to continue over the years, so now I don't do it as much"[19]. Thus, for some a threshold is reached where camouflaging no longer meets the demands. However, some participants also suggest that "things got easier as they got older"[26], because "relations with others improved as they got older and were better able to camouflage"[13]. Thus, those with the capacity to seem to have continued matching the required social threshold. This may link to ***habituation***, as even when the adult grew "fed up with" camouflaging they "[*felt*] like [*they*] have been doing it for so long that [*they*] don't how" to stop"[9]. Others noticed genuine improvements through "refining strategies, pursuing environments that supported strategy success, or improvements in social cognition"[17].

However, some participants camouflaged less with age. On one hand (a) even though adulthood pressures (e.g., independence) could deteriorate camouflaging, such duress was worst for young adults, as "you've got to make friends, you've got to find a partner, find a job", whilst older adulthood was seen to "have been less stressful irrespective of the autism diagnosis"[12]. Thus, pressures could "lower in older age" with a "tendency to compensate less"[17]. However, sometimes a decline in camouflaging related to a "growing understanding and acceptance of themselves and in particular their social needs"[9]. This then raises the impact of a diagnosis.

3.7.1. The Role of a Diagnosis

Receiving an AS label was a large turning point for participants. Without a label, participants felt like "not knowing had led to self-esteem/identity problems […*and*] left them vulnerable"[11]. Although difficulties accepting a diagnosis has been discussed, such difficulties might relate to novelty. Those with a *recent* diagnosis were noted as "castigat[*ing*] [*themselves*]: 'I'm weird. I'm odd'"[16] or working through "feeling relief, anger and a certain amount of confusion"[23]. However, most participants saw the diagnosis as "central to the development of their awareness and self-acceptance"[9], providing "more confidence"[1], "a sense of relief, calm and validation"[15]. "Many participants [*thus*] reported not camouflaging like they used to after being given a 'diagnosis'"[4].

This may partly link to feelings of vindication[15], as the AS label may (initially) be considered "somewhat separate from their true selves. [*AS*] provided a plausible explanation of why things went wrong […*and*] difficulties could be attributed to [*AS*] rather than to the self"[12]. The label "enables individuals to give a name to their difference"[24], feel "relieved it was not a problem they had caused, and that they were not alone"[28], and so "be kinder to themselves"[11]. Participants may then transition from "hating 'their autism', to seeing themselves as a 'person with autism' to an 'autistic person'"[20], with a shift from "prioritizing social integration to prioritizing autistic empowerment"[21]. However, certain factors might continue to motivate post-diagnosis camouflaging. Individuals may still be "fearful of reactions" from others[15], or "[*feel*] let down by unhelpful and 'patronizing' reactions"[15], such as needing to "explain themselves repeatedly, due to not fitting autism stereotypes"[11]. As one person put it: "I don't know if I expected to wake up and go, "hey I'm autistic", to everyone and then the world was going to change. And it hasn't"[16].

Growing pride and support may indicate that, for some, "if [*they'd*] been diagnosed early, […] [*they*] never would have needed to develop most of the skills [*they*] use to survive"[19]. However, camouflaging has also been framed as a "positive coping mechanisms participants developed as youth"[22]. One participant noted she started camouflaging "during adolescence" and that "even if all the class knew, [*she*] still tried not to let them see [*her*] getting help"[21], while another expressed how knowing how "to camouflage earlier, perhaps" would have prevented being "such an outcast as a child"[13]. Thus, a person's own particular developmental trajectory, life circumstances, and environment may determine when camouflaging comes to feel necessary.

3.8. Specific Settings

My original intention was to see whether any specific setting appeared linked to increased camouflaging. The data suggests that, while there was some repetition for educational and workplace environments, the settings described were so encapsulating that any given environment could be cause for camouflaging. This includes motivational factors such as avoiding bullying, which was "almost universally reported on as an experience in school life, but it was also reported on as happening within the family, in further and higher education, and often within workplace environments"[20]. It is worth reiterating that camouflaging behaviours are likely to decrease in contexts in which AS individuals feel safe (as discussed).

In sum - within the given results, two core areas of camouflaging that arose were masking strategies (intended to hide and replace existing behaviours), and cognitive (compensatory) strategies to model and discern the necessary contextual behaviours to perform. Imitation of others was an intermediary domain between the above two, with the remainder strategies serving as more of a supplement to the core domains (discussed in the next section). The principal motivator for social camouflaging was the need for social integration (both as something pressured and desired), with additional motivators depending on the degree to which a behaviour was comfortable, habituated, strategically useful, or upheld for someone else. Camouflaging deteriorated when in unexpected situations, when there was an increase in people or the duration of camouflaging, when one was under duress, or when was comfortable with an established AS diagnosis. A contextual emphasis was whether a social partner was familiar and/or deemed safe. The following chapter will take the above outline and embed it within a social cognitive and social identity paradigm, in order to consolidate a camouflaging model. It must be reiterated that while any given theme may not be unique to AS individuals, and may reflect a broader pattern amongst individuals and vulnerable groups who need to enact impression management, this chapter reflected a relevant and encompassing summation of qualitative camouflaging conceptions in the existing AS-based literature.

CHAPTER 5: DISCUSSION

This chapter will place the findings in relation to literature on the topic of AS and camouflaging. I will contextualise the degree to which the upcoming camouflaging model may be generalised. I will then present the model's fit within a social cognitive and social identity frame.

SAMPLE GENERALISABILITY

I addressed camouflaging in a sample of 2450 (statistically: 2669) AS or AS-suspected adults from 28 qualitative or mixed methods studies. Despite my focus on adults, participants noted camouflaging pressures or performance since childhood, and so a lifespan perspective becomes appropriate. As with Cook et al.'s (2021b) review, a roughly two-thirds majority of the *reported* sample was female (exclusive even of female-centric studies), indicating possibly gendered self-selection in studies. This aligns to overall adult camouflaging studies reflecting more White women with a late diagnosis and average/above average intelligence (Cook et al., 2021b; Libsack et al., 2021). Similar to Libsack et al.'s (2021) review, only around 20% of ethnic or racial data is reported, with roughly 90% of *reported* samples being White (Cook et al., 2021b). Additionally, 76.88% of the *reported* sample resides in the UK (see Limitation). As a pattern, participants' AS label was implicitly treated as the most salient factor impacting life experiences.

A MODEL OF CAMOUFLAGING

The results of the study are understood within a blended framework of social cognitive theory informing mechanistic aspects, and social identity theory informing motivational aspects.

Camouflaging Strategies

The first study question queried what domains/types of adult AS camouflaging exist, and the results reveal eight inter-related strategies of camouflaging. These included (1) *masking* to hide aspects of oneself, with suppressive self-policing (i.e., hiding distress, preferences/needs, stims and diagnostic status) and pretence (such as playing contextual roles or adopted personas). The bulk of camouflaging appears to reflect cognitive strategies, as interpersonal compensation mechanisms for social cognition difficulties. Specific strategies include (2) scripts, (3) modulated behaviours, and (4) mental equations. Imitation could reflect a strategy in (5) mirroring, but along with social training, it also reflected a broader learning framework in which cognitive (inc. role) templates were developed. Additional strategies such as (6) use of others, (7) adopting unhealthy practices, and (8) selective settings appear to moderate the success of other strategies.

Suppression appears to be a (partial) exception to cognitive templating. At the extreme, it can reflect social withdrawal or becoming passive, deferent, or quiet. This aligns with Cook et al.'s (2022) category of 'innocuous engagement', in which one defers conversation to the partner and adopts a passive, agreeable, apologetic, or superficial style. However, being quiet or *invisible* was also strongly linked to going under the radar and avoiding stigma (and danger) as a triad of factors. Blending in may not always promote social engagement (Livingston et al., 2019b), but may promote safety and avoiding adverse interactions (e.g., Cage & Troxell-Whitman, 2019).

Camouflaging mechanisms may be determined by the ability to mentalise (i.e., use social imagination; Wing et al., 2011) as a cornerstone of social cognition (Amoruso et al., 2019). A Bayesian model of learning informs a top-down use of prior structural/contextual information to inform social predictions during mentalising tasks (Amoruso et al., 2019). In (neuro)typical development, this reflects a constructivist process of modelling that is intuitively performed since early childhood (Gopnik & Wellman, 2012). ToM is inductively developed and revised through exploration and naïve experimentation, in which one reconciles forward prediction (from attribution of internal drives/states), and inverse confirmation from concrete affective reactions to events (Gopnik & Wellman, 2012; Saxe & Houlihan, 2017). However, in AS such inductive theorising is more conscious and effortful than intuitive (Gould, 2017). This may be due to attenuated use of *priors*[*], which forms a link between the degree of 'mind-blindness' (Baron-Cohen et al., 2009) and context blindness (Vermeulen, 2015).

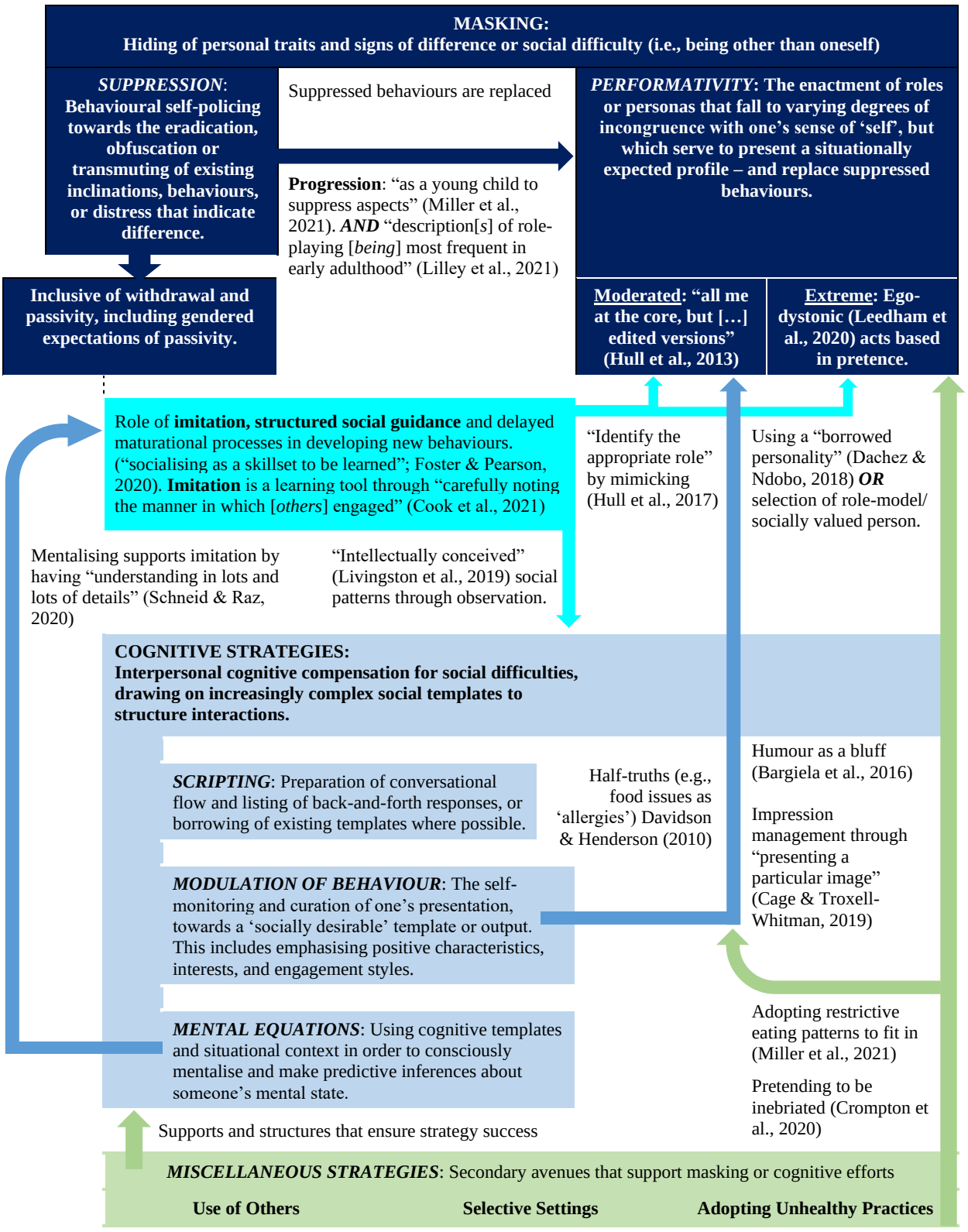
Despite findings being inconsistent on the use of perceptual priors in AS (with individuals having the capacity to learn and use priors), impairment is possibly specific to social contexts (Van de Cruys et al., 2017). Learnt priors may not be *readily applied*, reflecting issues in generalising (e.g., Fabricius, 2010; Van de Cruys et al., 2017). We can distinguish *structural-* (i.e., broader, inflexible, default expectations of a situation) and *contextual-* (i.e., fluid, short-term cues that inform shifts in prediction or expectations) -priors (Amoruso et al., 2019). Overly prototypical behaviour, and difficulties transferring models, may implicate a *superficial* interaction style based on inflexible models of behaviours (Livingston and Happé; 2017).

I now summarise Figure 6 and the results through a top-down social cognitive lens. Suppressive self-policing reflects basic hiding, avoidance, and removal of innate behaviours…

[*]'Priors' reflect prior knowledge that inform expectations of a situation, which may be structural (default expectations) or contextual (newly received, which shift the immediate expectations) (Amoruso et al., 2019)

Figure 6

Modelling the Interrelatedness of Camouflaging Strategies



…with the most uniquely 'autistic' behaviour that is repressed being stimming (e.g., Collis et al., 2022, Hull et al., 2017). Some may be *pre*-social, as becoming still or *invisible* may not integrate someone (Livingston et al., 2019b), but may serve to keep one *safe* from embarrassment and aversive reactions, and non-disclosure serves as a sustained means of avoiding rebuttal, pity or patronisation (e.g., Botha et al., 2020; Leedham et al., 2020). Then observational learning and instruction serve to *replace* or supplement behaviours (e.g., transmuting discreet stims) (Hickey et al., 2018; Kapp et al., 2019). Replication helps practice and consolidate cognitively conceived social patterns into learned templates (Leedham et al., 2020) – and innate behaviours get replaced by heuristic behaviours and scripts. As two of the possibly earliest processes, *mirroring* (imitation) and *simple* masking/blending in are noted as becoming automated (Bargiela et al., 2016; Livingston et al., 2019b).

As imitation builds templates, increasingly complex scripts and behavioural modulation (including development into pretence behaviours) occur. A consciously planned and integrated desirable 'output' is prototyped (e.g., Cook et al., 2021a), often attached to a context. Hull et al. (2017) noted that the drive to mimic others may be partly linked to a (variable) stronger drive towards *systemizing* behaviours in AS. Basic templating (e.g., scripts) appears to implicate the use of *structural priors*, which inform a default, standardised model of *situational* engagement, but which may falter due to inflexibility (Livingston et al., 2019b) in adapting to *contextual priors* in an interaction, or generalising to new contexts.

This was confirmed by simpler cognitive strategies faltering in unstructured settings and with unfamiliar or unexpected cues (see Figure 7). Furthermore, a review by Cannon et al. (2021) found that predictive difficulties in AS appear to relate to detecting predictive-pairing, and to the low salience or consistency of contextual features (i.e., the contextual priors of a situation). A Bayesian model of learning in typical development necessitates statistical learning, with regards to causal inference of relationships between situational factors, developing cause-and-effect predictive pairs, and abstracting these specific causal events into a more flexibly applied, generalist framework (Gopnik & Wellman, 2012). Thus, while simpler templating may reflect improved use of structural models (e.g., heuristics for a situation), poor social cause-and-effect detection may help explain diminished detection of cues (Cannon et al., 2021; Van de Cruys et al., 2017) that signal similarity across familiar and unfamiliar contexts (impacting

transference of models). Familiar, predictable environments may allow one to draw on situationally generalised templates and so reduce cognitive strain (see Figure 7).

As templates grow increasingly complex and compounded, they allow for more immediate social decoding (i.e., making use of mental equations) (e.g., Dachez & Ndobo, 2020; Forster & Pearson, 2020) to improve social predictions. Mental equations are thus the live, effortful use of both structural and contextual priors. There is likewise a reciprocal interaction between such 'higher' cognitive tasks and imitation, as more complex social templates allow for more detailed observations (Schneid & Raz, 2020).

Livingston & Happé (2017) note that 'shallow compensation' (i.e., strategies that do not improve live mentalising) would not support socio-cognitive processes or obscure the results of an appropriately sensitive assessment of ToM. Even so, delineations for the results must be made. Many strategies found draw on increasingly complex cognitive templates in some form. Even 'pretence and performativity' (as a facet of masking) reflects the use of social cognitive templates. However, within each given strategy, we can hypothesise a spectrum, moving from superficial application to live mentalising efforts. For example, *scripting* in the form of parroting contextually divorced 'lines' would theoretically reflect a far lower use of ToM than *scripting* with regards to planning out potential avenues of conversation and variations of appropriate topics and responses tailored to each person. A growing repertoire of tools may compound to serve a growing capacity for use of mental equations (or 'deep' compensation; Livingston & Happé, 2017). Not everyone develops as far as applying true ToM strategies, even if they are slower and less intuitive forms of ToM (Livingston & Happé, 2017). Development of executive functioning plays the largest supporting role in cognitive compensation tasks (Hull et al., 2021). The implications thus reflect variability in how complex one's strategies develop based on personal capacities, and other factors such as social motivation and self-insight (Hull et al., 2021) or delayed maturation (Livingston & Happé, 2017).

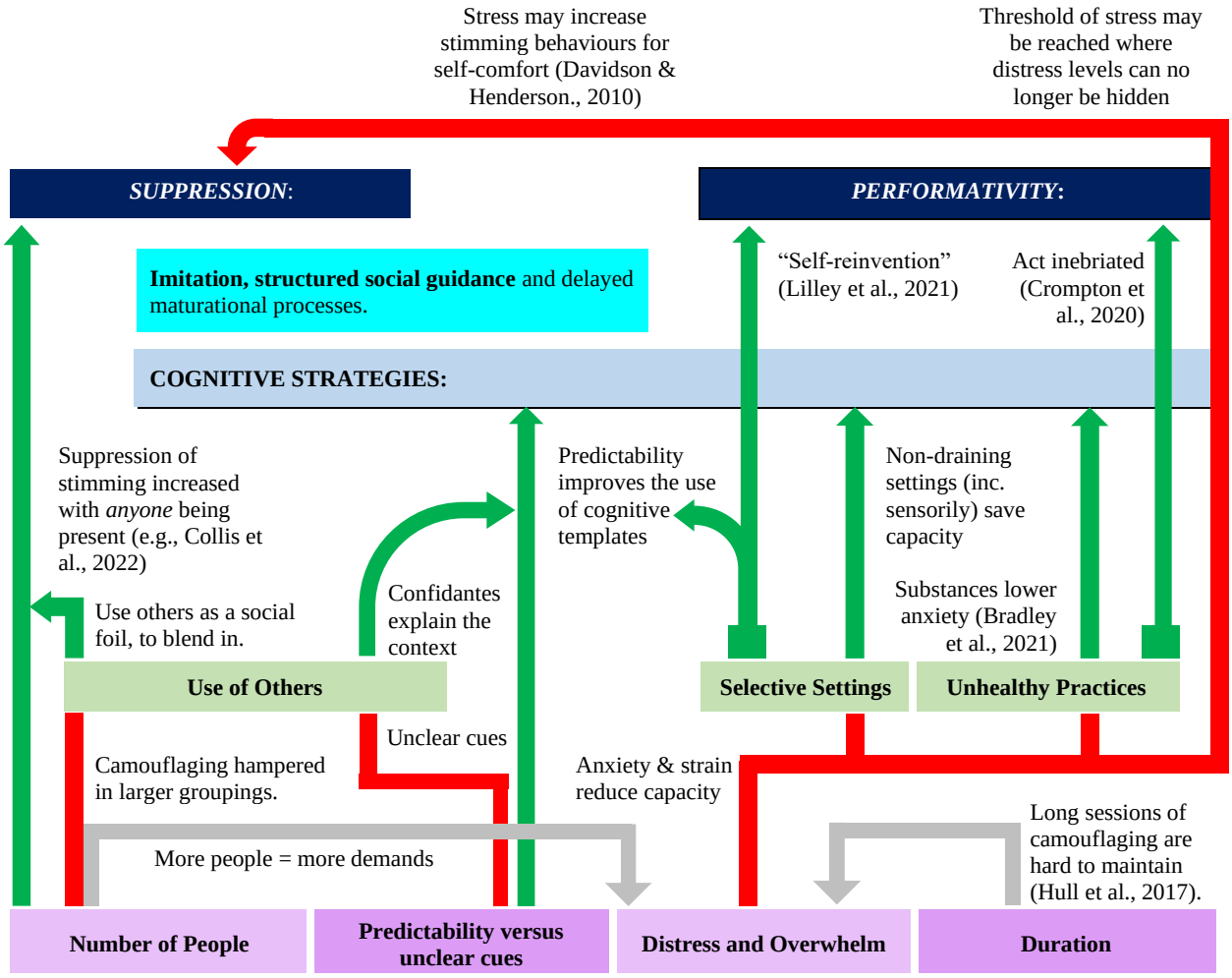
Settings & Contexts

A second study question queried the environmental triggers that act as precedents to camouflaging (which expanded to include modulation of camouflaging). Seven overarching contextual factors were found. These included (1) predictable versus unclear situations, (2) the number of people, (3) duress, (4) evaluations of the context (including the neurotype and familiarity of the social partner), (5) understanding versus 'threatening' company, (6) duration,

and (8) life-stage. Interestingly, these settings appeared to neatly split between implicating the mechanistic considerations of the social cognitive framework (1, 2, 3, 6), and the social identity linked considerations (4, 5, 8) of the motivational domains (discussed next).

Figure 7

Expansion of Figure 6 Inclusive of 'Mechanistic' Contexts



*****Green indicates an increase or improvement in camouflaging enactment, while red reflects a deterioration of effective camouflaging.

Miscellaneous strategies appeared to interplay with (mechanistically-oriented) contexts to improve camouflaging efforts – the most notable of which was 'selective settings', in which environments were engaged that would support strategy success (Livingston et al., 2019b, 2020). As outlined in Figure 7, crowded, unstructured, extended contexts of camouflaging may increase stress and strain, diminishing one's capacity to continue camouflaging, thereby deteriorating

effective use of strategies, revealing one's true level of distress, and possibly ramping up the need for comforting self-stimulation. Predictability of a context holds direct influence on how effectively cognitive templates may be used (Crompton et al., 2020), which bolsters discussion around the use of structural priors. AS research shows that anxiety impacts one's ability to utilize contextual prediction in unfamiliar contexts (Amoruso et al., 2019). Even the DSM (APA, 2013) notes that "adults who have developed compensation strategies for some social challenges still struggle in novel or unsupported situations" (p. 53). Thus, the use of others as *supports,* or selectively choosing predictable settings, helps counteract such camouflaging hurdles.

Camouflaging Motivations

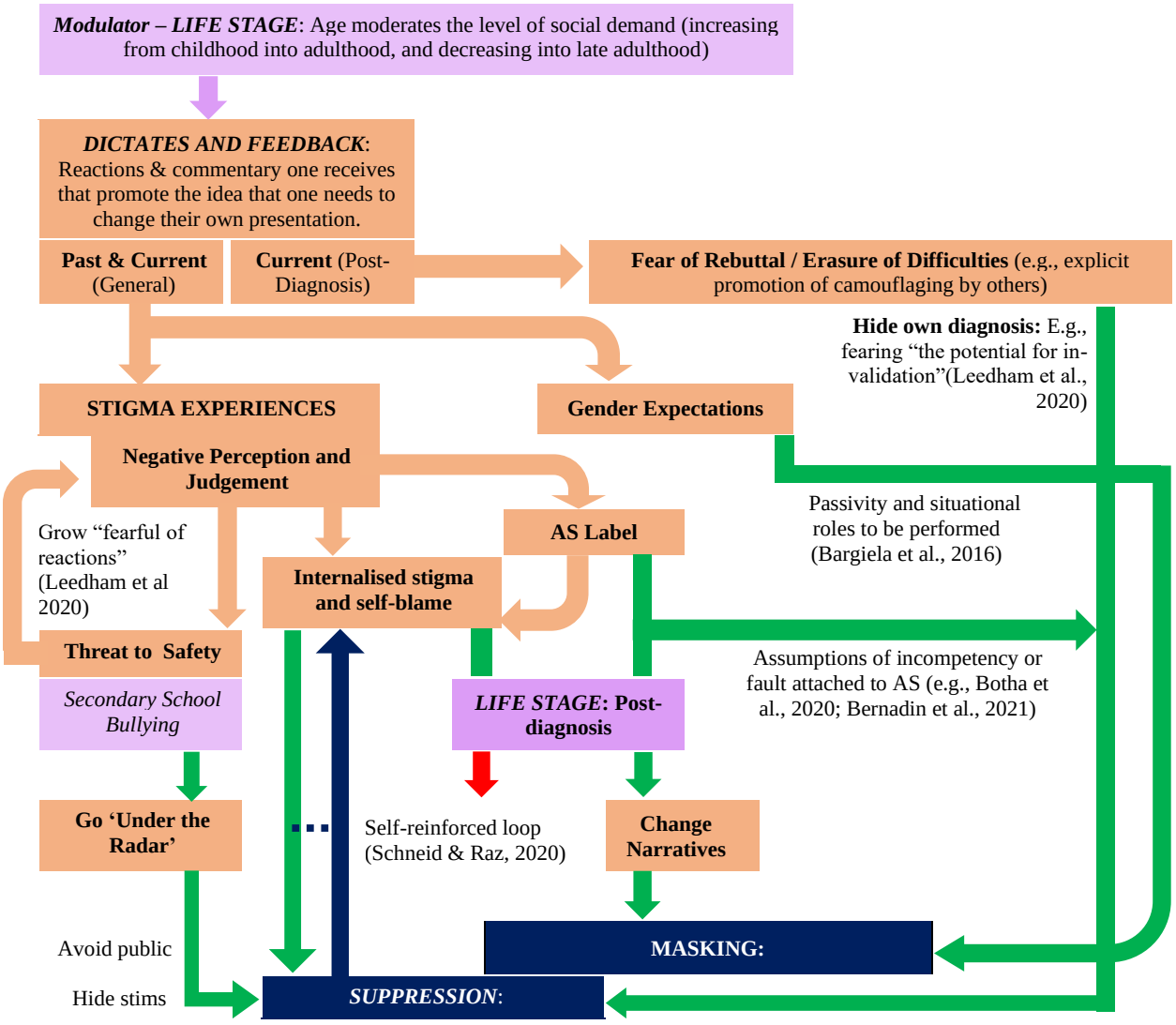
As discussed in the literature review, and made clear by the results, different strategies and conceptual umbrellas for impression management were differently connected to motivational aspects. A final research question centred on what motivations would spur on camouflaging behaviours, and whether specific motivation-to-strategy links could be found. Fifteen motivational facets were found. These were (1) social pressures, which included the role of (2) dictates and feedback from others, and stigma-linked (3) avoidance of negative judgements/ perceptions, (4) pursuit of active safety, and (5) self-image and internalised stigma. Inverse to social pressures were the goal of (6) acceptability and acceptance, containing the pursuit of (7) connection and belonging, and (8) maintenance of social spheres. At the intersection of this interplay were the motivations to (9) change (AS) narratives, (10) be 'normal' or neurotypical, and (11) go under the radar. Miscellaneous motivations included (12) comfort and control, (13) strategic functioning, (14) priority on the sake of others, and (15) habituation of strategies.

Social identity theory reflects the impact of context on one's social performance, specifically with regards to one's affiliation to a social grouping (Hogg & Vaughan, 2014; Harwood et al., 2020). When an individual is part of a devalued minority group, they may seek to (a) adjust behaviour and efforts towards claiming membership in a more valued group (as an individualistic approach), or (b) may advocate for improved social valuation and respect for their own group (as a collectivist approach; Harwood et al., 2020; Perry et al., 2021). Camouflaging may reflect the former in cases of a devalued AS identity, as a response to stigma and the need to fit in (Perry et al., 2021). However, stigma extends beyond the label of 'AS' to an individual level of behaviours when one is perceived as 'odd' or atypical in contrast to the valued

behavioural profile of the majority (Pearson & Rose, 2021; Perry et al., 2021). This may preclude path 'b' as an option, when a diagnosis is not yet known.

Figure 8

Expansion of Figure 6 Inclusive of Pressure-Based Motivational Facets



*Green arrows reflect an increase in camouflaging, and red arrows reflect a decrease in camouflaging. Purple blocks reflect contextual factors.

I will now summarise Figure 8 and 9, and overall, the motivational facets of camouflaging, in light of social identity theory. All motivational categories could be understood as stemming out of a neurotype dynamic (i.e., the distinction between interacting with a neurotypical individual versus a neurodivergent individual), thus implicating intergroup

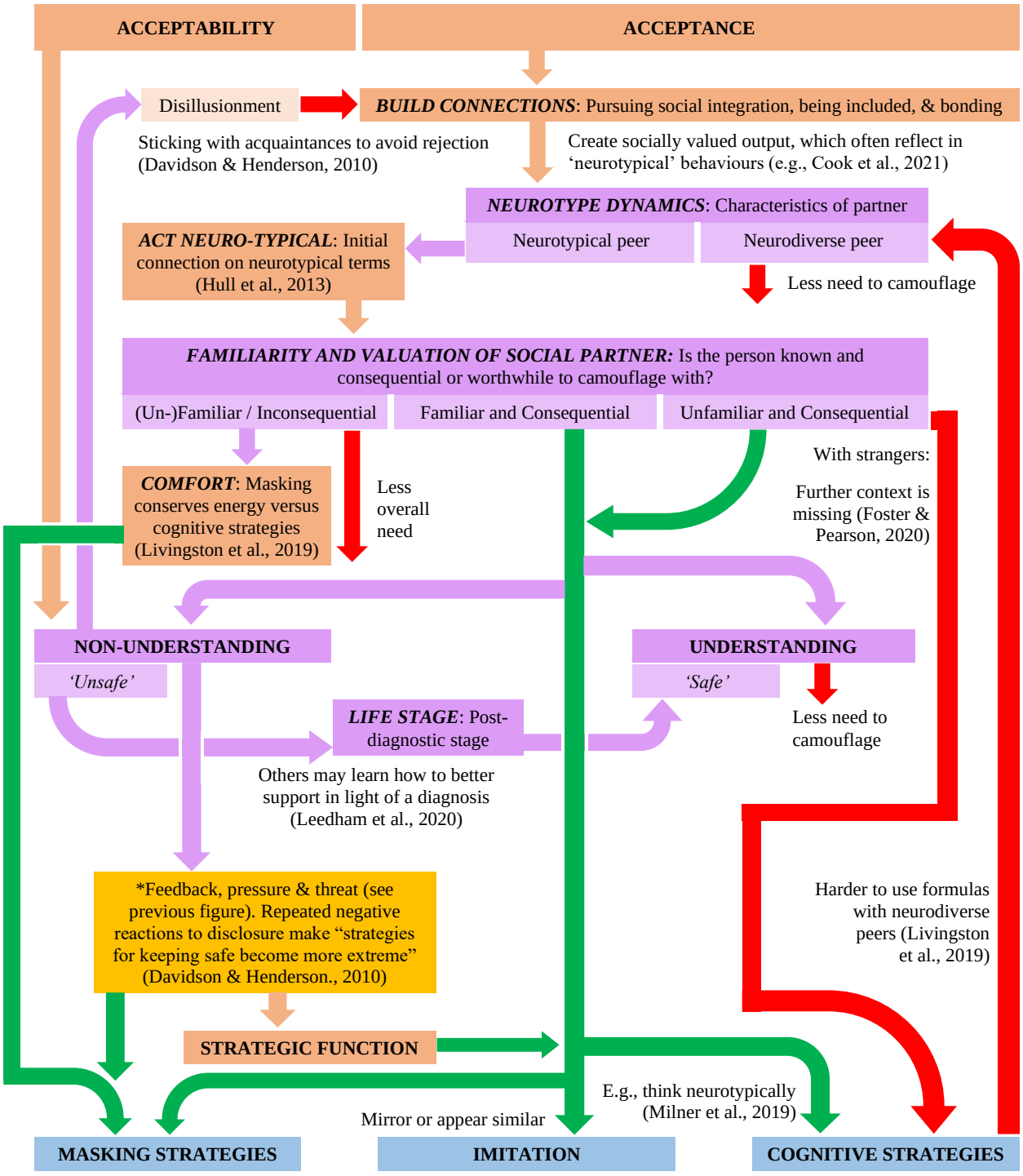
processes in how the AS individual conducts themselves. Therefore, the results confirmed previous literature that camouflaging is more than simply 'neutralising' one's presentation (e.g., by suppressing stimming or better utilizing ToM), but rather an entire endeavour to emulate neurotypical behavioural and social patterns as though performing another language or set of cultural customs (Crompton et al., 2020; Hull et al., 2017; Miller et al., 2021), in order to embody a socially valued identity and assimilate with the majority (Cook et al., 2021a). Within this intergroup neurotype dynamic, most motivational categories fell under the umbrella of seeking social integration or assimilation, with a push-pull influence between social pressure and the desire for connection. However, while the desire for friendship and connection is noted as a motivation for impression management in AS (Cage et al., 2016), social pressure and stigma appeared to be the most pervading influence (Perry et al., 2021) on camouflaging in the data.

Indeed, across Figures 8 and 9, most routes to camouflaging reflected some form of external or internal threat. Even prior to diagnosis and conscious 'affiliation' to the AS community, one may be socially demerited as an outcast. Participants experience a pervading sense of stigma from the neurotypical majority, as society is seen as shunning and rejecting anyone who demonstrates difference (Botha et al., 2020). There is an intense pressure to conform, or else have one's identity 'spoiled' by AS-linked behaviours (Pearson & Rose, 2021), thus necessitating the need to shift one's behaviours to that of the out-group (neurotypical majority). As per Figure 9 and the overall results, prior to desiring acceptance (in terms of connection and relationships) comes the need to be baseline *accept-able*, which I conceptualise to be the boundary point at which (at minimum) the threat of stigma is relatively mitigated by camouflaging. The pervasive pressures are such that one may even default to being passive and agreeable in order to be acceptable (e.g., Cook et al., 2022; Bargiela et al., 2016).

It has been demonstrated experimentally that, while an adult individual might be more positively evaluated when pegged with an 'AS label' (regardless of whether they are actually autistic), they are negatively evaluated when demonstrating actual AS-linked behaviours (Sasson & Morrison, 2019). Indeed, across age-groups, strangers are likely to have negative first-impressions of AS-behaviours based on thin-slice data, implicating greater reluctance on behalf of the observer to continue engagement with the AS person and thus diminishing opportunities for connection or disproving stigma-linked beliefs (Sasson et al., 2017). This is congruent with the study results that highlight how necessary camouflaging is with strangers and in the initial …

Figure 9

Expansion of Figure 6 Inclusive of Connection-Based Motivational Facets



*The green arrows reflect an increase in camouflaging, and red arrows reflect a decrease in camouflaging. Purple blocks reflect contextual factors and precedents that modulate situations.

… stages of developing relationships (e.g., Cook et al., 2021a; Howard & Sedgewick, 2021; Hull et al., 2017).

A link between social identity and social cognition is the fact that understanding how one is being perceived (i.e., one's reputation) helps *predict* the possible behaviours and reactions of others – and thus camouflaging reflects self-representation strategies as a form of explicit *impression* or *reputation management* (Cage et al., 2016). Thus, one's degree of reputation management in AS may once more be brought back to their degree of difficulty with ToM, as well as behavioural inhibitory control (Cage et al., 2016). As discussed, *neurotypical* self-presentation appears to (more-so) support social status and identity experimentation (Hull et al., 2017; Jorgenson et al., 2020). Consistent with intergroup dynamics in social identity theory, *neurodivergent* camouflaging is directed towards baseline acceptance (Tubío-Fungueiriño et al., 2021) in the context of a devalued social identity. In this study's results, only one single reference to being 'popular' was ever raised as a motivation (Lilley et al., 2021).

It was mostly in the case of neurodivergent peers or familiar, trusted, understanding significant others that camouflaging fell aside (e.g., Bradley et al., 2021; Crompton et al., 2020), reflecting the importance of non-discriminatory environments (Cage & Troxell-Whitman, 2020). Indeed, one camouflaging study found that in AS individuals, camouflaging behaviours were mostly linked to the desire to avoid negative outcomes (Bernadin et al., 2021). Past and current negative feedback (Collis et al., 2022) served as a route to experienced stigma and denigration, which was internalised (e.g., Leedham et al., 2020). External threat in terms of judgement or discrimination represented one self-reinforcing loop, as AS individuals grow fearful of reactions (Leedham et al., 2020), and in light of continued negative feedback, reputational strategies grow more extreme (Davidson & Henderson, 2010). However, internal threat (i.e., internalised stigma) also reflected a self-reinforced loop, affirming that the hidden parts of oneself deserve to be hidden as personal shortcomings (Schneid & Raz, 2020), and even as camouflaging can contribute to the AS individual feeling disconnected from others (e.g., Milton & Sims, 2016; Perry et al., 2021), it can likewise convince the individual that the failing is on their own part. Phrased differently – without a diagnosis, individuals are precluded from a collectivist advocacy for the AS community or their own AS identity, and can only interpret their status as being a 'failure' in terms of identifying with the neurotypical peers surrounding them.

This continued self-blame is evident shortly after diagnosis, as individuals may see the AS diagnosis as something separate from themselves, on which they can place blame for all social mishaps (e.g., Hickey et al., 2018). This continues to carry a sense of internalised shame, self-blame, and perhaps more concretised sense of group struggles (Perry et al., 2021). This makes sense with regards to AS stigmas. We must understand that AS is (historically) framed as a biomedical condition of deficit and disability, defined by marked impairment, and thus leading to assumptions of social fault and incompetence (e.g., Pearson & Rose, 2021). These narratives may be taken on by the AS individual, who tries to use the diagnosis to reframe their sense of self-history and identity – as the diagnosis also becomes symbolic and integrated into one's sense of self (Forster & Pearson, 2020). However, with time and processing of the diagnosis, many participants accept the label, with growing affiliation to the AS community (e.g., Milton & Sims, 2016; Schneid & Raz, 2020). This opens the route for a collectivist identity and advocacy for the value of one's own identity group (Mantzalas et al., 2022).

However, camouflaging may increase even in the context of collectivist orientation (Perry et al., 2021). This was partly demonstrated in the data, as participants noted camouflaging to change narratives about AS (e.g., Hull et al., 2017), or noting the strategic function of needing to save one's reputation and impression (e.g., Livingston et al., 2019b; Mantzalas et al., 2022), even when they themselves hold pride for their AS-status (Hull et al., 2017). It is possible that a diagnosis, while increasing affiliation to the AS identity and community, also more concretely brings into focus the hurdles and stigma that need to be tackled at a societal level and so one must weigh the cost and benefits of camouflaging (Perry et al., 2021). Nonetheless, the results showed that we cannot make a blanket statement regarding affiliation to the AS community. Some points of commentary, especially from female AS participants, draw a distinction between 'their AS' and the often male, technically fixated, socially awkward or more severe forms of AS. Thus, some participants continue to exist in a liminal space between in- and out-group identification, possibly signifying an almost 'neurotypical-appearing' AS that is endorsed and advocated for in contrast to alternate versions of AS that continue to be 'othered'. I posit that this (depending on the advocate) actually reflects the production of parallel narratives of AS, rather than (necessarily) changing narratives for AS overall.

CONCLUSIONS

Significance, Implications, and Recommendations

My goal was to synthesise current conceptions of AS adult camouflaging as they exist in the literature, and to this end I derived an amalgamated model of adult camouflaging. This study is, to my knowledge, the first to use formal thematic, meta-analysis to consolidate the literature beyond narrative summation. This facet of the study confirmed a general agreement across the literature regarding different domains of camouflaging, and thus reflects a comprehensive re-confirmation and listing of camouflage operationalisations. There were no specific disparities to report, as any that arose were made sense of within the model (e.g., how differing life stages could accountant for different stances and methods used in camouflaging).

For research: Part of the study goal was the need for conceptual clarity. The current model provides one congruent conception of camouflaging to further research. In confirming continuity between the findings of different studies, the resulting model provides qualitative, conceptual connections between different motivations, settings, and behaviours. The goal of an integrative review is to springboard future testing (Grant & Booth, 2009; Toracco, 2005), and this model delineates clear variables and testable assertions. Recommendations include:

- The results emphasise the inter-relatedness of behaviours, motivations, and context. This implicates a multitude of factors in someone's inclination to camouflage. I suggest future research concretely place data within this (or other) models, towards justifying observations and bolstering the theorised connections between model elements. This includes plausibly accounting for the type of camouflaging observed, all situational factors, possible motivational factors, and where possible, history.
- While the results confirm items used in existing camouflaging screens, it is worthwhile to expand screens to include additional examples of strategies. Additionally, given the UK-bias, screen items may need to be adjusted for a given context so that items or exemplars provided are appropriately adapted – and further research enacted to understand the impact of cultures and customs on behaviours and motivations.
- The findings confirm that camouflaging is often viewed from a lifespan perspective, thus multiple age groups might elucidate the progression of camouflaging (Hull et al., 2020).
- One additional recurring theme was the *internalisation of able-ist norms* (Lilley et al., 2021). I could conceptually link camouflaging to holding oneself to unhealthy standards

of performance. While this was somewhat alluded to in the data (e.g., Tint & Weiss, 2018), no quotes provided direct discussion of this as camouflaging. Future research could investigate this avenue further, for model inclusion.

- Although the study did not focus on intersectionality, with the current base model now in place, future research may benefit from investigating the additive impact of other identity statuses (e.g., ethnic, gender or sexual identity) on camouflaging behaviours and social compensation, under the social identity framework.

For practice and policy. Given the mental health risks connected to camouflaging, another goal was to contribute to improved detection of AS individuals by healthcare workers. I provided a compiled list of camouflaging exemplars. Furthermore, towards greater specificity between AS camouflaging and neurotypical impression management, the motivations and contexts linked to specific strategies have also been unpacked.

- Clinicians are advised to make use of the model, with an emphasis on also understanding the motivations and contexts of behaviours, in order to improve screening efforts and support through depth of insight for (possibly) AS clients.
- There is controversy surrounding social skills training, reaffirmed by the data noting it as coercive (Schneid & Raz, 2020). Indeed, social skills training has been described as comparable to *camouflaging bootcamps* by Fombonne (2020). Certainly, the results indicated how 'social coaching' within the family may promote rigid concealment for the sake of family members. Furthermore, formal curricula may present skills as a singular, prescribed means of interacting, which do not account for the 'bottom-up', contextual priors that emerge in interactions, and which encourage inauthenticity in the interactions (Bottema-Beutal et al., 2018). Ultimately, the individual is taught to prioritise compliance (and to doubt their own judgement or boundaries) or else be dubbed 'rude' (Forster & Pearson, 2020). However, as raised in the results, there is also need for individuals to receive guidance on structural norms or procedures as an interpretive tool (Bottema-Beutal et al., 2018). What is needed is a more moderated approach, in which the individual is collaboratively supported in (a) understanding processes, and (b) developing a toolkit of skills that can be self-selectively drawn on as needed (e.g., interviews).
- Finally, with some camouflaging framed as *behaving neurotypically* or *speaking the neurotypical language* – clinicians are challenged to step beyond observation of the

presence or absence of symptoms, towards means of discerning authentic, automatic 'typical' behaviour versus overly conscribed or contrived performance of typicality.

Limitations

Several limitations could not be resolved by the current focus or review procedures:

Conscious Camouflaging. Qualitative camouflaging studies tend towards a self-reflection approach (Pearson & Rose, 2021), which explore camouflaging in as far as (a) being a (semi-)conscious process about which participants are self-aware and able to reflect on, and/or (b) a reflection of intentioned strategies. This means that unconscious behaviours may not be as well reflected. It also means that, by necessity, such studies exclude large proportions of AS individuals (i.e., those who cannot articulate or self-reflect to the needed degree).

(In)Formal Diagnosis. Not all participants reflected formal, confirmed diagnoses. Some participants were self-diagnosed or simply demonstrate an increased degree of 'autism-associated social difficulty' (Cook et al., 2021b; Libsack et al., 2021). Without a formal diagnosis, the degree to which such individuals reflect AS remains debateable. Nonetheless, as camouflaging promotes 'neurotypical behaviour', those most adept at it might be the same individuals who most often are situated below the threshold for diagnosis (Livingston et al., 2019a), and thus possibly the most appropriate focus group for camouflaging conceptualisation.

Internalisation. Diagnosis later in life means masking is muddled into one's self-concept and hard to separate out, without a process of re-narrating and 'de-masking' (Pearson & Rose et al., 2021). This may impact on the reflections and motivations of individuals, as well as bias results towards people who have commenced such a self-reflective journey.

Demographics. A large proportion of demographic details, across numerous domains, was missing for participants (see Appendix 4: Section 2). From demographics that were reported, the sample was predominantly White, British, Female and relatively educated. This is problematic, as different cultural and sub-cultural groups may hold different expectations of what is socially acceptable and report variable degrees of AS detection, even as core AS deficits are present (Matson et al., 2017). This issue is compounded by limited inclusion of people of colour in research, including attention towards overlapped experiences of ethnically motivated discrimination (Jones et al., 2020). The number of UK participants raises questions of whether the current model is somewhat culture bound or moderated. While we may theoretically claim the broad model can transfer across contexts, it is telling that one participant noted: "[*In the UK*]

social norms are different […] the things that come more naturally to us are valued in British culture – a certain amount of reserve, reticence, not treating everyone you meet like they are instantly a friend" (Livingston et al., 2019b, p. 771). As an entire endeavour, camouflaging may be supported by the very UK context from which many participants stem. This means that the extension of any model derived in this study to other AS groups remains theoretical, until further research is enacted, owing to this population constraint (see Appendix 9; Schlosser et al., 2007). It was also not possible to give a clear picture of the sample's socio-economic status, as this cannot de facto be equated to reports of level-of-education or job-status.

Conceptual Vagueness. Several studies informed participants that the research was about masking, possibly priming the term for use, or the concept for discussion. Other studies, such as Bernadin et al. (2021), made a specific point of not explicitly introducing terms related to masking. For many included studies, however, it was unclear what frame participants had in mind when they gave feedback. Additionally, the profuseness of camouflaging/masking as a concept is apparent. However, the lay understanding is not always clear. One observational trend was that camouflaging/masking is sometimes used to refer to distress or negative outcomes from socialising. Participants may understand 'wearing a mask' as being drained and upset by daily tasks and interactions – or 'putting up with' difficult situation – without clear indications of what draining behaviours are enacted or what aspects of the interaction were draining. Sometimes, authors themselves *interpretively* link such descriptions to camouflaging (e.g., Sullivan, 2021).

Linguistic constraints. Only English articles were sourced, meaning this study can never achieve full systematic overview (Schlosser et al., 2007), as findings in other languages are missed.

Scope of Included Studies. Although the number of studies that categorically discuss camouflaging has seen an increase in recent years, the phenomenon itself is not new. My decision to include certain studies depended on how clearly camouflaging discussion (under different names) could be discerned, and whether they engaged with camouflaging in-depth (with three or more exemplars; see Appendix 5). However, there could be an inordinate number of studies that make mention of AS people and behaviours that hide some facet of oneself. It is possible that such references, however brief, might raise a new strategy, motivation, or context for camouflaging behaviours, but were excluded. The current methods reflect the most pragmatic means for me to have found the most relevant and robust studies within the given timeframe.

Closing Summary

I conducted an integrative systematic review towards consolidating qualitative conceptions of camouflaging in AS adults – and thereby achieved my sub-goals of (a) accomplishing conceptual clarity by way of a model that can further future research into camouflaging domains, (b) reporting formally assessed, thematic agreement across the literature (as the first paper in my understanding to do so) and (c) contributing to improved AS detection by a comprehensive listing of camouflage exemplars. Through use of 28 primary articles, the dataset (results sections) was thematically coded for meta-analysis, and a model of camouflaging derived in order to answer the three core study question regarding the methods, motivations and contexts of camouflaging, respectively. The data consolidated eight inter-related avenues of camouflaging, with a spotlight on the role of *imitation* as not just a strategy, but also an entire learning structure within which the AS individual grows their repertoire from basic behavioural suppression to sophisticated cognitive templating (including performativity). Fifteen motivational facets were highlighted, underscored by the sense that camouflaging involves the performance of 'neurotypical' behaviours, and is akin to learning to speak a second language or adapt to a foreign culture. Seven contextual factors that modulate camouflaging were raised, including crucial considerations for the role played by life-stages in pre-and-post-diagnostic performance of camouflaging, towards less or more strategized enactments.

Demographic details were narratively tabulated, inclusive of 2669 men, women, and non-binary individuals, as well as formally diagnosed and sub-clinical, suspected AS cases – above the age of 16 years. While camouflaging is largely a globally accepted concept, most qualitative study participants come from the UK, raising a question of the degree to which the current versions of camouflaging, which inform modelling, are culturally constructed/modulated. Not only is research in other contexts and cultures recommended, but the current model presents an opportunity to investigate the overlay of additional minority or 'othered' status experiences on camouflaging, under a social identity theory paradigm. The results further challenge future quantitative research to concretely place measures of camouflaging within this (or other) models, and practitioners to use this multi-faceted understanding of AS to closely discern behavioural enactments of camouflaging in clients. Contextual results also raise considerations for what respectful and collaborative social skills training might look like, with an emphasis placed on autonomy and choice of the AS individual themselves.

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Appendix 1: PRISMA Checklist

Return

All sections greyed out are not applicable to the current qualitative synthesis of this study. Green indicates sections pointedly considered and included in the proposal and thesis drafting process.

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	This has been done.
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	This has been done.
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	This has been done. [3 Justifications]
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	This has been done in the form of **questions**.
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	This has been done. [**S.P.I.D.E.R.** model]
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	All databases, web-platforms & secondarily cited articles are delineated. Search dates are mentioned.
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	This has been done. (see **Appendix 8**)
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	This has been done. S.P.I.D.E.R model + any 3 exemplars. Over 20% of database articles blind co-scored by supervisors.
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	The P.I. collected / extracted all details from articles, including those contributing to quality assessment and final results tabulation. No automating tools

Section and Topic	Item #	Checklist item	Location where item is reported
			were used for this stage.
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	This has been done through delineating the core study variables and outlining the data extraction sheet.
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	This has been done through delineating the core study variables and outlining the data extraction sheet.
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	This has been done.
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	This study does not assess effect.
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	This has been done (i.e., meeting outlined eligibility criteria and quality assessment.)
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	For the current study, only descriptive means or percentages are provided.
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	This has been done.
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	This has been done (non-statistical meta-analytic approach).
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis,	This can only be

Section and Topic	Item #	Checklist item	Location where item is reported
		meta-regression).	narratively pursued
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	This is incorporated in the quality assessment. Otherwise not applicable.
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	This will not be possible to systematically pursue meaningfully.
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Mapping results back onto the cohort to check for significant outlying perspectives
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	A flow diagram has been included in the methods section.
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	This is provided in the following section.
Study characteristics	17	Cite each included study and present its characteristics.	This has been provided both in the results section and Appendix 4
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	This is provided in Appendix 3.
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	All individual study tabulation is presented in Appendix 4. Effect estimates and precision are not quantitatively tested.
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Beyond demographics this was not pursued in the current study.
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary	This was not relevant to the current study.

Section and Topic	Item #	Checklist item	Location where item is reported
		estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Not appropriate for the current study.
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	All quality scores have been summarised in the results, and provided in full in Appendix 3.
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	This was not pursued
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Completed through GRADE-CERQual framework (Appendix 9)
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	This has been done with discussion of fit with the theoretical paradigm.
	23b	Discuss any limitations of the evidence included in the review.	This has been done.
	23c	Discuss any limitations of the review processes used.	This has been done.
	23d	Discuss implications of the results for practice, policy, and future research.	This has been done.
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	The Prospero registration number for the review has been given.
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Protocol can be requested from the P.I.
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Instead of 20% supervisor coding review, a full list of

Section and Topic	Item #	Checklist item	Location where item is reported
			codes and variable definitions were discussed together.
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	This has been done.
Competing interests	26	Declare any competing interests of review authors.	This has been done.
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Assessment template, inclusion decisions, tentative coding sheet, study details, and all final (theme have been provided as appendices to this paper.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

Appendix 2: Article Inclusion and Exclusion Decisions

Return

The below list will reference articles that underwent extended screening beyond title and abstract level, and the decisions made for their inclusion or exclusion.

Initially Included Studies (Pre-Quality-Scoring)

Authors	Year	Study Title	Reason for inclusion
From database sourcing			
Baldwin & Costley	2015	The experiences and needs of female adults with high-functioning autism spectrum disorder	Directly relevant quotes to study focus.
Bernadin et al.	2021	"You Must Become a Chameleon to Survive": Adolescent Experiences of Camouflaging	Although adolescent focused, age ranges are provided for quotes, thus allowing relevant extraction.
Bradley et al.	2021	Autistic Adults' Experiences of Camouflaging and Its Perceived Impact on Mental Health	Directly relevant to study focus.
Cage et al.	2018	Experiences of Autism Acceptance and Mental Health in Autistic Adults	Predominantly quantitative, but demonstrative quotes are provided
Cage & Troxell-Whitman	2019	Understanding the Reasons, Contexts and Costs of Camouflaging for Autistic Adults	Predominantly quantitative, but content analysis on feedback was also conducted.
Collis et al.	2022	Autistic adults' experience of restricted repetitive behaviours	The topic of behavioural suppression is addressed.
Cook et al.	2018	Friendship motivations, challenges and the role of masking for girls with autism in contrasting school settings	Although adolescent focused, age ranges are provided for quotes, thus allowing relevant extraction.
Cook et al.	2021	Camouflaging in an everyday social context: An interpersonal recall study	Directly relevant to study focus.
Harmens et al.	2022	The Quest for Acceptance: A Blog-Based Study of Autistic Women's Experiences and Well-Being During Autism Identification and Diagnosis	Directly relevant quotes to study focus.
Howard & Sedgewick	2021	'Anything but the phone!': Communication mode preferences in the autism community	Camouflaging is qualitatively raised as a concern.
Hull et al.	2017	"Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions	Directly relevant to study focus.
Leedham et al.	2020	'I was exhausted trying to figure it out': The experiences of females receiving an autism diagnosis in middle to late adulthood	Camouflaging is qualitatively raised as a concern.
Lilley et al.	2021	'A way to be me': Autobiographical reflections of autistic adults diagnosed in mid-to-late adulthood	Camouflaging is qualitatively raised as a concern.
Mantzalas et al.	2022	What Is Autistic Burnout? A Thematic Analysis of Posts on Two Online Platforms	Camouflaging is qualitatively raised as a concern.
Miller et al.	2021	''Masking Is Life'': Experiences of Masking in Autistic and Nonautistic Adults	Although not all participants are specified with ASD, diagnoses are provided for individual participant quotes.
Schneid & Raz	2020	The mask of autism: Social camouflaging and impression management as coping/normalization from the perspectives of autistic adults	Directly relevant to study focus.
Tint & Weiss	2018	A qualitative study of the service experiences of women with autism spectrum disorder	Camouflaging is qualitatively raised as a concern.
From 'Connected Papers' sourcing			
Bargiela et al.	2016	The Experiences of Late-diagnosed Women with Autism Spectrum Conditions: An Investigation of the Female Autism Phenotype	Camouflaging is qualitatively raised as a concern.

Crompton et al.	2020	'I never realised everybody felt as happy as I do when I am around autistic people': A thematic analysis of autistic adults' relationships with autistic and neurotypical friends and family	Camouflaging is qualitatively raised as a concern.
Forster & Pearson	2020	"Bullies tend to be obvious": autistic adults perceptions of friendship and the concept of 'mate crime'.	Camouflaging is qualitatively, implicitly raised as a concern.
Livingston et al.	2019	Compensatory strategies below the behavioural surface in autism: a qualitative study	Directly relevant to study focus.
Milner et al.	2019	A Qualitative Exploration of the Female Experience of Autism Spectrum Disorder (ASD)	Camouflaging is qualitatively raised as a concern.
From citation sourcing			
Botha et al.	2020	"Autism is me": an investigation of how autistic individuals make sense of autism and stigma	Camouflaging & stigma management is qualitatively raised as a concern.
Dachez & Ndobo	2018	Coping Strategies of Adults with High-Functioning Autism: A Qualitative Analysis	Camouflaging is qualitatively raised as a concern.
Davidson & Henderson	2010	'Coming out' on the spectrum: autism, identity and disclosure	Analysis of autobiographical accounts. Camouflaging is qualitatively raised as a concern.
Hickey et al.	2018	'Suddenly the first fifty years of my life made sense': Experiences of older people with autism	Camouflaging is qualitatively raised as a concern.
Kapp et al.	2019	'People should be allowed to do what they like': Autistic adults' views and experiences of stimming	Discusses repression of stimming behaviours due to social sanction.
Milton & Sims	2016	How is a sense of well-being and belonging constructed in the accounts of autistic adults?	Camouflaging is qualitatively raised as a concern.

Camouflage-centric reviews or conceptual papers retained for citation sourcing [Return]

Authors	Year	Study Title	Reason for inclusion
From database sourcing			
Cook et al.	2021	Camouflaging in autism: A systematic review	Directly relevant to study focus. Review
Fombonne	2020	Camouflage and autism	Directly relevant to study focus. Editorial
Hull et al.	2020	The Female Autism Phenotype and Camouflaging: a Narrative Review	Directly relevant to study focus. Review
Lai et al.	2021	Commentary: 'Camouflaging' in autistic people—Reflection on Fombonne (2020)	Directly relevant to study focus. Editorial
Libsack et al.	2021	A systematic review of passing as non-autistic in autism spectrum disorder	Directly relevant to study focus. Review
Livingston & Happé	2017	Conceptualising compensation in neurodevelopmental disorders: Reflections from autism spectrum disorder	Directly relevant to study focus. Conceptual review
Parish-Morris	2019	Seeing the unseen realities of autism	Directly relevant to study focus. Editorial
Pearson & Rose	2021	A Conceptual Analysis of Autistic Masking: Understanding the Narrative of Stigma and the Illusion of Choice	Directly relevant to study focus. Conceptual review
Tubío-Fungueiriño et al.	2021	Social Camouflaging in Females with Autism Spectrum Disorder: A Systematic Review	Directly relevant to study focus. Review
From 'Connected Papers' sourcing			
Allely	2019	Understanding and recognising the female phenotype of autism spectrum disorder and the "camouflage" hypothesis: a systematic PRISMA review	Directly relevant to study focus.

Hull & Mandy	2019	Camouflaging in Autism	A simplified explanatory article for adolescents to read. However, it may provide helpful citations.
Hull & Mandy	2021	Social Camouflaging in Adults with ASD DOI:10.1007/978-3-319-91280-6_102389	An editorial piece.
Lawson	2020	Adaptive Morphing and Coping with Social Threat in Autism: An Autistic Perspective	Directly relevant to study focus. Conceptual review
Livingston et al.	2019	Compensation in autism is not consistent with social motivation theory	Conceptual review
Researcher's own inclusions			
Williams	2022	Commentary: The construct validity of 'camouflaging' in autism: psychometric considerations and recommendations for future research - reflection on Lai et al. (2020)	Directly relevant to study focus.

Theme-relevant or -tangential, excluded studies

The below list only reflects articles that required closer checking. It does not reflect articles that were explicitly topic-unrelated or inappropriate (e.g., mice model studies and genome coding). The below list also does not reflect systematic reviews, editorial- or opinion-pieces.

Authors	Year	Study Title	Reason for exclusion
From database sourcing			
Anderson et al.	2020	When the mask comes off: Mothers' experiences of parenting a daughter with autism spectrum condition	The three age relevant participants were not readily extractable from the sub-themes.
Arnold et al.	2020	''The Single Most Important Thing That Has Happened to Me in My Life'': Development of the Impact of Diagnosis Scale—Preliminary Revision	Brief, open-ended adult responses related to the theme of camouflaging. Not enough factors discussed though.
Beck et al.	2020	Looking good but feeling bad: "Camouflaging" behaviors and mental health in women with autistic traits	Although quantitative, notes are made on qualitative comments made by participants during data collection. However, not enough factors raised.
Belcher et al.	2021	Camouflaging Intent, First Impressions, and Age of ASC Diagnosis in Autistic Men and Women	The study focus was quantitative observer rating of first impressions.
Bernadin et al.	2021	Associations between social camouflaging and internalizing symptoms in autistic and non-autistic adolescents	Purely quantitative, adolescent focused study.
Bowri et al.	2021	Demographic and psychological predictors of alcohol use and misuse in autistic adults	While camouflaging is a point of interest, the study is purely quantitative.
Brown et al.	2020	Am I Autistic? Utility of the Girls Questionnaire for Autism Spectrum Condition as an Autism Assessment in Adult Women	While camouflaging is a point of interest, the study is purely quantitative.
Cage et al.	2019	Gender differences in the first impressions of autistic adults	The study focus was quantitative observer rating of first impressions.
Cassidy et al.	2018	Risk markers for suicidality in autistic adults	While camouflaging is a point of interest, the study is purely quantitative.
Cassidy et al.	2021	Development and validation of the suicidal behaviours questionnaire - autism spectrum conditions in a community sample of autistic, possibly autistic and non-autistic adults	While camouflaging is a point of interest, the study is purely quantitative.

Cassidy et al.	2019	Is Camouflaging Autistic Traits Associated with Suicidal Thoughts and Behaviours? Expanding the Interpersonal Psychological Theory of Suicide in an Undergraduate Student Sample	While camouflaging is a point of interest, the study is purely quantitative.
Clarke et al.	2016	Substance use disorder in Asperger syndrome: An investigation into the development and maintenance of substance use disorder by individuals with a diagnosis of Asperger syndrome	Discusses substance use as a social compensation mechanism. But moreso with regards to dampening one's own social anxiety or manufacturing sense of connectedness (e.g., on ecstasy)
Cole et al.	2020	Sex differences in the first impressions made by girls and boys with autism	The study focus was quantitative observer rating of first impressions.
Cook et al.	2022	Self-reported camouflaging behaviours used by autistic adults during everyday social interactions	This analysis is a quantification of the 2021 study that has already been included for review.
Corbett et al.	2021	Camouflaging in autism: Examining sex-based and compensatory models in social cognition and communication	While camouflaging is a point of interest, the study is purely quantitative.
Crucitti et al.	2018	The hidden faces of autism and misdiagnosis in the lifespan: Clinical observations in adults with Autism Spectrum Disorders	Ultimately no reference made to camouflaging.
Curnin et al.	2021	Positive and differential diagnosis of autism in verbal women of typical intelligence: A Delphi study	No in-depth discussion is given on camouflaging beyond an overview (Delphi) statement.
Dell'Osso et al.	2021	Autistic traits and camouflaging behaviors: a cross-sectional investigation in a University student population	While camouflaging is a point of interest, the study is purely quantitative.
Dell'Osso et al.	2022	Validation of the Italian version of the Camouflaging Autistic Traits Questionnaire (CAT-Q) in a University population	While camouflaging is a point of interest, the study is purely quantitative.
Dugdale et al.	2021	Intense connection and love: The experiences of autistic mothers	Some reflection on disjoint between inner experience and outward expression, but not sufficient depth for current paper.
Garel & Garel	2019	Diagnosis of Autism Spectrum Disorder in Adolescents with Complex Clinical Presentations: A Montreal Case Series	The form of results were not immediately applicable to the current study.
Griffith et al.	2012	"We are all there silently coping." The hidden experiences of parents of adults with Asperger syndrome	'Hidden' autism is broader here in the sense of comparison to other 'disabilities'.
Halsall et al.	2021	"Camouflaging" by adolescent autistic girls who attend both mainstream and specialist resource classes: Perspectives of girls, their mothers and their educators	All participants are too young for the current study.
Head et al.	2014	Gender differences in emotionality and sociability in children with autism spectrum disorders	While camouflaging is a point of interest, the study is purely quantitative & adolescent focused.
Higgins et al.	2021	Defining autistic burnout through experts by lived experience: Grounded Delphi method investigating #AutisticBurnout	Camouflaging is qualitatively raised, however more with a focus on consequences and not enough on enactment beyond "fitting into societal expectations"
Hull et al.	2020	Gender differences in self-reported camouflaging in autistic and nonautistic adults	While camouflaging is a point of interest, the study is purely quantitative.
Hull et al.	2021	Is social camouflaging associated with anxiety and depression in autistic adults?	While camouflaging is a point of interest, the study is purely quantitative.

Hull et al.	2019	Development and Validation of the Camouflaging Autistic Traits Questionnaire (CAT-Q)	While camouflaging is a point of interest, the study is purely quantitative.
Hull et al.	2019	Cognitive Predictors of Self-Reported Camouflaging in Autistic Adolescents	While camouflaging is a point of interest, the study is purely quantitative & adolescent focused.
Jankowski & Pfeifer	2021	Self-Conscious Emotion Processing in Autistic Adolescents: Over-Reliance on Learned Social Rules During Tasks with Heightened Perspective-Taking Demands May Serve as Compensatory Strategy for Less Reflexive Mentalizing	Not directly related to camouflage, but provides good context for discussion.
Jedrzejewska & Dewey	2022	Camouflaging in Autistic and Non-autistic Adolescents in the Modern Context of Social Media	All participants are too young for the current study.
Jorgenson et al.	2020	Social camouflaging in autistic and neurotypical adolescents: A pilot study of differences by sex and diagnosis	While camouflaging is a point of interest, the study is purely quantitative.
Keating et al.	2021	Global perspectives on autism acceptance, camouflaging behaviours and mental health in autism spectrum disorder: A registered report protocol	This is a protocol submission and thus the wrong 'publication' type. Study still ongoing.
Lacroix et al.	2021	Flexibility in autism during unpredictable shifts of socio-emotional stimuli: Investigation of group and sex differences	Not directly related to camouflage, but provides good context for discussion.
Lai et al.	2019	Neural self-representation in autistic women and association with 'compensatory camouflaging'	Incorrect study design for the current study.
Lai et al.	2017	Quantifying and exploring camouflaging in men and women with autism	While camouflaging is a point of interest, the study is purely quantitative.
Lehnhardt et al.	2016	Sex-Related Cognitive Profile in Autism Spectrum Disorders Diagnosed Late in Life: Implications for the Female Autistic Phenotype	Not directly related to camouflage, but provides good context for discussion.
Livingston et al.	2019	Good social skills despite poor theory of mind: exploring compensation in autism spectrum disorder	While camouflaging is a point of interest, the study is quantitative.
Lundin et al.	2021	Functional gender differences in autism: An international, multidisciplinary expert survey using the International Classification of Functioning, Disability, and Health model	The study is based on expert clinician reflections, rather than specific input from, or regarding, particular ASD participants.
McGill & Robinson	2021	"Recalling hidden harms": autistic experiences of childhood applied behavioural analysis (ABA)	Themes relate to 'taught' hiding of ASD identity, rather than self-motivated forms.
McQuaid et al.	2022	Camouflaging in autism spectrum disorder: Examining the roles of sex, gender identity, and diagnostic timing	While camouflaging is a point of interest, the study is purely quantitative.
Mesa & Hamilton	2021	"We are different, that's a fact, but they treat us like we're different-er": Understandings of autism and adolescent identity development	*Article obtained from authors.* Camouflaging is discussed but participants are too young.
Moseley et al.	2020	'When my autism broke': A qualitative study spotlighting autistic voices on menopause	This discusses context for the 'cracking' or failing of camouflaging, but not the actual enactment of camouflaging itself.
Muggleton et al.	2019	Exactly the same but completely different: A thematic analysis of Clinical Psychologists' conceptions of Autism across genders	The study is based on expert clinician reflections, rather than specific input from, or regarding, particular ASD participants.
Parish-Morris et al.	2017	Linguistic camouflage in girls with autism spectrum disorder	This study compares linguistic patterns of boys and girls, not behavioural masking.

Perry et al.	2022	Understanding Camouflaging as a Response to Autism-Related Stigma: A Social Identity Theory Approach	While camouflaging is a point of interest, the study is purely quantitative.
Ratto et al.	2018	What About the Girls? Sex-Based Differences in Autistic Traits and Adaptive Skills	The study is purely quantitative.
Raymaker et al.	2020	''Having All of Your Internal Resources Exhausted Beyond Measure and Being Left with No Clean-Up Crew'': Defining Autistic Burnout	Camouflaging is raised, but not extensively - mainly with regards to the pressure social circles place on you to socialize in certain ways.
Rieffe et al.	2021	Quantity and quality of empathic responding by autistic and non-autistic adolescent girls and boys	Not directly related to camouflage, but provides good context for discussion.
Robinson et al.	2020	Big Five model and trait emotional intelligence in camouflaging behaviours in autism	While camouflaging is a point of interest, the study is purely quantitative.
Rynkiewicz et al.	2016	An investigation of the 'female camouflage effect' in autism using a computerized ADOS-2 and a test of sex/gender differences	A purely quantitative study that consists of the wrong age group.
Scheerer et al.	2020	The Association Between Self-Reported Camouflaging of Autistic Traits and Social Competence in Nonautistic Young Adults	While camouflaging is a point of interest, the study is purely quantitative and centred on non-autistic adults.
Schuck et al.	2019	Brief Report: Sex/Gender Differences in Symptomology and Camouflaging in Adults with Autism Spectrum Disorder	While camouflaging is a point of interest, the study is purely quantitative.
Sullivan	2021	'Pioneers of professional frontiers': the experiences of autistic students and professional work based learning	Camouflaging is qualitatively raised as a concern, yet the transition from raw data to final findings is not always clear and quality scoring for the 'structure' of the paper is low.
Sutherland et al.	2017	Parent-reported differences between school-aged girls and boys on the autism spectrum	Not possible to separate out this study's relevant age groups within the qualitative analysis.
Tierney & Burns	2017	Behind the Mask: The Experience of Assessment, Diagnosis, and Living with Autism for Girls and Young Women	Incorrect publication type (book chapter). Where empirical research is conducted, not possible to separate out this study's relevant age groups within the qualitative analysis.
Tierney et al.	2016	Looking behind the mask: Social coping strategies of girls on the autistic spectrum	Only one age-appropriate participant who, in herself, does not provide sufficient depth on the current study focus.
Wood-Downie et al.	2021	Sex/Gender Differences in Camouflaging in Children and Adolescents with Autism	The study does not focus on the necessary age range.
From inaccessibility			
Casagrande et al.	2020	Positive Predictors of Life Satisfaction for Autistic College Students and Their Neurotypical Peers	Closed access [Found on 'Connected Papers' search]
Giuliani & Marchetti	2016	Haut potentiel intellectuel et syndrome d'Asperger: vers une meilleure connaissance et reconnaissance des capacités	Only French full-text version available. [Found on 'Connected Papers' search]
Kanner et al.	1972	How far can autistic children go in matters of social adaptation?	Closed access [Found through secondary citation screening]
Kenyon	2014	Autism in Pink: Qualitative Research Report [http://autisminpink.net]	Website no longer appears active (2 June 2022). [Found in Bargiela et al., 2016]

Martin De Lassalle et al.	2021	Asperger Syndrome with High Intellectual Potential: Camouflage as a factor in late diagnosis? // *Syndrome d'Asperger avec Haut Potentiel Intellectuel : le camouflage à l'origine des diagnostics tardifs?*	Only French full-text version available. [Found on database search]
Wing	1981	Asperger's syndrome: A clinical account.	Closed access [Found through secondary citation screening]
From 'Connected Papers' sourcing – Only those requiring full-text assessment			
Au-Yeung et al.	2019	Experience of mental health diagnosis and perceived misdiagnosis in autistic, possibly autistic and non-autistic adults	No major emphasis placed on camouflaging in the results of the study.
Cage & Troxell-Whitman	2020	Understanding the Relationships Between Autistic Identity, Disclosure, and Camouflaging	While camouflaging is a point of interest, the study is purely quantitative.
Camm-Crosbie et al.	2019	'People like me don't get support': Autistic adults' experiences of support and treatment for mental health difficulties, self-injury and suicidality	Brief discussion of camouflaging in light of resisting help-seeking behaviours – but not deep enough engagement for inclusion.
Clarke et al.	2021	Assessing gender differences in autism spectrum disorder using the Gendered Autism Behavioral Scale (GABS): An exploratory study	While camouflaging is a point of interest, the study is purely quantitative.
D'Arcy et al.	2021	Get it right, make it easy, see it all: Viewpoints of autistic individuals and parents of autistic individuals about the autism diagnostic process in Australia	No direct relevance of camouflaging brought in.
Dean et al.	2014	The peer relationships of girls with ASD at school: Comparison to boys and girls with and without ASD	Study is purely quantitative.
Dean et al.	2017	The art of camouflage: Gender differences in the social behaviors of girls and boys with autism spectrum disorder	Purely quantitative study and wrong age group for current study.
de Broize et al.	2021	Exploring the Experience of Seeking an Autism Diagnosis as an Adult	Camouflaging is qualitatively raised as a concern – but not in enough depths / enough domains.
Evans et al.	2022	A Survey of Autistic Adults from New Zealand on the Autism Diagnostic Process During Adolescence and Adulthood	Purely quantitative, with no direct relevance of camouflaging brought in.
Finch et al.	2022	"We couldn't think in the box if we tried. We can't even find the damn box": A qualitative study of the lived experiences of autistic adults and relatives of autistic adults	Elements of camouflaging are not raised in enough depth for inclusion.
Hiller et al.	2015	Sex differences in pre-diagnosis concerns for children later-diagnosed with autism spectrum disorder	Paper does not hold direct relevance to current study focus.
Huang et al.	2021	Choose your Own Adventure: Pathways to Adulthood Autism Diagnosis in Australia	Some reference to camouflaging, but not with necessary depth.
Huang et al.	2021	Factors associated with age at autism diagnosis in a community sample of Australian adults	Research appears purely quantitative.
Hurlbutt & Chalmers	2002	Adults with Autism Speak Out: Perceptions of Their Life Experiences	Attempts at social integration is raised. However, this is in a broad sense without further depth into the social pressures to conform.
Kasari et al.	2011	Social Networks and Friendships at School: Comparing Children With and Without ASD	Wrong age range from the outset.
Lai et al.	2011	A Behavioral Comparison of Male and Female Adults with High Functioning Autism Spectrum Conditions	Research appears purely quantitative.
Lewis	2016 2016	Exploring the Experience of Self-Diagnosis of Autism Spectrum Disorder in Adults Realizing a diagnosis of autism spectrum disorder as an adult	No direct relevance of camouflaging brought in.

Livingston et al.	2020	Quantifying compensatory strategies in adults with and without diagnosed autism	While camouflaging is a point of interest, the study is purely quantitative.
Mosquera	2021	Autistic adults' personal experiences of navigating a social world prior to and during Covid-19 lockdown in Spain	Camouflaging is qualitatively raised several times. But only one strategy domain is raised (playing roles), with the rest of discussion centred on consequences and lack of support. Will be good for discussion.
Myles et al.	2019	The social experiences and sense of belonging in adolescent females with Autism in mainstream school	All cases fell below the necessary age range.
O'Hagan & Hebron	2017	Perceptions of friendship among adolescents with autism spectrum conditions in a mainstream high school resource provision	All cases fell below the necessary age range.
Phung et al.	2021	What I Wish You Knew: Insights on Burnout, Inertia, Meltdown, and Shutdown From Autistic Youth	There is no way to separate out the correct age groups.
Ryan et al.	2021	Perceptions of friendship among girls with Autism Spectrum Disorders	All cases fell below the necessary age range.
Stagg & Belcher	2019	Living with autism without knowing: receiving a diagnosis in later life	No direct relevance of camouflaging brought in.
Sedgewick et al.	2016	Gender Differences in the Social Motivation and Friendship Experiences of Autistic and Non-autistic Adolescents	While camouflage like behaviours are discussed, there is no way to separate out the correct age group.
Sedgewick et al.	2018	Parent perspectives on autistic girls' friendships and futures	Relevance of camouflaging is not immediately brought in, but serve for discussion.
Sedgewick et al.	2019	'It's different for girls': Gender differences in the friendships and conflict of autistic and neurotypical adolescents	While camouflage like behaviours are discussed, there is no way to separate out the correct age groups.
Vine Foggo & Webster	2017	Understanding the social experiences of adolescent females on the autism spectrum	Only one age appropriate participants whose input is not directly reflective of camouflaging.
From citation sourcing (Excluding systematic reviews, editorials, and explicitly irrelevant studies)			
Anderson et al.	2020	Perspectives of Former Students with ASD from Australia and New Zealand on Their University Experience	Brief input on camouflaging, but not in depth enough focus to warrant inclusion.
Antezana et al.	2019	Gender differences in restricted and repetitive behaviors and interests in youth with autism	Purely quantitative study.
Begeer et al.	2013	Sex Differences in the Timing of Identification Among Children and Adults with Autism Spectrum Disorders	Purely quantitative study.
Boorse et al.	2019	Linguistic markers of autism in girls: evidence of a "blended phenotype" during storytelling	Camouflaging is somewhat discussed, but no ages is provided for child participants.
Botha & Frost	2020	Extending the Minority Stress Model to Understand Mental Health Problems Experienced by the Autistic Population	Purely quantitative study.
Cage et al.	2016	Reputation Management in Children on the Autism Spectrum	Wrong age range of participants.
Charman et al.	2011	Defining the cognitive phenotype of autism	Purely quantitative study with no reference to masking or camouflaging
Cooper et al.	2017	Social identity, self-esteem, and mental health in autism	Purely quantitative study.
Cooper et al.	2018	Gender Identity in Autism: Sex Differences in Social Affiliation with Gender Groups	Purely quantitative study with no reference to masking or camouflaging
Crane et al.	2018	Autism Diagnosis in the United Kingdom: Perspectives of Autistic Adults, Parents and Professionals	No discussion of camouflaging.

Cridland et al.	2013	Being a Girl in a Boys' World: Investigating the Experiences of Girls with Autism Spectrum Disorders During Adolescence	It was not possible to separate out the correct age group participants.
Damico & Nelson	2005	Interpreting problematic behavior: Systematic compensatory adaptations as emergent phenomena in autism	Case study with participant who is too young.
Dewinter et al.	2017	Sexual Orientation, Gender Identity, and Romantic Relationships in Adolescents and Adults with Autism Spectrum Disorder	Purely quantitative study with no reference to masking or camouflaging
Duvekot et al.	2017	Factors influencing the probability of a diagnosis of autism spectrum disorder in girls versus boys	Purely quantitative study with wrong age range.
Happé et al.	2016	Demographic and Cognitive Profile of Individuals Seeking a Diagnosis of Autism Spectrum Disorder in Adulthood	Purely quantitative study.
Hiller et al.	2014	Sex Differences in Autism Spectrum Disorder based on DSM-5 Criteria: Evidence from Clinician and Teacher Reporting	Purely quantitative study.
Humphrey & Lewis	2008	'Make me normal' The views and experiences of pupils on the autistic spectrum in mainstream secondary schools	It is not possible to separate out the correct age group.
Kanfiszer et al.	2017	'I was just so different': The experiences of women diagnosed with an autism spectrum disorder in adulthood in relation to gender and social relationships	Explicit camouflaging concerns are not raised to a great enough degree.
Kapp et al.	2013	Deficit, Difference, or Both? Autism and Neurodiversity	Broader reflections on the neurodiversity movement.
Kopp & Gillberg	1992	Girls with social deficits and learning problems: Autism, atypical Asperger syndrome or a variant of these conditions	Incorrect age range.
Ling & Huang	2019	Quality of life and its related factors for adults with autism spectrum disorder	Purely quantitative study.
Lorenz et al.	2016	Autism and Overcoming Job Barriers: Comparing Job-Related Barriers and Possible Solutions in and outside of Autism-Specific Employment	Not possible to separate out the original empirical input that informed the category of 'hiding'.
Mandy et al.	2012	Sex differences in autism spectrum disorder: Evidence from a large sample of children and adolescents	Purely quantitative study.
Mandy & Tchanturia	2015	Do women with eating disorders who have social and flexibility difficulties really have autism? A case series	A recurrent secondary citation, but no in-depth qualitative reflection on camouflaging.
May et al.	2012	Gender Profiles of Behavioral Attention in Children with Autism Spectrum Disorder	Wrong age range from outset.
McConachie et al.	2020	What Is Important in Measuring Quality of Life? Reflections by Autistic Adults in Four Countries	No depth engagement regarding camouflaging.
McFaydon et al.	2018	Brief Report: Sex Differences in ASD Diagnosis—A Brief Report on Restricted Interests and Repetitive Behaviors	No reference to masking or camouflaging intent.
Morrison et al.	2020	Social Cognition, Social Skill, and Social Motivation Minimally Predict Social Interaction Outcomes for Autistic and Non-Autistic Adults	Purely quantitative study.
Moss et al.	2015	Self and informant reports of mental health difficulties among adults with autism findings from a long-term follow-up study	Purely quantitative study with no reference to masking or camouflaging
Ormond et al.	2017	Profiling Autism Symptomatology: An Exploration of the Q-ASC Parental Report Scale in Capturing Sex Differences in Autism	Purely quantitative study.
Oswald et al.	2015	Sex Differences in Internalizing Problems During Adolescence in Autism Spectrum Disorder	Purely quantitative study.
Pellicano et al.	2014	What should autism research focus upon? Community views and priorities from the United Kingdom	Camouflaging is briefly referenced, but not enough depth on this theme to warrant final inclusion.

Portway & Johnson	2005	Do you know I have Asperger's syndrome? Risks of a non-obvious disability	Only one brief reference to "playing a game to act normal". Not enough depth for inclusion.
Rabitte et al.	2017	Parents' experiences of the diagnostic process for girls with autism spectrum disorder in Ireland: An Interpretative Phenomenological Analysis	Only one age correct participant, and no clear relation to masking.
Ruiz Calzada et al.	2012	High-Functioning Autism and Asperger's Disorder: Utility and Meaning for Families	Although 16 year olds are included, it is not possible to separate out the correct age group in the responses.
Sarrett	2016	Biocertification and Neurodiversity: the Role and Implications of Self-Diagnosis in Autistic Communities	Qualitative input is collected, but masking is not discussed.
Sumiya et al.	2018	Emotions surrounding friendships of adolescents with autism spectrum disorder in Japan: A qualitative interview study	Wrong age range from outset.
Thiébaut et al.	2016	Does Faux Pas Detection in Adult Autism Reflect Differences in Social Cognition or Decision-Making Abilities?	A purely quantitative, cognitively experimental study.
Van Tiel et al.	2021	Strategic Deception in Adults with Autism Spectrum Disorder	Qualitative cognitive experiment.
Wood & Freeth	2016	Students' Stereotypes of Autism	Study is taken from the perspective of non-ASD students.
Zalla et al.	2009	Faux Pas Detection and Intentional Action in Asperger Syndrome. A Replication on a French Sample	A purely quantitative, cognitively experimental study.

Appendix 3: Quality Assessment and Article Scores Return

Section 1: Scoring Protocol

The Lorenc et al. (2014), protocol-adjusted version of the Hawker et al. assessment framework (2002, as cited in Lorenc et al., 2014, Appendix 5) includes a numerical scoring and cut-off system. Quality per each item is assigned a value ranged between 'very poor' (1), 'poor' (2), 'fair' (3) and 'good' (4). Thus, across 9 items, the minimum score possible is 9 and the highest is 36. Lorenc et al. (2014) delineated cut-off Grades for the overall papers as being High Quality [A] (30-36 points), Medium Quality [B] (24-29 points) and Low Quality [C] (9-23 points).

Adaptations were made in the protocol stage to accommodate for the inclusion of case studies. As no case studies were ultimately included, the original framework is presented below. Additionally, I added to the proposed scoring grid (as below in blue) to more clearly operationalise the scoring criteria. Original scoring cut-off points were retained.

1.	***Abstract and title*: Did they provide a clear description of the study?** **[Factors: 1) Clear Background/Rationale, 2) Clear aim(s), 3) Clear method AND sampling, 4) Clear and study-topic relevant outline of results]; and; title at minimum alerts to possibility of study relevance. **Qualitative consideration of the depth and usefulness of the information raised.** **Good** Structured abstract with full information & clear title. **All 4 factors + somewhat relevant title.** **Fair** Abstract with most of the information. **3 factors + somewhat relevant title, or all 4 factors + completely theme-unrelated title.** **Poor** Inadequate abstract. **2 factors + somewhat relevant title, or 3 factors + completely unrelated title.** **Very Poor** No abstract. **1 factor + somewhat relevant title, or 2 factors + completely unrelated title.**
2.	***Introduction and aims*: Was there a good background and clear statement of the aims of the research?** **[Factors: *INTRODUCTION* 1) Clear and topic relevant literature, 2) gap in literature highlighted, and *AIMS* 3) clear aims and objectives, and 4) explicit research questions or hypotheses]** **Good** Full but concise background to discussion/study containing up-to-date literature review and highlighting gaps in knowledge. Clear statement of aim **AND** objectives including research questions **[i.e., AIMS: Both 1) aims and 2) research questions/hypotheses provided] [All 4 factors present]** **Fair** Some background and literature review. Research questions **OR aims outlined**. **[3 factors present]** **Poor** Some background but no aim / objectives / questions, OR aims /objectives but inadequate background. **Very Poor** No mention of aims/objectives. No background or literature review.
3.	***Method and data*: Is the method appropriate and clearly explained?** **[Factors: *METHOD* 1) Clear and appropriate qualitative method, 2) Survey or interview questions provided, and *DATA* 3) description of data [including collection or interview methods, 4) data recording is clear]; and; Qualitatively: considerations around the depth or appropriateness of discussion.** ***Text analyses must be assessed on their own merit.** **Good** Method is appropriate and described clearly (e.g., questionnaires included). Clear details of the data collection and recording. **[All 4 factors presented with sufficient depth]** **Fair** Method appropriate, description could be better. Data described. **[3 factors presented with sufficient depth, or 3+ factors only vaguely outlined]. Data description MUST be an included factor.** **Poor** Questionable whether method is appropriate **AND/OR** Method described inadequately **AND/OR** Little description of data. **Very Poor** No mention of method, AND/OR Method inappropriate, AND/OR No details of data.

4.	*Sampling*: **Was the sampling strategy appropriate to address the aims?** **[Factors: *METHODOLOGICALLY*: 1) appropriate sample size, 2) sample rationale and 3) recruitment routes are clear, and *DEMOGRAPHICALLY*: 4) age, 5) sex/gender identity, 6) ethnicity and/or nationality, and 7) socio-economic circumstance, are all clear]; and; qualitative considerations (factors must be apparent for the relevant total or subset of participants).** **Good** Details (age/gender/race/context) of who was studied and how they were recruited. Why this group was targeted. The sample size was justified for the study. Response rates shown and explained. **[All methodological factors included and at least 3 demographic factors]** **Fair** Sample size justified. Most information given, but some missing. **[At least 2 factors of each domain provided]** **Poor** Sampling mentioned but few descriptive details. **[At least 2 factors present]** **Very Poor** No details of sample.
5.	*Data analysis*: **Was the description of the data analysis sufficiently rigorous?** **[Possible factors: 1) Style of analysis (e.g., thematic, discourse, etc.), 2) analytic steps including who were the principle coders, 3) evidence of themes being audited (e.g., supervisors, sample respondent validation, etc.), 4) analytic framework and theoretical underpinning (e.g., inductive, critical realism, social constructionism].** **Good** Clear description of how analysis was done. Qualitative: Description of how themes derived/ respondent validation or triangulation. **[All 4 factors present]** **Fair** Qualitative: Descriptive discussion of analysis. **[3 factors present with style of analysis being mandatory]** **Poor** Minimal details about analysis. **[2 factors present with style of analysis being mandatory]** **Very Poor** No discussion of analysis. **[1 or less factor present]**
6.	*Ethics and bias*: **Have ethical issues been addressed, and what has necessary ethical approval gained? Has the relationship between researchers and participants been adequately considered?** **[Factors: *ETHICS* 1) Ethical clearance or outline of research practice guidelines is given, 2) consent procedures are addressed, 3) data privacy or secure management is addressed, and *BIAS* 4) the researcher can position themselves and their possible bias in relation to results and sample];** **Good** Ethics: Where necessary issues of confidentiality, sensitivity, and consent were addressed. **Ethical basis must be discussed.** Bias: Researcher was reflexive and/or aware of own bias. **[All 4 factors present]** **Fair** Lip service was paid to above (i.e., **both ethical and bias** issues were acknowledged **vaguely**), **or one domain is discussed in-depth whilst the other is absent.** **Poor** Brief mention of issues. **[Only 1 domain discussed briefly in vague detail]** **Very Poor** No mention of issues. **No domains discussed.**
7.	*Results*: **Is there a clear statement of the findings?** **[Factors: 1) Results/themes are clear and logical in their layout and discussion, 2) text and tables/figure models are structured similarly and explained by text (de facto awarded point if no tables are present), 3) results meet study aims or study focus, 4) sufficient justificatory data provided]** **Good** Findings explicit, easy to understand, and in logical progression. Tables, if present, are explained in text. Results relate directly to aims. Sufficient data are presented to support findings. **[All 4 factors present]** **Fair** Findings mentioned but more explanation could be given. Data presented relate directly to results. **[3 factors present]** **Poor** Findings presented haphazardly, not explained, and do not progress logically from results. **[2 factors present]** **Very Poor** Findings not mentioned or do not relate to aims.

8.	*Transferability or generalizability*: **Are the findings of this study transferable (generalizable) to a wider population?** **The core unified consideration will be whether sufficient details are provided to allow for extrapolation of the data either more broadly (generalisability) or laterally (to other populations or sample groups). This incorporates understanding how the person may be placed in relation to context or setting (e.g., racial, cultural or sexuality status, economic status, living circumstance, nationality, education and occupation level, etc.]** **Good** Context and setting of the study is described sufficiently to allow comparison with other contexts and settings, plus high score in Question 4 (sampling). **Fair** Some context and setting described, but more needed to replicate or compare the study with others, PLUS fair score or higher in Question 4. **Poor** Minimal description of context/setting. **Very Poor** No description of context/setting.
9.	*Implications and usefulness:* **How important are these findings to policy and practice?** **[Factors: 1) the novelty or contribution of the study is clear; 2) 1 or more clear recommendations for future research (thematically or methodologically); 3) 1 or more clear recommendations for application to practice or policy]** **Good** Contributes something new and/or different in terms of understanding/insight or perspective. Suggests ideas for further research. Suggests implications for policy and/or practice. **[All 3 factors present]** **Fair** Two of the above (state what is missing in comments). **Poor** Only one of the above. **Very Poor** None of the above.

Section 2: Quality Scoring Template

Although the above guidelines served to dictate scoring, a simplified 'scoring table' (below) was used for each study.

ARTICLE:			
	Comment	**Quality**	**Score**
1. ***Abstract and title***			
2. ***Introduction & aims***			
3. ***Method & data***			
4. ***Sampling***			
5. ***Data analysis***			
6. ***Ethics & bias***			
7. ***Results***			
8. ***Transferability or generalizability***			
9. ***Implications & usefulness***			

SCORE:		**GRADE:**	

* *[Optional notes]*

Section 3: Quality Scoring Results

ARTICLE: Baldwin & Costley (2015): The experiences and needs of female adults with high-functioning autism [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title would alert possible importance. Deeper rationale is unclear, but self-report survey methodology, sample & a very rough outline of findings are given, with	**Poor**	**2**

	social difficulties indicated, and masking keyworded. Aims must be extrapolated.		
2. ***Introduction & aims***	Literature (broadly) is well laid out, relevant and includes masking. The gap is clear. Aims are provided. Research questions or hypotheses must be extrapolated.	**Fair**	**3**
3. ***Method & data***	**Sub-study data mining of survey results** (appropriate). Limitations are well balanced. Data survey collection is clear. Original survey (questions) is not provided and a broad outline of input types given. Digital and paper survey completion is listed (though not further described). Rough outline of survey themes provided, + demographics collected.	**Fair**	**3**
4. ***Sampling***	Sample size for survey analysis (82) is good. Recruited (self-selection) via ASPECT website & through their managers. Sample is drawn from larger existing dataset, with current female focus. Age, gender, community/region, national/cultural identity, diagnostic status, rurality and independent living condition are reported. Results give employment and education.	**Good**	**4**
5. ***Data analysis***	*Qualitative*: thematic analysis, while not robust, is applied and is appropriate. Number of raters is not given. Authors admit qualitative input is augmentary rather than "scientific".	**Very poor**	**1**
6. ***Ethics & bias***	The study received ethical clearance (noted in acknowledgments). However, any specific of consent procedures, data protection etc. are not touched on. Author biases are not addressed. In the paper itself, results are statistical aggregates and un-accredited qualitative quotes; thus no means of discerning identity	**Poor**	**2**
7. ***Results***	Results are clear and easy to understand. They relate to the study aims and literature. Several quotes are justified for each section & significance is discussed. **No tables /models given (thus no explanations needed) ** No accreditation per quote can be tracked.	**Good**	**4**
8. ***Transferability or generalizability***	Detailed tabulation of the study demographics. Authors (in results) discussed how participants are highly educated, as well as employment level. Nationality and country of recruitment, age, gender, status, living-circumstance and region make it very possible to extrapolate data from the sample.	**Good**	**4**
9. ***Implications & usefulness***	Implications for future research and intervention practice is raised. Gives tentative bolstering to theory of female phenotype (year of study included in decision).	**Good**	**4**

SCORE:	**27**	**GRADE:**	**B**

*As thematic analysis stemmed from open commentary, it was not deemed a detriment that additional survey questions were not outlined. Implications and 'novelty' of the findings must be read in the context of the study being published in 2015.

ARTICLE: Bargiela et al. (2016): The Experiences of Late-diagnosed Women with Autism Spectrum Conditions [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title would alert possible importance. Aim is clear but rationale must be overall extrapolated. Framework analytic method, sample and findings are clear. Concerns of social pretending are explicitly raised.	**Fair**	**3**
2. ***Introduction & aims***	Clear, comprehensive, and congruent. All factors were met.	**Good**	**4**
3. ***Method & data***	Methods of data collection are clear. Prospective collection of data semi-structured interviewing (mixed digital and in-person mediums). Further mechanisms of recording are not provided. Contingencies for data	**Good**	**4**

	collection are also outlined *Qualitatively*: interview questions are not provided but are narratively described in full [accepted]. AQ, HADS, GHQ-12, WTAR also collected and reported.		
4. ***Sampling***	Convenience sample of ASC females (diagnostic status clear), justified by phenotype focus. Sampled through author contacts and social media. Sample size (14) is appropriate. Age ranges and occupations are provided [a rough bit of economic context is provided]. UK based.	**Good**	**4**
5. ***Data analysis***	A team consensus approach (led by analysis by the first author) was used to enact Framework Analysis on interview transcripts. Themes were back-audited against the data, & member checking was used. Different steps are outlined. An inductive approach was taken.	**Good**	**4**
6. ***Ethics & bias***	Full informed consent was first sought. Research is described as in line with (inter)national ethical protocol and the "standards" of the institutional ethics committee. ** An advisory model was used. Author biases are not addressed. **Participant comfort considered in collection modalities.	**Fair**	**3**
7. ***Results***	*Camouflage*: the theme is directly addressed. Themes relate directly to aims and progressive in a narratively sequential fashion. Results are clear and easy to understand. Several quotes are justified and ** can be tracked to specific participants. The text matches the outline table provided, elaborates it, and a theme tally is given.	**Good**	**4**
8. ***Transferability or generalizability***	Occupation, and rough (although incomplete) economic information is alluded to. Overall comparability must stem from a 'presumed' homogeneity of UK adults.	**Fair**	**3**
9. ***Implications & usefulness***	Contributed to fleshing out knowledge on masking and the 'female' phenotype (see below). Further research directions are outlined. These suggestions for research also mirror (extrapolated) considerations for diagnostic processes.	**Good**	**4**

SCORE:	**33**	**GRADE:**	**A**

*****Implications and 'novelty' of the findings must be read in the context of the study being published in 2016.

ARTICLE: Bernadin et al. (2021): "You Must Become a Chameleon to Survive" [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title immediately indicates relevance. The background and aim (expansive) is clearly given, methods and participants are outlined. Results are framed but themes could be clearer considering it is a qualitative study.	**Fair**	**3**
2. ***Introduction & aims***	The literature is direct, comprehensive and appropriate. The gap is outlined. The aims and rationale are apparent. The research questions or hypotheses must be assumed.	**Fair**	**3**
3. ***Method & data***	Online, mixed method prospective collection of survey and interview data. Survey data collected over Qualtrics and interviews conducted and recorded over Zoom. CAT-Q data collected along with demographics. *Qualitatively*: questions are provided.	**Good**	**4**
4. ***Sampling***	Need for adolescent studies raised. Sample size of ASC teens (subtotal 10) is appropriate. Recruited through SPARK foundation database (self-report registry). Age,	**Good**	**4**

	sex and diagnostic category are outlined. US based study. No further contextual data – although lack of IDD is reported **.		
5. ***Data analysis***	*Qualitatively*. Inductive thematic analysis. All steps provided. Coding by first author and second author independently (then themes co-discussed). The independent work to apply selected codes to responses, and compared across participants. Discrepancies then worked through. Software ("Dedoose") was used.	**Good**	**4**
6. ***Ethics & bias***	Well laid out. Free informed consent was obtained, including assent procedures for minors. The study underwent university board review. Participants are provided pseudonyms. Authors do not discuss any positionality that may have impacted on analysis.	**Fair**	**3**
7. ***Results***	Text results themselves are clear and easy to understand. Several quotes are justified, ** with participants age and diagnosis can be tracked to each. Tables and charts are not always fully explained (sub-themes are not outlined the same way between text and graph). Findings are well contextualised and match study aims.	**Fair**	**3**
8. ***Transferability or generalizability***	It has to be *extrapolated* (and crossed checked in acknowledgments) that the participants are USA based. No ethnic, regional or economic+ data (and authors acknowledge this) (+ high school type e.g., 'mainstream' is not provided) – and transferability must be premised on the presumed homogeneity of the USA.	**Poor**	**2**
9. ***Implications & usefulness***	Novel trends were found and noted on (distinguishing intentions towards masking). Future suggestions for gender non-binary sampling is raised and longitudinal work. Need for motivation-inclusive screening tool in quantitative work is raised.	**Good**	**4**

SCORE:	**30**	**GRADE:**	**A**

ARTICLE: Botha et al. (2020): "Autism is me": an investigation of how autistic individuals make sense of autism and stigma			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title would alert possible importance. Aim is clear but the rationale is not. Participants are also unclear. Grounded framework findings are outlined, with concealment raised. 'Points of interest' help concretise findings.	**Poor**	**2**
2. ***Introduction & aims***	The literature is direct and appropriate (centred on stigma). The gap is provided. The aims and rationale are apparent. The research questions or hypotheses must be assumed	**Fair**	**3**
3. ***Method & data***	Critical grounded approach to develop framework of ASC-perspectives. Method progression (e.g., sampling, formulation, revisions) are clear. 3 Modes of interviewing (in-person, online over 'ClickMeeting' and over text) are provided and motivated. Live interviews were audio recorded. No further recording discussed. Interview questions not provided [accepted given the methodology]	**Good**	**4**
4. ***Sampling***	International purposive sample, to ensure breadth/ diversity in group. Recruited online and through the University of Surrey. Sample size (20) is appropriate for grounded theory. Age, gender identity, national and ethnic status and sexual orientation are outlined. Diagnostic statuses are outlined.	**Good**	**4**

5. ***Data analysis***	*Qualitatively*: Software supported (NVivo 10 & 11), iterative open- (stage 1), axial- (stage 2) and selective-coding (stage 3) performed by one author. Iterative coding matched Grounded Theory // critical realist Framework. All steps are provided. No coding audits or supervisory overview is discussed.	**Fair**	**3**
6. ***Ethics & bias***	Ethical approval was obtained. Informed consent was sought, with participant anonymity assured. Reflexive journaling was used to assess relation of author to participants. **Concessions in data collection were made for non-verbal participants.	**Good**	**4**
7. ***Results***	Very clear and understandable. ** Full demographic details for each justifying quote is given, with ample quoting throughout. Discussion is raised. *No models to be explained. Results relate to the overall stigma-unpacking aim of the study.	**Good**	**4**
8. ***Transferability or generalizability***	The provision of full range of nationalities, racial identities and sexual orientations is helpful towards generalisability. Economic standing (inc occupation or living circumstance) of participants is not known.	**Fair**	**3**
9. ***Implications & usefulness***	Community-resource and coping strategy (inc. concealment) future research is recommended. The study contributes novel insights into ASC informed ASC identity vs NT informed. Implications for the Neurodiversity Movement can be drawn.	**Good**	**4**

SCORE:	**31**	**GRADE:**	**A**

*Relation of this paper (literature, methods and findings) to the current study focus was made in light of a focus on management of perceived societal stigma. For methodology, although the interview schedule is not provided by the authors, the ever developing nature of the schedule for Critical Grounded Theory – and that fact that the initial schedule stems out of a separate study – means that one static version may not be possible to provide. I accepted this limitation in my consideration of the score.

ARTICLE: Bradley et al. (2021). Autistic Adults' Experiences of Camouflaging and Its Perceived Impact on Mental Health			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title is immediately relevant. Abstract is fully comprehensive in all respects (rationale, method, aim, participants, analysis, derived results).	**Good**	**4**
2. ***Introduction & aims***	Although very brief, the literature was clear and relevant. The gap or need was *overall* clear. Aims are clearly outlined. Research questions must be extrapolated.	**Fair**	**3**
3. ***Method & data***	**Sub-study data mining of *online* survey results** (appropriate). *Qualitatively*: survey questions are provided as well as additional data collected (inc AQ, NSSI, & comorbidities). No further specifics around collection or recording.	**Good**	**4**
4. ***Sampling***	Sample stemming out of broader existing dataset. 227 participants are more than ample. Recruited from the Cambridge ARC volunteer database [CARD] and online adverts. Age, sex, education, occupation, comorbidities and diagnostic status provided. UK based	**Good**	**4**
5. ***Data analysis***	Inductive thematic analysis at a semantic level. Full outline of steps and coders is provided. One author responsible for coding and theme generation, with consultation by team-member throughout. Agreement count of themes is provided.	**Good**	**4**
6. ***Ethics & bias***	Ethical review was done. Approval from ARC was received. ** An advisory model was used to shape methods. Consent was done. Participants could skip	**Fair**	**3**

	uncomfortable sections of surveying (voluntary withdrawal). Author bias has not been discussed.		
7. ***Results***	Results are very clear and exceedingly well substantiated with quotes. **It is possible to attribute each quote to the gender, age, and diagnostic status of the individual. Thematic map is explained congruently in the text. Results relate to aims of study.	**Good**	**4**
8. ***Transferability or generalizability***	Although recruited from the UK ARC-database, no further ethnic, or economic information is provided. Employment is provided (and some educational factors implied), but it is difficult to make firm assumptions economic status from this. Transferability must be premised on the presumed homogeneity of the UK.	**Fair**	**3**
9. ***Implications & usefulness***	The need for diffusion of masking awareness into society is raised. Need for better recognition of non-gender specific masking by clinicians. No clear future research directions explicitly raised.	**Fair**	**3**

SCORE:	**32**	**GRADE:**	**A**

*Leeway was provided, as this study is secondary use of data, and as such ethical (consent procedure) information should have been discussed in greater depth in prior studies. Although an ASC advisory group-model was used, they did not contribute to analysis or write-up, and as such author bias should have still been discussed.

ARTICLE: Cage et al. (2018): Experiences of Autism Acceptance and Mental Health in Autistic Adults			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title indicates possible relevance of study. Rationale is *somewhat* present, and aims and sample are clear. Camouflaging is raised as a point of significance. *Qualitatively*: content analysis component is unclear.	**Fair**	**3**
2. ***Introduction & aims***	A broad perspective on ASC acceptance literature is discussed, with camouflaging mentioned. The gap in research is highlighted. The aims and hypotheses of the study are given	**Good**	**4**
3. ***Method & data***	Prospective mixed method online survey collection June – October 2016. Online survey was completed through and recorded on Qualtrics. Open ended question for content analysis is supplied. Data processing route and difficulties are clear, including quantitative analysis of depression (DASS-21) data.	**Good**	**4**
4. ***Sampling***	Sample size for content analysis sub-component (63) is ample. Recruitment through social media [listed] link sharing and UK-based ASC organisations sharing word (convenience sample). Age, gender, sexuality, employment, education, ethnicity and diagnostic status given. Specific data is not provided for the subset that ultimately underwent content analysis. It is also difficult to correlate the totals from the tables to the reported 111 participants, as the totals do not match.	**Fair**	**3**
5. ***Data analysis***	*Qualitatively*: content analysis conducted by two independent coders. Deliberation and reconciliation of themes then occurred. Inter-rater reliability was calculated. Study fitted within a Social Model Framework.	**Good**	**4**
6. ***Ethics & bias***	Ethical committee approval was obtained. Informed consent was gathered and data was anonymised. ** ASC adults consulted on the project planning. No reflection on self-positioning is provided by the authors. Participants were entered into a raffle.	**Fair**	**3**

7. ***Results***	*Qualitatively*: the themes that were found are outlined and clear, but they are qualitatively minimally discussed. Of the 21 sub-themes found, justificatory quotes are provided for 6 (inclusive of masking). The thematic tables are not fully explored or explained. The results, in as far as reported, relate to the study aim	**Poor**	**2**
8. ***Transferability or generalizability***	Predominantly UK-based study given the recruitment avenues. In this context, sexuality, employment and education are outlined in fair detail along with diagnostic status.	**Good**	**4**
9. ***Implications & usefulness***	Camouflaging results are placed in relation to several research trends, and the need for further research is motivated. The necessity for acceptance building mechanisms in broader society is discussed.	**Good**	**4**

SCORE:	**31**	**GRADE:**	**A**

*This was a predominantly quantitative study with the inclusion of a content analysis sub-component. Quality scoring was structured around the qualitative components of the study, and how well the methodology and results are reported in this regard.

ARTICLE: Cage & Troxell-Whitman (2019): Understanding the Reasons, Contexts and Costs of Camouflaging [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title indicates immediate relevance. The rationale and aims are clear. Sample is *somewhat* clear and domains of query are outlined. *Qualitatively*: content analysis and found themes are not mentioned.	**Fair**	**3**
2. ***Introduction & aims***	This is comprehensive, congruent and topic relevant. The gap is raised early on. The aims and hypotheses are clearly stated.	**Good**	**4**
3. ***Method & data***	Prospective mixed method online survey data, Nov 2017 – Feb 2018. Data collected and recorded through Qualtrics. Open ended interview question is provided. Stages of collection described. CAT-Q, DASS-21, and RAADS-14 data collected and reported.	**Good**	**4**
4. ***Sampling***	Sub-total sample for content analysis (91) is ample. Recruitment through social media and community organisations (convenience sampling), but it must be *assumed* the study is once more in the UK. Age, gender, sexuality, ethnicity, employment, education, comorbidities and diagnostic status discussed. Specific data is not provided for the subset that ultimately underwent content analysis.	**Fair**	**3**
5. ***Data analysis***	*Qualitatively*: content analysis conducted by two independent coders. Deliberation and reconciliation of themes then occurred. Study fitted into Disconnection Theory Framework.	**Good**	**4**
6. ***Ethics & bias***	Committee ethical approval was given. Participants provided informed consent for the study. ** ASC consultants provided input on the study planning. The authors do not position themselves in relation to sample/data. Participants were entered into a raffle draw.	**Fair**	**3**
7. ***Results***	Results are provided summatively, which is understandable given the large sample size. Each theme is briefly given discussion, as well as justificatory quotes in the table (table and text complement rather than directly mirror, which was accepted here). Theme code counts are also provided. Themes directly relate to the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	The study provides a comprehensive scope of demographic details. However, it is unclear what	**Fair**	**3**

	national context(s) the participants stem from and thus is difficult to properly assert the transferability or possible economic context of participants.		
9. ***Implications & usefulness***	The study contributes to understanding contextual influence and impact on/from camouflaging. Several clinical implications are raised for practice (support and detection). Population suggestions for future research, as well as stigma-reduction research, are provided.	**Good**	**4**

SCORE:	**32**	**GRADE:**	**A**

ARTICLE: Collis et al. (2022): Autistic adults' experience of restricted repetitive behaviours			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title indicates possible relevance. The rationale and aim are somewhat present. Methods and sample are clear. *Masking*: the concept of suppression is raised in the result themes, and masking and camouflage are listed as keywords.	**Good**	**4**
2. ***Introduction & aims***	The literature is comprehensive and provides a good outline of the existing gap. Masking is raised in the course of discussion. And aim is provided but no question or hypotheses.	**Fair**	**3**
3. ***Method & data***	Two stage survey (RBQ-2A data) and interview collection process. Survey responses were used to (semi) structure interview process. Face-to-face interviews audio recorded. Full survey and interview schedule provided. Additional components of interview process are outlined.	**Good**	**4**
4. ***Sampling***	The sample size (12) is adequate for thematic analysis. Convenience sample of ASC adults, formal diagnose confirmed. Recruited through poster and volunteer database sampling [based on method, must be assumed to be UK-based]. Age, sex, occupational and education status is provided.	**Good**	**4**
5. ***Data analysis***	Reflexive thematic analysis was done for transcripts. This was grounded in inductive, critical realism. Codes were generated by the first author and themes collaboratively discussed by team.	**Good**	**4**
6. ***Ethics & bias***	The positionality of the author (and how this impacted analysis) is raised. The study received ethical clearance. Consent procedures or data protection are not discussed further than this.	**Fair**	**3**
7. ***Results***	** Despite the smaller sample size, it is not possible to track demographic information back to a quote. The suppression section is logical, discussed in full, later related back to camouflaging, and with a good number of substantiating quotes. **There are no tables or models that require explanation. Findings match the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	It is unclear what national context(s) the participants stem from and thus is difficult to properly assert the transferability or possible economic context of participants. Participants must be assumed to stem from the UK and be read with regards to the presumed homogeneity of that context. (Any internationals?)	**Fair**	**3**
9. ***Implications & usefulness***	Suggestions for research to more clearly correlate types of behaviour with function, and longitudinal studies of suppression. The study posits it fills a gap in restricted behaviour research. Clinical implications or application are not directly noted.	**Fair**	**3**

SCORE:	32	GRADE:	A

*Although the results section is well laid out, it is usually possible to track participant demographics for quotes. While this has been excused for large studies with several dozen participants, the current study would have been able to provide these details with 12 participants.

ARTICLE: Cook et al. (2018): Friendship motivations, challenges and the role of masking for girls with autism [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title would alert possible importance. Problem statement rationale, goal, participants (+ ages) and semi structured interviewing are clear. Masking is listed in both title and abstract as a theme derived.	**Good**	**4**
2. ***Introduction & aims***	Literature is clear and relevant, the gap is clear, and the goal is s*omewhat* provided. Research questions or hypotheses are not outlined and must be assumed from literature review.	**Fair**	**3**
3. ***Method & data***	Prospective collection of semi-structured interview data. Interviews were audio recorded. Unclear whether interviews were online or in-person. Daughter – parent dyads interviewed separately. Experiential factors assessed are outlined. Interview questions are not provided (available on request).	**Fair**	**3**
4. ***Sampling***	11 in total purposive sample is acceptable size. UK (***South East England***) teen females, with age, comorbidities, race, schooling context, and parent-occupation and -education level given. Recruited via direct context with schools, and ads on the NAS UK website. The study focus [school friendship] made teen recruitment ideal.	**Good**	**4**
5. ***Data analysis***	Fully qualitative study using inductive, thematic analysis with iterative coding and theme agreement between all researchers. Interpretations were back-referenced onto the original data. Different stages are outlined. Although somewhat unclearly stated, the first author coded and then consulted with the rest of the team to adjust and finalise codes and themes.	**Good**	**4**
6. ***Ethics & bias***	Participants gave permission for data recording and transcription. Ethical committee clearance was obtained. Informational flyers were handed out & participants were reminded they could withdraw. Pseudonyms are provided to participants. No bias is discussed beyond an ending section noting the research interests of the authors.	**Fair**	**3**
7. ***Results***	Very clear and understandable. ** Full demographic details are possible to track for each participant from whom quotes are drawn. Discussion is raised. Results are relevant to the study focus. The table and the text mirror one another well. Plenty of data substantiation given.	**Good**	**4**
8. ***Transferability or generalizability***	Race, school type, parent employment and parent education, and UK-region are provided. Beyond this, comparability must stem from a 'presumed' homogeneity of UK families. However, the current cluster of information allows for good extension.	**Good**	**4**
9. ***Implications & usefulness***	The study develops several streams of insight into friendship understandings and management by adolescent girls. Implications for school placement and intervention development are discussed. Future research directions are not discussed, but future research methodologies are.	**Good**	**4**

SCORE:	33	GRADE:	A

*Although the study did not state the economic status of the participant families, enough supplementary information if provided in this instance for transferability to other UK adolescent ASD females to be assessed or assumed.

ARTICLE: Cook et al. (2021). Camouflaging in an everyday social context: An interpersonal recall study			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts immediate relevance. Rationale or background is not clear (though somewhat inferable from lay abstract) – aim, methods and sample are clearly laid out. Themes found are clear and explicit.	**Fair**	**3**
2. ***Introduction & aims***	Literature is clear and specific stances are motivated as well (continuum of social difficulty). Aims are outlined, although research question and hypotheses must be extrapolated. The 'gap' is discussed more in the current study correcting methodological difficulties.	**Fair**	**3**
3. ***Method & data***	(Observational) social interaction task with assistant 'actor' based on protocolled behaviour. Audio-visual recording of live activity was then discussed (IPR) with ASC participants to reflect on behaviour – with procedural suitability commented on by first 4 participants. AQ, CAT-Q and TOPK (IQ) data collected. AQ and IQ were for screening and not analysis purposes [accepted]. No interview questions provided, which is accepted given the method.	**Good**	**4**
4. ***Sampling***	Social media and support-group based recruitment of 17 UK convenience participants (good size). Formal diagnostic status is clarified. Age, gender, ethnicity, setting, education, occupation and independent living circumstance are highlighted. Specific SES by authors is noted to have not been recorded.	**Good**	**4**
5. ***Data analysis***	(Latent content) thematic analysis conducted within a critical realist framework. 1 primary analyst worked in consultation with other team members (who provided several stages of input to refine findings).	**Good**	**4**
6. ***Ethics & bias***	The authors explicitly discuss themselves in relation to the participants. Committee ethical approval was obtained. Informed consent procedures were enacted. Where possible, team followed AASPIRE guidelines. Participants are provided pseudonyms.	**Good**	**4**
7. ***Results***	The results are clear, with each point being substantiated with quotes and discussed. ** It is possible to track each quote to a participant's age range, gender, ethnicity, and CAT-Q score. ** There are no tables or models to be explained. Results relate to the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	The authors note that they did not gather economic data on participants, but that all lived independently. Given the amount of information gathered, the transferability and generalisability (for said population) is good.	**Good**	**4**
9. ***Implications & usefulness***	Study is reported as the first occasion of using IPR method in ASD research, and consolidates understanding of masking behaviours. Suggestions for research are made. A full section to clinical implications is provided.	**Good**	**4**

SCORE:	34	GRADE:	A

*At the interview stage, participants provided open commentary on the behaviours with regards to a video recording of them. This meant that a standardized set of questions was not provided. This was accepted.

ARTICLE: Crompton et al. (2020): 'I never realised everybody felt as happy as I do when I am around autistic people'			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts to possible relevance. Rationale is more clear in the lay abstract than the main one. The aim was *somewhat* clear. The sample, semi-structured interview methods and analysis are clear. *Masking*: this is somewhat alluded to in the lay abstract but not main one.	**Fair**	**3**
2. ***Introduction & aims***	The literature review is clear and gives ample discussion to the role of masking. A gap is outlined. Several aims of the study are roughly provided. The study question or hypotheses must be extrapolated.	**Fair**	**3**
3. ***Method & data***	Prospective semi-structured interviewing and screening. All qualitative questions are provided. Different stages of interview process are explained. Live, telephonic, or video interviews took place. Further details on recording are not provided. AQ and IQ data additionally collected and reported.	**Good**	**4**
4. ***Sampling***	12 adult participants (acceptable size for thematic analysis). All UK-based. Recruited through social media, the project site and community organisations. Convenience sample as basis. Age, gender, and mean years of education (total sample) provided. Further context not provided.	**Good**	**4**
5. ***Data analysis***	Thematic analysis of transcripts, all steps provided. The first author coded the data, the first two authors derived the themes from the codes, and collaboration to finalise themes by all. Inductive approach was taken.	**Good**	**4**
6. ***Ethics & bias***	Ethical committee clearance was obtained. Written informed consent was obtained. Participants could opt out of answering questions. **ASC collaborators were included in developing questions. The positionality of the authors is brought in.	**Good**	**4**
7. ***Results***	Results are clear and logical. There is ample discussion and justificatory quotes. The text matches the graph model. ** It is possible to track demographics back to a quote. Results are directly relevant to study focus.	**Good**	**4**
8. ***Transferability or generalizability***	Authors admit that a UK sample may not hold cross-cultural extension. Education is vaguely outlined as a mean number of years studying. Findings must be based on the presumed homogeneity of the UK.	**Poor**	**2**
9. ***Implications & usefulness***	The study contributes to understanding different cross-neurotype communicative perceptions. Recommendations for research into peer support models is raised. Practical or clinical application has to be extrapolated.	**Fair**	**3**

SCORE:	**31**	**GRADE:**	**A**

ARTICLE: Dachez & Ndobo (2018): Coping Strategies of Adults with High-Functioning Autism: A Qualitative Analysis			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts to possible relevance, but rationale is unclear, which makes it difficult to contextualise listed results (as masking is called 'normalising' here). Method, aim and sample are clear. Themes are named.	**Fair**	**3**
2. ***Introduction & aims***	The literature is clear and theoretically comprehensive. Masking is discussed, but the focus of the study is broader on general coping rather than hiding or	**Fair**	**3**

	pretence. A very clear gap is raised. The aim is outlined but no question or hypothesis is given.		
3. ***Method & data***	Semi-structured prospective interviewing. Mixed medium (live, Skype and telephonic). Basic demographics collected. Verbal permission was obtained to record all interviews. Data collection procedures are clearly laid out. Research questions are not provided (broad discussion themes are given)	**Fair**	**3**
4. ***Sampling***	Sample (31) is ample for thematic analysis. French combination of convenience and purposive sampling – via author's own network. Age range and gender outlined. Although highly condensed, qualification and employment are also provided. Districts are provided. Sample motivated for being mild severity as study was on HFA.	**Good**	**4**
5. ***Data analysis***	An inductive approach to open (constant comparative) coding and analysis was conducted. The first author generated codes and discussed these with the second author until consensus was reached.	**Good**	**4**
6. ***Ethics & bias***	Authors state they had no need for ethical approval given (French) national risk benchmarks for research. However, no other standards for good research practice are mentioned beyond this. Consent was collected from participants. Bias or positionality are not discussed.	**Poor**	**2**
7. ***Results***	Results are clear, discussion is provided with ample justificatory quotes. ** It is possible to track participant age and (presumed) gender identity based on assigned names/pronouns. A theme tally is provided. **There are not tables that require explaining. The findings are directly relevant to study focus.	**Good**	**4**
8. ***Transferability or generalizability***	HFA individuals in different *regions* of France (provided). Although not stated as clearly as could be, data tabulation implicates high level of college qualification with lower employment level. This provides a fair base from which to extrapolate further.	**Fair**	**3**
9. ***Implications & usefulness***	The study contributed to different coping strategies of HFA. Although suggestion for identity and female masking research is briefly raised, very little research or application recommendations are made for the breadth of the findings. Application of special interests is raised as an example for conclusion, rather than discussion.	**Fair**	**3**

SCORE:	**29**	**GRADE:**	**B**

*Given the study was published 2018, leeway was given for the fact that it does not draw on many clearly demarcated camouflaging instances as later studies. The age range for adults is given as 15+ and I accept this exception to the 16+ outline of the study, seeing as the sample is adult focused and predominantly adult. In lieu of needing ethical clearance for the study, I felt it more necessary than ever for the authors to reflect the ethical or 'good practice' principles or guidelines that directed the study. While an ethical committee would mandate certain codes of conduct, the current study requires the authors to inform us what their own were. Difficulties in France with ASD diagnoses are raised. It is still unclear though why all participants are discussed in light of the DSM-4 diagnostic criteria, as it is clear that some participants had only been diagnosed within the last 2-3 years, after the DSM-5 criteria were released 2013, and whether France was late to adopt these updates.

ARTICLE: Davidson & Henderson (2010): 'Coming out' on the spectrum: autism, identity and disclosure			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title indicates good chance at relevance. Background, rationale and aim are very detailed. The sampling is *somewhat* clear, and discourse analytic approach is raised. Findings related to 'passing' and 'concealment' are raised.	**Good**	**4**

2. ***Introduction & aims***	Although brief, the literature is very clear and guides towards the stated aim of the study. Masking (although not named such) is well outlined. The gap is clear. No hypotheses or questions are stated.	**Fair**	**3**
3. ***Method & data***	Analysis of existing self-reports and autobiographies (text-based), which is well motivated. Aside from the statement of that a literature search took place, there is not further methodological description of how the search was conducted, which search terms were used, when 'saturation' was possibly decided, etc.	**Poor**	**2**
4. ***Sampling***	The study draws on autobiographical accounts. No tabulation of the 45 sources is provided, and as such it is not possible to say anything about the demographic details of 'participants'. The source is well-motivated and roughly outlined, but no procedures in line with transparent review methodology are provided..	**Poor**	**2**
5. ***Data analysis***	Critical discourse analysis of first-hand personal accounts to derive rhetoric themes. It is not clear which of the authors collaborated in which stages of coding or how themes were discussed or negotiated between the two – although broad steps are outlined. Study implied to take on a post-positivist, social constructionist lens.	**Fair**	**3**
6. ***Ethics & bias***	Author discloses their position as an AS writer. The study would not have warranted ethical approval as the sources are openly available and published by the original writers. The direct names of the original writers are provided as references (in this instance this was accepted).	**Good**	**4**
7. ***Results***	The results are very clear and deeply discussed. Extensive justificatory quotes are provided and the findings contribute depth to masking literature. The results are relevant to the study focus on identity / status disclosure. **There are not tables to be explained.	**Good**	**4**
8. ***Transferability or generalizability***	Author discusses that nature of sampling means data cannot be taken as representative of all AS cases. As no 'sample' details are provide, it is not possible to make any contextual extrapolation from the findings.	**Very poor**	**2**
9. ***Implications & usefulness***	The study positions its uniqueness and relevance of findings from its approach well. The need for more disclosure research is briefly raised. Beyond this, all application must be extrapolated from the findings or 'words' of 'participants' themselves, as there is no clear discussion or recommendation section.	**Fair**	**3**

SCORE:	**27**	**GRADE:**	**B**

* It has to borne in mind that this study was conducted through a sociological/anthropological lens, and not a psychological one. This impacts on the manner in which methodology and discussion is conducted. However, for the sake of consistency, this study had to be judged under the same quality scoring grid as the others. It was also borne in mind that this study took place in 2010, significantly before the current proliferation of camouflaging studies.

ARTICLE: Forster & Pearson (2020): "Bullies tend to be obvious": autistic adults perceptions of friendship [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title could allude to relevance of the study. Back-ground is *roughly* provided and aim is clear. Interview and IPA method are given. Sample is overall clear. *Masking*: the results vaguely allude to knowing formulas and unpacking aspects of social relationships.	**Fair**	**3**
2. ***Introduction & aims***	The literature is well balanced between and individual and societal focus. The gap in literature is *somewhat*	**Fair**	**3**

	clear. Aims are provided, however, the research questions/hypotheses must be extrapolated.		
3. ***Method & data***	Semi-structured interviewing pursued with 5 convenience sampled adults. Procedures are clear. Supplementary material with questions is not readily available or easy to find through link given. Interviews conducted at venue of participant's choosing or via online chat. Interviews were recorded for analysis.	**Fair**	**3**
4. ***Sampling***	Sample size (5) is acceptable for IPA method. Not stated where participants stem from (presumably all-most are UK). Opportunity (convenience) sampling took place over social media (inc Twitter) and personal networks. Self-reported diagnosis and independent living circumstance are provided along with age range and gender. All are described as having 'low support needs'.	**Good**	**4**
5. ***Data analysis***	IPA was used as the analytic approach, from a social constructionist perspective. Both authors independently coded and compared notes to form themes. A member checking mechanism was also included. Broad outline of steps provided.	**Good**	**4**
6. ***Ethics & bias***	Ethical committee approval was obtained as well as written consent. Voluntary withdrawal was permitted. The authors do not raise their own positionality in the study. Pseudonyms are provided to participants.	**Fair**	**3**
7. ***Results***	Results are clear and logical. It is possible to track justificatory quotes to the ** participant demographics. In-depth, literature-aided discussion is interspersed. **There are no tables that required explanation. The results are relevant to the 'friendship' and bullying focus.	**Good**	**4**
8. ***Transferability or generalizability***	The authors state they do not claim generalisations can be made. It must be extrapolated that participants come from the UK. Age and gender are provided but not further details. (see further below).	**Poor**	**2**
9. ***Implications & usefulness***	Study contributes novel personal perceptions on mate crime. The need for broader sampling and prevalence / crime research is raised. Implications for practice must be extrapolated.	**Fair**	**3**

SCORE:	**29**	**GRADE:**	**B**

*Masking was not raised as a point of discussion in the literature. However, it was also not the focus of the study, simply and incidental element of discussion, and so this section was not marked down for this aspect. As some sampling occurred online, as did some of the interviews, it is necessary for authors to re-affirm there are no international participants.

ARTICLE: Harmens at el. (2022): The Quest for Acceptance: A Blog-Based Study [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title indicates possible relevance. The rationale, aim, methods, participants and derived themes are clear. *Masking*: abstract does not make fully clear this is an element of discussion (although the lay abstract is more clear in this regard), but camouflaging is keyworded	**Fair**	**3**
2. ***Introduction & aims***	Literature is comprehensive and camouflaging is raised as a core topic of concern. The study direction is justified, with aims (topical and methodological) and research questions outlined. The 'gap' is framed more in terms of methodological novelty (and need for such)	**Good**	**4**
3. ***Method & data***	Open-access, blog-based text-review and analysis. Research choices are clear and motivated, including use	**Good**	**4**

	of support software ('MetaCrewler') in the search strategy and point of data saturation. Search terms and criteria are provided.		
4. ***Sampling***	245 blog entry text analyses (appropriate size) – sourced from open access blogs (search term and software named). Nationality of female authors as well as rough estimates at diagnostic age, year, and blog year are provided as closest equivalent to age. Bloggers are presumed to be predominantly white. Compromises around diagnostic categorisation are justified. [Contextual data was not possible to systematically gather] - **but listed comorbidities are. Reason for sample source is justified.	**Good**	**4**
5. ***Data analysis***	An inductive approach to critical-realist, reflexive thematic analysis was used. Relevance of camouflaging to theme detection is raised. A single rater generated codes that were then deliberated amongst the author team. Themes were back-referenced to blogs.	**Good**	**4**
6. ***Ethics & bias***	A section specific to positionality was included. The study received committee ethical clearance. The nature of the study (blog-based) means data protection cannot be assured but data was de-identified in the paper. Consent was not sought (which was accepted in this context).	**Good**	**4**
7. ***Results***	Discussion is interspersed with justificatory quotes by the bloggers. ** Quotes can be tracked to specific blogger demographics. Although the overlap of themes is raised by the authors, the 'distinctiveness' of each theme is not clear. The model correlates to the text. The results do relate to the study focus.	**Fair**	**3**
8. ***Transferability or generalizability***	Beyond adult females, it is difficult to say much about the demographic beyond the presumed homogeneity of the USA, UK, AU and Canada. While an understandable limitation of the method, it does hamper transferability and generalisability. Results must be roughly approximated as a 'Western' reflection.	**Poor**	**2**
9. ***Implications & usefulness***	Clinical implications of greater training needed for female ASD is raised, as well as forums and platforms for countering stereotypes. Article is reported as one of only a few to use naturalistic blog data. Methodological recommendations are further made.	**Good**	**4**

SCORE:	**32**	**GRADE:**	**A**

*The authors sourced data from blog posts, and as such, verbatim quotations mean that anonymization is not possible. The authors indicated that they made sure to only use open-access blogs from bloggers who indicated that they wished to use their platform for awareness raising purposes. Given such data was self-posted in the public domain towards this purpose, I consider the ethics sound.

ARTICLE: Hickey et al. (2018): 'Suddenly the first fifty years of my life made sense' [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts to possible relevance of the study. Very rough brief background with aim unclear, and nor is the direct aim explicated. The method + sample is clear and the fully laid out results do speak to efforts at 'reducing the visibility' of difficulties.	**Fair**	**3**
2. ***Introduction & aims***	Literature is clear and justifies the gap well (which is upfront provided). The aim is laid out, but the research questions or hypotheses are not presented and must be extrapolated.	**Fair**	**3**
3. ***Method & data***	Prospective semi-structured interviewing. Unclear whether interviews took place online or in person.	**Good**	**4**

	Interviews were audio-recorded for transcription. Interview questions are provided in appendices. AQ, depression and anxiety screen scores additionally collected.		
4. ***Sampling***	UK-base is clear, with convenience sample size (13) acceptable. Recruitment from NHS handing out leaflets, or social/ support groups in ***London***. 'Older' participants justified by study focus on late-diagnoses. Gender, age, relationship and habitation status, employment and education are provided. All identified as white. Saturation point is explained.	**Good**	**4**
5. ***Data analysis***	Thematic analysis by the first author. 4 transcripts were independently coded by another analyst for credibility. A member checking mechanism was also used. The inductive approach is referenced in one table. All steps are given.	**Good**	**4**
6. ***Ethics & bias***	Ethical approval was obtained and informed consent procedures were done. No specific reflection on positionality or bias is provided. No specific information around data protection is provided.	**Fair**	**3**
7. ***Results***	Results are presented in a largely summative format but the discussion is clear and in line with what the quotes justify. **Quotes can be tracked back to the specific participant's demographics. A theme count is given. The text matches the table, which does not require much explanation. The results match the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	The study collects a large range of information, including employment, ethnicity, habitative and educational status for UK-based participants. This provides excellent grounds for extrapolating the results to other samples. The city-context is also provided.	**Good**	**4**
9. ***Implications & usefulness***	The study took a novel approach in the late life stage sample. The role of in-group comparisons on esteem are recommended to be researched further. For application, local groups and networks should be recommended to clients ass soon as they receive a diagnosis.	**Good**	**4**

SCORE:	**33**	**GRADE:**	**A**

ARTICLE: Howard & Sedgewick (2021): 'Anything but the phone!': Communication mode preferences [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title may alert to relevance. Background, aim and gap is immediately clear. Mixed method modality raised. Sample relatively clear. *Qualitatively*: masking is listed as a found theme.	**Good**	**4**
2. ***Introduction & aims***	The literature is well nuanced, including when drawing on masking articles. The gap is *overall* upfront. The aim is overall provided across several paragraphs. Research questions are provided.	**Good**	**4**
3. ***Method & data***	Mixed method survey data collection with all stages clear. Qualitative input stemming from open ended questions. Data collected and recorded via Qualtrics. Study quantitative data stored on Open Science Framework. Open ended questions provided. AQ, GAD-7 and CAT-Q data additionally collected.	**Good**	**4**
4. ***Sampling***	UK convenience recruitment of 245 participants through Bristol Autism Research Group and Autistica. Sample size is ample (although not 100% clear if all contributed to qualitative data). Wide age range	**Fair**	**3**

	congruent with study goals. Gender identity, age, diagnostic status gathered. Further details were not collected.		
5. ***Data analysis***	*Qualitatively*: Thematic analysis was conducted. No further details provided.	**Very Poor**	**1**
6. ***Ethics & bias***	Authors provide some position as non-ASD team who sought ** consultation of ASD colleague to cross-check all interpretations. Ethical committee approval was obtained. Informed consent was obtained.	**Good**	**4**
7. ***Results***	Text results are clear and structured as the model is. Results are clear and provide a good degree of justificatory quotes and discussion. Participant demographics are difficult to tract, but this is acceptable given the large sample. ** Results are relevant to study focus.	**Good**	**4**
8. ***Transferability or generalizability***	The authors note they did not collect ethnicity or economic details. Study participants are presumably UK based given the recruitment sources (but not confirmed), and predominantly English, and further extrapolation must be based on the presumed homogeneity of the UK.	**Poor**	**2**
9. ***Implications & usefulness***	Novel input on ASD individuals' own preferences for communication modalities and 4 correlates. The direct application of findings is towards provision of multiple communicative modalities. The need for comparative research in NT samples is raised.	**Good**	**4**

SCORE:	**30**	**GRADE:**	**A**

ARTICLE: Hull et al. (2017): "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title indicates immediate relevance. The rationale, aims (and sub-foci), sample and methods are all clear. The found themes are outlined and relevant. Very efficient use of little word-space.	**Good**	**4**
2. ***Introduction & aims***	An extensive and encompassing discussion of the state of the field is given. Aims and sub-domains of focus are outlined, as well as 4 research questions. Several gaps are also highlighted in the form of clear questions still to be answered by research.	**Good**	**4**
3. ***Method & data***	Online prospective sub-study collection of survey data with different stages outlined. Survey questions are provided in appendices. Survey responses recorded over Qualtrics, with novel survey screen developed by the authors for camouflage data.	**Good**	**4**
4. ***Sampling***	Sample size (92) appropriate for both qualitative and quantitative aspects. International study with nationalities given. Convenience sample for exploratory work. Recruited through Cambridge [CARD] volunteer registry. Age range, and gender identity (& commentary on natal sex) are given. No further contextual details provided.	**Good**	**4**
5. ***Data analysis***	Inductively driven thematic analysis was used. One author developed codes and then a consensus approach was used whereby other authors audited codes and the two senior authors reviewed them. Member checking was done with subset of 6 participants. All steps given	**Good**	**4**
6. ***Ethics & bias***	Ethics committee approval was obtained. Informed consent was obtained prior to data collection. Participants were reminded they could withdraw at any	**Fair**	**3**

	point. Standard ethical guidelines were followed. Anonymised storage of data is raised. No positionality or bias from the authors is discussed.		
7. ***Results***	Themes are clear and follow in sequence on one another. A theme count is provided. The model is elaborated by the text. ** Participant age and gender is provided alongside each quote. All points raised are given discussion and interspersed with justificatory quotes. All results are relevant to study focus.	**Good**	**4**
8. ***Transferability or generalizability***	The authors indicate 15 different nationalities were sampled but only Britain, North America, Western Europe and 'other' are clustered. No economic, ethnic or occupational etc. data is provided. Results must be roughly approximated as a 'Western' reflection.	**Poor**	**2**
9. ***Implications & usefulness***	This early study contributes to several concretised aims and methods of camouflaging. Several avenues of possible research are raised. Implications for collaborative practice and better person-environment fit are raised.	**Good**	**4**

SCORE:	**33**	**GRADE:**	**A**

*The contributions of this paper are read in light of the fact that the study came out in 2017. Adulthood is defined as 16+ which falls within the parameters of the current study.

ARTICLE: Kapp et al. (2019): 'People should be allowed to do what they like': Autistic adults' views {Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title alerts to possible (niche) relevance. The background, aim,, methods and sample are clear. Masking is not directly raised (as it is not a core focus) but a lack of social acceptance around stimming is a listed result.	**Good**	**4**
2. ***Introduction & aims***	The literature is clear and comprehensive, makes the author's academic/political stance clear, shows the gaps, provides the aims. The research questions and hypotheses have to be extrapolated.	**Fair**	**3**
3. ***Method & data***	Dual mode data collection between single and focus group interviews, All interviews were digitally recorded. 2 single interviews took place over email, while remaining 17 were in-person. 2 in-person focus group interviews took place. Interview questions and prompts are provided. Semi-structured data collection is very clear.	**Good**	**4**
4. ***Sampling***	31 adults is appropriate sample size. Explicitly UK based, with recruitment from *Southwest England* and *London* – from residential homes, personal networks and a training centre. Motivated as diversifying the sample (needs base). Diagnostic status made clear. A broad, non-attributed outline of employment status was provided for the total sample. Age and gender identity also provided.	**Good**	**4**
5. ***Data analysis***	Inductive thematic analysis of results was conducted from within a critical realist paradigm. Multiple team members were involved in different stages and facets of analysis, all of which are clearly laid out in the paper. Interview and survey data was not differentiated. Cross-review by members took place.	**Good**	**4**
6. ***Ethics & bias***	Ethical committee approval was obtained. Participants provided written consent. Study is highlighted as co-produced by autistic self-advocates, providing context for positionality. Pseudonyms are given to participants.	**Good**	**4**

7. ***Results***	Results are clear and **can be tracked back to the demographics of specific participants. Ample justificatory quotes are provided. Models mirror what is explained in the text. The results match the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	A UK based, with regions made clear. Although employment status is somewhat provided, further ethic, economic etc details are not gathered, and data must be extrapolated based on the presumed homogeneity of the UK.	**Fair**	**3**
9. ***Implications & usefulness***	Study expresses it is one of very few to address this topic qualitatively. For application, the benefit of retaining and promoting non-harmful stims towards self regulation is put forward, as well as awareness raising. Comparative research into fidgeting, as well as investigation of each sub-domain of the findings is raised.	**Good**	**4**

SCORE:	**34**	**GRADE:**	**A**

*As masking was more incidental in this study than being a core focus, leeway was given with regards to literature and discussion around this theme. Participants discuss fears of being annoying or judged as resulting in attempts to suppress or curb obvious stimming behaviours. This is in line with the current study's operational definition of camouflaging.

ARTICLE: Leedham et al. (2020): 'I was exhausted trying to figure it out': The experiences of females [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts possible relevance. Rationale, aim, sample and IPA methods are clear. Results directly provided. Masking is alluded to in the theme "hidden condition"'s description.	**Good**	**4**
2. ***Introduction & aims***	The literature section is relevant and discusses masking. The gap is clear – including sample age considerations. The aim is raised. However, the research question or hypothesis must be extrapolated.	**Fair**	**3**
3. ***Method & data***	IPA-based semi-structured interviewing (with questions provided). In-person interviews underwent encrypted recording towards transcription.	**Good**	**4**
4. ***Sampling***	Sample of 11 is good size (IPA method). Recruitment took place through NHS networks (no further details). Diagnostic statuses made clear. Location is not given and must be inferred to be UK-based. Female sample motivated due to trend of late diagnoses. Age range and **comorbidities provided. No further context.	**Fair**	**3**
5. ***Data analysis***	Iterative (hermeneutic) approach to IPA style analysis of data. Participant debriefing took place after interviews. Coder is presumed to be first author based on their role as interviewer and note-taker. 3 transcripts per stage were audited by the other authors. Full stages are outlined.	**Good**	**4**
6. ***Ethics & bias***	Ethical approval was obtained. Interview schedule included ** ASC consultant development. Consent was collected. No reflections on positionality or bias of the authors are raised. Pseudonyms for anonymity are provided.	**Fair**	**3**
7. ***Results***	Table matches text results and theme frequency is counted. Results are clear, briefly discussed, justified by quotes and can be tracked to specific participants. Results are relevant to the broad study focus.	**Good**	**4**
8. ***Transferability or generalizability***	Location (inferably UK), but beyond this, extrapolation has to be based off of the presumed homogeneity of the UK context.	**Poor**	**2**

9. ***Implications & usefulness***	The study contributes to the meaning making in later stage of life female diagnosis. A call for participatory model in both research and application is raised. The need to reflect on time-of-diagnosis in samples is raised. Awareness raising efforts are motivated.	**Good**	**4**

SCORE:	**31**	**GRADE:**	**A**

ARTICLE: Lilley et al. (2021): 'A way to be me': Autobiographical reflections of autistic adults [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts to possible relevance of the study. Rationale not clear in main OR lay abstract, but (rough) aim, methods, sample and findings are clear. *Masking*: not expressly raised but (in main or lay abstract) but listed as keyword.	**Poor**	**2**
2. ***Introduction & aims***	Literature is comprehensive but the gap is somewhat unclear, as the authors highlight a robust set of similar studies all in agreement. Although methodological novelty is raised. The research question is provided. Methodology discussions are already discussed in this section. A clear aim statement must be extrapolated.	**Fair**	**3**
3. ***Method & data***	Oral-history collection with each participant across 3 stages of semi-structured interviewing. Data was permitted and recorded both in the form of digital audio recording or written submissions. All 3 stages are explained. Majority interviews over Zoom, with 2 over email and 1 in-person. Although semi-structured interviewing is mentioned, no schedule is provided.	**Fair**	**3**
4. ***Sampling***	Convenience (social media advertising) and snow-ball sampling used, with a very good sample size (26). AU residency made clear. Choice of participants very well motivated. Gender, age, level of education, occupation, number of children, diagnosis, and racial identity are provided.	**Good**	**4**
5. ***Data analysis***	Transcripts underwent inductive thematic analysis from a critical realist standpoint. Authors met weekly for four months to provide inter-disciplinary input on codes and themes. Iterative process of moving between a close reading of the data and the coding was done.	**Good**	**4**
6. ***Ethics & bias***	Informed consent was collected from participants. ASC researchers are listed as included. Positionality of each member was discussed in the course of generating themes. **The study also had additional ASC advisory input. Ethical clearance was obtained. Identity protection is discussed.	**Good**	**4**
7. ***Results***	The results are clear. An extensive amount of quotes are provided to justify points that are made. ** It is possible to track back each quote to a demographic list. Text matches the layout of the table. The results are relevant to the study question.	**Good**	**4**
8. ***Transferability or generalizability***	Participants are outlined as largely white, well-educated, middle class Australians. This does, however, along with age, gender and education, provide sufficient basis for transferability and generalisability.	**Good**	**4**
9. ***Implications & usefulness***	The overall novel contribution is not explicitly outlined, although the certain roles of trauma are raised as a less common literature theme, as well as the high self reflection of participants. Suggestions for future research can be extrapolated. Implications for practice are not clear.	**Fair**	**3**

SCORE:	31	GRADE:	A

ARTICLE: Livingston et al. (2019): Compensatory strategies below the behavioural surface in autism: a qualitative study			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title immediately indicates relevance. Rationale, aims and relevance are raised. The methods, sample and analysis are clear. Thematic findings are outlined and relevant. An extremely comprehensive abstract.	**Good**	**4**
2. ***Introduction & aims***	The literature is clear and relevant, with motives/gaps and brief aims outlined. The 3 research questions of the paper are provided (under analysis)	**Good**	**4**
3. ***Method & data***	'self-reporting' on an online platform, Prospective online survey data that included AQ and IQ screening and reporting. Recording is not discussed. Survey completion did not have to occur in one sitting. Survey questions is provided in supplementary appendices.	**Good**	**4**
4. ***Sampling***	Three different diagnostic categories were used (and motivated). Sample size more than ample for mixed methods. Convenience sample recruited through social media and UK NAS. Age range, gender, nationality, employment status, independent living, and co-morbidities provided.	**Good**	**4**
5. ***Data analysis***	Non-latent, inductive thematic analysis of open-ended question responses with software support (NVivo 11). One author coded the full set. Collated themes were reviewed by the research team. Quantitative analysis comparing diagnostic groups was pursued. No member checking was used.	**Good**	**4**
6. ***Ethics & bias***	Ethical committee approval was received and all participants gave their informed consent to the study. Original raw data is precluded from being shared. ** Funders are reported to have not held influence. The authors do not discuss any personal biases or reflexivity.	**Fair**	**3**
7. ***Results***	Results are clear and follow in logical progression. Results are mostly summary/discussion based, with a corresponding exemplar quote. Given the large number of participants, this is accepted, and further quotes are provided in the appendices. ** Tables quotes provide demographic details. The results match the study focus. It is a bit difficult to jump smoothly between the text and the model provided.	**Fair**	**3**
8. ***Transferability or generalizability***	An overall picture of age, gender, region, IQ and QA range, employment and independent living status are provided. This assists with broad generalisability and transferability. Ethnicity is not addressed. Regions are specified by continent rather than country, except for the UK and USA+Canada – lacking specificity.	**Fair**	**3**
9. ***Implications & usefulness***	The study contributed to delineating shallow and deep compensation and related social pressures. Research suggestions for delineate mode and consciousness of camouflaging is raised. Clinical implications for detection are raised.	**Good**	**4**

SCORE:	33	GRADE:	A

ARTICLE: Mantzalas et al. (2022): What Is Autistic Burnout? A Thematic Analysis of Posts on Two Online Platforms			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts to possible relevance. The abstract is extensive in every possible regard and includes explicit reference to masking as a theme from the results. Very efficient use of word space.	**Good**	**4**
2. ***Introduction & aims***	A full and comprehensive literature on burnout is provided including discussion of masking. A gap is somewhat clear. The aims are provided. Research questions or hypotheses have to be extrapolated.	**Fair**	**3**
3. ***Method & data***	Retrospective data collection from two social media platforms (text analysis). Justification for the unique nature of each is provided. Survey and interview questions were not relevant to provide. Data sourcing is tabulated ('Wrong Planet' and 'Twitter') and 'data scraping' software is described – which was exported and stored to Excel sheet.	**Good**	**4**
4. ***Sampling***	The sample size (683) is more than ample. As far as possible, the authors tried to confirm the diagnosis and age 18+ status of participants. Gender and age are provided as well where possible ('Wrong Planet' sourcing), but not systematically possible from Twitter users. Summative statements about subsets of the sample have to be provided. I am satisfied that data was provided in as far as it could be. **	**Good**	**4**
5. ***Data analysis***	An inductive, reflexive thematic analysis was conducted by the first author, using a critical realist framework, and GSRNVivo software. The first author generated codes and themes were then reviewed by the rest of the team. A full comprehensive outline of steps is given.	**Good**	**4**
6. ***Ethics & bias***	The study received formal ethics approval. Consent procedures for 'Wrong Planet' were pursued for the sake of direct quoting. The positionality of the author and motivation towards the study is well discussed. ** ASD colleague supported review was included. Full identity protection is not possible with the provision of quotes.	**Good**	**4**
7. ***Results***	Results are clear, with substantiating quotes provided. Quotes cannot be tracked back to specific participant demographics, but given the size of the sample this is acceptable. The model is explained by the text. An additional table of theme quotes is also provided. The results related to the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	Given that only an uneven degree of reporting on gender and age could be done, it is difficult to say anything further about the participants, where they come from, their economic context, etc. Furthermore, results are skewed towards social media platform users. It is difficult to extrapolate the results to other groups.	**Poor**	**2**
9. ***Implications & usefulness***	Findings confirm seminal work published concurrently with the authors'. The need and benefits of early intervention and coping strategy teaching are raised and encouraging of stimming. Suggestions for future studies on burnout risk and protective factors are raised.	**Good**	**4**

SCORE:	**33**	**GRADE:**	**A**

*The study collected social media posts and so it was accepted that difficulty around the collection of formal and consistent demographics would arise.

ARTICLE: Miller et al. (2021): ‘‘Masking Is Life’’: Experiences of Masking in Autistic and Nonautistic Adults			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title is immediately relevant. The rationale is overall clear, aim is provided, and the sample, methods and procedures are very clearly unpacked. Highlights of results are raised.	**Good**	**4**
2. ***Introduction & aims***	Literature is brief but dense, and immediately channels to the research aim and rationale (gap), as well as question	**Good**	**4**
3. ***Method & data***	Prospective sub-study with online survey data collection, with the full process described. Survey was hosted over and recorded on Qualtrics. The study is positioned within a larger unpublished paper. The open-ended question is provided.	**Good**	**4**
4. ***Sampling***	The sample size is good (144 in ASD group) and attrition explained. Diagnostic status (or ambiguity) is upfront discussed. Unclear if the study was international (convenience recruitment on Facebook & Twitter). Age and gender provided. No further contextual data, but ** comorbidities reported.	**Fair**	**3**
5. ***Data analysis***	Inductive (critical realist) thematic analysis of open-ended responses. This choice is also fully motivated. Two authors independently coded. Final clustering was sent to the third author for review. Semantic level coding.	**Good**	**4**
6. ***Ethics & bias***	Study underwent ethical committee clearance. There was no compensation offered. The study was anonymous. Consent procedures were followed. The positionality of the authors is discussed in terms of how it related to analysis.	**Good**	**4**
7. ***Results***	The results are clear and congruent. A good number of quotes and discussion is provided. ** Age, gender and diagnostic status can be tracked to a quote. The table makes sense in light of the text. The results are relevant to the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	As only age, gender, and diagnostic status are provided, it hard to draw any conclusions about the contexts in which participants are embedded (especially considering recruitment was online). The authors also recognize this limitation in intersectionality.	**Poor**	**2**
9. ***Implications & usefulness***	Recommendations for investigation into specifically harmful mechanisms of masking are raised – including clinical implications of support for people who have reported they had to mask. The study indicates the similarities and differences in different types of masking between AS and NT participants.	**Good**	**4**

SCORE:	**33**	**GRADE:**	**A**

ARTICLE: Milner et al. (2019): A qualitative exploration of the female experience of autism spectrum disorder (ASD)			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title alerts to possible relevance. Rationale is extremely clear and specific aim is *somewhat* clear. Method is clear. Same is overall clear. Age range of core participants is not indicated numerically or semantically. No direct reference to masking made, but direct findings are reported.	**Fair**	**3**
2. ***Introduction & aims***	The literature is comprehensive and gives extensive discussion of masking. The aim vague, although researchers admit it is a broad aim due to the scoping	**Poor**	**2**

	query. No hypotheses or questions are provided. The specific gap the study is addressing is also rather vague.		
3. ***Method & data***	Study is first part of the third phase of a larger project (twin-study). Centre-based group discussion (N = 4) or otherwise home visits / telephonic interviews (including postal consent procedures) were used for data collection. All discussions were audio recorded. Paper-based informative and consent sheets. Interview questions available in appendices.	**Good**	**4**
4. ***Sampling***	UK-based women embedded in longitudinal SR Study, motivating their use. Diagnostic inclusions mentioned. Recruitment source is provided for each specific person. Sample size (22) more than sufficient. Younger participant age ranges are unclear, and it must be extrapolated they would have been minimum age 16-18 (not reported as such*). Economic information is not given.	**Fair**	**3**
5. ***Data analysis***	Thematic analysis between two of the authors (with regular discussion for cross-checking of coding) [this is enough to constitute an audit score although the paper is vague beyond this]. Themes were checked – unclear by who but assumed to be the last two author. Unclear if review of discussion incorporated the further two authors. Analysis frame not provided.	**Fair**	**3**
6. ***Ethics & bias***	Information sheets and consent forms were provided. Ethical committee clearance was obtained. Ethical guidelines are outlined. Reflexivity is not provided on the position of the authors.	**Fair**	**3**
7. ***Results***	Results are clear and follow in logical sequence. The text reflects the table given. ** Demographics are possible to track back for each quote. Sufficient discussion and justification is given. Results are relevant (bearing in mind the study focus was quite broad).	**Good**	**4**
8. ***Transferability or generalizability***	Authors acknowledge small sample size makes it difficult to assess impact of race, culture, economic status. However, as only (unclear) age and gender are provided, context must be based on the presumed homogeneity of the UK.	**Poor**	**2**
9. ***Implications & usefulness***	Study contributes to providing alternative narratives to established ASD literature. Research into the difference made by diagnostic / gender / comorbidity status is suggested. The need for adaptations to diagnostic processes is briefly mentioned.	**Good**	**4**

SCORE:	**28**	**GRADE:**	**B**

*This is a smaller study embedded within a larger longitudinal study. The age descriptions are confusing to read. With regards to younger participant age ranges, the youngest range is listed as 11-18, with the total age range (in text) being mentioned as 11 - 55. The text indicates that the sample was already "so far" established from age 12 "and then" this group wad followed at 18. It is unclear why the 11-18 age range was necessary if all interviews are established at age 18. As four years has passed since the first study (2015), I interpret that all participants would have been age 16 upwards, and move on from there.

ARTICLE: Milton & Sims (2016): How is a sense of well-being and belonging constructed in the accounts of autistic adults?			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title alerts to possible relevance. Rationale is not clear (must be sought in the 'points of interest' but aim is clear). The approach, data source and interpretive frame is clear. *Masking*: is not directly alluded to in results or keywords,	**Poor**	**2**

2. ***Introduction & aims***	Literature on wellbeing and belonging is very clear and raises the gap. The research questions is provided. Aims of the study are clear.	**Good**	**4**
3. ***Method & data***	Exploratory text analysis on digitally published magazine ('Asperger United') article submission from the ASC community. Data collection is well laid out. Survey or interview questions are not relevant in this instance. A 6 year window period was used, with all publications from issue 54 – 78 scoped.	**Good**	**4**
4. ***Sampling***	361 publications reviewed (ample). The data source (magazine publications) and method for screening is very clear and motivated. However, demographic details are not provided. Given the nature of the method, it could be that it was not possible to meaningfully (systematically) extract demographic details on all participants, other than being adults on spectrum [thus only one score subtracted]	**Fair**	**3**
5. ***Data analysis***	An interpretivist (latent) approach was taken for inductive thematic analysis of magazine article publications. The first author undertook generating codes, and themes that were generated were audited by the second author. All steps are outlined.	**Good**	**4**
6. ***Ethics & bias***	An ** advisory committee as well as ethical committee approved the study. Consent for open-access published content was not required. A disclaimer around the authors' interpretive frame is provided. The position of the principle author and possible bias is addressed.	**Good**	**4**
7. ***Results***	Results are clear and mirror the summative table. Results are largely discussion based with justificatory quotes serving more as examples than an original cohort. Nonetheless, given the number of data sources (361) this was taken as acceptable. The results match the study focus.	**Good**	**4**
8. ***Transferability or generalizability***	Given the nature of the 'sampling' it is not possible to say much at all about the extension of the findings beyond the category of 'adult' and 'autism spectrum'. It is possible many 'participants' were UK based but this is not categorically stated.	**Very poor**	**1**
9. ***Implications & usefulness***	The study generates different domains in which belonging-linked wellbeing is a difficulty. Research into ASD friendly environments is suggested. A shift from a medical model of disability is suggested, as well as the development of AS-intended screens and surveys.	**Good**	**4**

SCORE:	**30**	**GRADE:**	**A**

*Data stemmed from published magazine input (e.g., articles, editorials, letters to editors) and as such methods and analysis largely concerns management of the text.

ARTICLE: Schneid & Raz (2020): The mask of autism: Social camouflaging and impression management [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	The title is immediately relevant. The study is well rationalised, and the aims and sample are clear. The method is overall clear. Camouflage is one core focus of the brief 'discussion' of results presented.	**Good**	**4**
2. ***Introduction & aims***	Comprehensive literature discussion is given framing ASD in sociological stigma management terms. Further geographic context is given. The aims are raised, but not clear questions or hypotheses are stated. The 'gap'	**Fair**	**3**

	is framed more in terms of the new analytical lens with which to view the topic (accepted).		
3. ***Method & data***	Participatory research approach for semi-structured interviewing. Participants could choose 3 different modes of data collection/communication (inc. email) – all under support of ASC steering committee. Interview questions were available upfront for participant self-preparation. Live interviews were recorded for transcription. Research questions are not *readily* available, even in attempts to access appendices.	**Fair**	**3**
4. ***Sampling***	The sample size is good (24). Participants recruited through mixture of author's networks, social media, and snowball sampling (thus convenience base). Diagnostic statuses are clear. Need for Israel-based research is motivated. Age, gender, employment status, living conditions, diagnostic status, sense of community belonging are reported. Participants are presumably Hebrew-speaking Isreali *nationals*	**Good**	**4**
5. ***Data analysis***	Open (constant comparative) reflexive approach adopted to coding and analysis. Theme generation was a collaborative effort between the authors and a steering committee. Unclear what the broader framework was.	**Fair**	**3**
6. ***Ethics & bias***	Although not explicitly its own section, the two authors do discuss their background, positionality and motivation for the study. ** The study was supported by an ASC steering committee. The study underwent ethical committee review. Consent procedures are not addressed.	**Fair**	**3**
7. ***Results***	Results are clear and congruent. Both discussion and justificatory quotes are given. ** It is possible to track quotes back to the participant demographics. Results relate to aims on the topic of stigma. *No tables are provided that require any explanation.	**Good**	**4**
8. ***Transferability or generalizability***	As the literature also serves to flesh out the Isreali context, and the living conditions, employment status, gender, age, and community involvement of participants is reported, enough context is provided to support generalisability and transferability. Authors report study included both high and low educated individuals.	**Good**	**4**
9. ***Implications & usefulness***	Study helps delineate camouflage from the broader phenomenon of impression management. Implications for the role of shared sociality in the community and emancipation from camouflage-forcing spaces is raised. Research sampling and methodological suggestions are also raised.	**Good**	**4**

SCORE:	**32**	**GRADE:**	**A**

*'Adult' age range commences at 16 + and so matches the parameters of the current study. Considering the study has a pointed focus on the Israeli context and recruited Hebrew speakers, we can presume that the participants were Israeli nationals.

ARTICLE: Tint & Weiss (2018): A qualitative study of the service experiences of women with autism [Abridged]			
	Comment	**Quality**	**Score**
1. ***Abstract and title***	Title might alert to relevance. The rationale is unclear and must be extrapolated, and likewise aims are inferred. Sample is provided. Method is minimally discussed (including analytic approach) but focus groups are raised. Masking is not raised despite it being	**Poor**	**2**

	an entire major theme of the study. Relevance is well outlined. Masking is given as a codeword.		
2. ***Introduction & aims***	Literature is brief, but comprehensive. Clear aims and research questions are provided. The literature gap is *overall* clear, if broad.	**Good**	**4**
3. ***Method & data***	Focus group prospective data collection (with demographic collected by pre-surveys). Interview questions ("topic guide" mentioned) is not provided. Implied that groups were in person but not clear – but groups were audio recorded for transcription.	**Fair**	**3**
4. ***Sampling***	Sample size (20) is ample for purpose. All ***Toronto*** (CA)-based females, with age ranges provided. Majority racial profile, relationship status, independent living status, educational status and employment status are provided [i.e., total sample summaries]. Sample group is motivated and diagnostic status discussed. Convenience and snowball sampling through advertising via community organisations (and their email lists)	**Good**	**4**
5. ***Data analysis***	Software supported (NVivo 11), inductive, semantic-level, thematic analysis. First author spearheaded coding and emergent themes were a mutual discussion. Study took an exploratory stance. All stages are provided.	**Good**	**4**
6. ***Ethics & bias***	Ethical clearance was obtained from university and informed consent was collected before data collection. Data is fully anonymised for protection. The authors do not discuss their own bias or positionality.	**Fair**	**3**
7. ***Results***	Ample quotation and discussion is given around each theme. Masking is clearly delineated and – although sometimes ambiguous as to whether the intention is definitional 'hiding' given that the theme is named after 'masking'. The text results relate to the provided table as well as to the study focus.	**Fair**	**3**
8. ***Transferability or generalizability***	This was a Toronto (CA) specific study with ample information provided about the group demographics. Although this is presented at majority level, and not per participant, it provides enough depth to assess the extension of findings.	**Good**	**4**
9. ***Implications & usefulness***	Study claims to provide novel insights into service experiences of women. For 2018, this statement is accepted. Further research into bolstering clinician awareness is recommended, as well as into masking. Recommendations for research are enmeshed with recommendations for application, but are clear none-the-less	**Good**	**4**

SCORE:	**31**	**GRADE:**	**A**

*The motivation for not correlating quotes to a specific individual's demographics is stated as protecting their confidentiality. Given the study did an ample job at providing background, this is accepted as an explanation and was not down-graded. Although the discussion on masking was somewhat vague in focus, this study came out in 2018 and the noted deficit in such studies is a fair note for the authors to make. For the abstract, very little clarity is provided on the type of data or results being generated (e.g., no reference to whether it is themes, or models, discourse, etc. or any form of analytic frame). Only focus groups are mentioned.

Appendix 4: Data Tabulation

Return

Section 1: Basic Sample Demographics

Study	Sample Size (Attrition/Exclusion)	National residence / Recruitment Milieu	Age Range (Rounded Mean)	Gender Delineations
Baldwin & Costley (2015)	82 final	Australia (*implied natal and immigrant participants*)	18-64 (Mean 32.7)	**82 Women** 0 Men final (200 in broader study) 0 Other
Bargiela et al. (2016)	14 final (3 dropped)	United Kingdom	19-30 (Mean 26.7)	**14 Women** 0 Men 0 Other
Bernadin et al. (2021)	4 **age-relevant** final [ASD group] (10 total in ASD group)s	United States	16-18 (Mean 17.0) [ASD **age-relevant** subset]	**3 Women** **1 Men** 0 Other
Botha et al. (2020)	20 final (2 dropped)	**14** United Kingdom **1** South America ***5** between "Europe, America, Israel or New Zealand"*	21-62 (Mean 37.2)	**9 Women** **9 Men** **2 Other**
Bradley et al. (2021)	277 final (69 dropped)	United Kingdom	**18+** (Mean 38.7)	**184 Women** **93 Men** 0 Other
Cage et al. (2018)	**63 final** (111 in total sample)	United Kingdom	18-72 (Mean 36.4) Total	**60 Women (total)** **27 Men (total)** **14 Other** ***reported (total)** **10 Unknown**
Cage & Troxell-Whitman (2019)	**91 final** (262 in total study)	// United Kingdom? (Based on prior study)	18-66 (Mean 33.6) Total	**135 Women (total)** **111 Men (total)** **12 Other (total)** **4 Undisclosed**
Collis et al. (2022)	12 final	// United Kingdom (presumed → face-to-face interviews)	18-23 (Mean 20.6)	**4 Women** **5 Men** **3 Other**
Cook et al. (2018)	**4 age-relevant**, (11 total; final) **Participant + parent considered 1 unit.	United Kingdom	16-17 (Mean 16.3) [Age-relevant subset]	**11 Women (4 age relevant)** 0 Men 0 Other
Cook et al. (2021)	17 final (5 dropped)	United Kingdom	20-64 (Mean 44.5)	**8 Women** **6 Men** **3 Other**
Crompton et al (2020)	12 final	United Kingdom	21-51 (Mean 33.6)	**10 Women** **2 Men** 0 Other
Dachez & Ndobo (2018)	31 final	France	15-53 (Mean 31.7)	**17 Women** **14 Men** 0 Other
Davidson & Henderson (2010)	45 final (autobiographies)	*Not provided*	*Not provided*	*Not provided*
Forster & Pearson (2020)	5 final	// United Kingdom? (based on methodology and institutional location)	22-25 (Mean 22.6)	**2 Women** **3 Men** 0 Other

Harmens et al. (2022)	24 final (Blog-posts)	**6** United Kingdom **16** United States **1** Australia **1** Canada	**18+** (//)	**24 Women** 0 Men 0 Other
Hickey et al. (2018)	13 final	United Kingdom	51-71 (Mean 60.4)	**3 Women** **10 Men** 0 Other
Howard & Sedgewick (2021)	245 (unclear if all provided qualitative input)	United Kingdom	16-74 (Mean 40.4)	**151 Women** **61 Men** **33 Other**
Hull et al. (2017)	92 final (9 dropped)	**51** United Kingdom **16** North America **15** West Europe **10** Other	18-79 (Mean 43.2)	**55 Women** **30 Men** **7 Other**
Kapp et al. (2018)	31 final	United Kingdom	21-56 (//)	**10 Women** **20 Men** **1 Other**
Leedham et al. (2020)	11 final	United Kingdom	43-64 (Mean 50.8)	**11 Women** 0 Men 0 Other
Lilley et al. (2021)	26 final (2 dropped)	Australia	45-72 (Mean 52.9)	**14 Women** **10 Men** **2 Other**
Livingston et al. (2019)	77 final [ASD group]	**53** United Kingdom **11** North America **6** Europe **6** Australia **1** Africa	18-77 (Mean 36.6)	**46 Women** **21 Men** **10 Other**
Mantzalas et al. (2022)	683 final (Social media posts)	// International ? (Social media sourcing)	Approximately 18-76	**61 Women (min)** **60 Men (min)** **Unknown Other**
Miller et al. (2021)	144 final [ASD group] (106 dropped) **Only ASD group included, as it is unclear what the ND group identifies with.	// International ?	18-74 (Mean 36.3) [ASD group]	**101 Women** **28 Men** **15 Other**
Milner et al. (2019)	22 final (inc. 4 parents)	United Kingdom	Unclear (16-18+ ?) at time of study	**18 Women** 0 Men 0 Other **Additional 4 parents
Milton & Sims (2016)	361 final (Magazine publications)	Magazine publication source is both UK-based & International	Unclear (Magazine is outlined as being run by & for adults)	Unclear (Magazine publication source)
Schneid & Raz (2020)	24 final	Israel	16-55 (Mean 31.0)	**13 Women** **10 Men** **1 Other**
Tint & Weiss (2018)	20 final	Canada	19-69 (Mean 35.5)	**20 Women** 0 Men 0 Other

MAXIMUM: 2669 participants on the spectrum	**1523 unclear** **United Kingdom:** **Minimum: 881 United Kingdom** **Suspected: 1160 United Kingdom** **minimum 115 Australia** **minimum 69 "North America"** Canada 21 United States 20 Unclear 28 [Possible 1 additional person] **minimum 53 "Europe"** West EU 46 France 31 Unclear 7 [Possible 1 additional person] **minimum 25 Israel** [Possible 1 additional person] **minimum 1 "Africa"** **minimum 1 "South America"** **minimum 1 New Zealand** [Possible 1 additional person]	Full age-range (age relevant people): 15 – (minimum) 79 *Not provided for 729 participants Mean age from available data: 35.40 *Not provided for 1166 participants	4 Parents (unspecified) 1059 Women 521 Men 103 'Other' 982 Unknown [1524 have clear gender reporting in male-inclusive studies]

Study	Ethnicity / Culture	Employment	Education	Economic Status or Living Circumstance
Baldwin & Costley (2015)	c. 56 'Australian' (68%) c. 15 'British or European' (18%) c. 11 'Other' (14%)	c. 14 Students (17%) c. 20 Full-time employment (40%) c. 31 Part-time employment (60%) **c. 17 Unknown (21%)**	c. 15 (Presumed) Unqualified (18%) c. 60 Matriculants (89%) c. 7 Tertiary (11%)	c. 38 Live with parents (47%) c. 10 Live with partner (12%) c. 24 Live alone (29%) c. 10 'Other' (12%) c. 7 Have dependent children (9%) c. 63 Live urban (77%) c. 19 Live rural (23%)
Bargiela et al. (2016)	*Not provided*	3 Students 7 Full-time employment 3 Volunteers 1 Carer (parent)	*Not provided*	7 are stated as being able to outright self-support 3 students were financially supported 4 Remainder unclear (inc. volunteers)
Bernadin et al. (2021)	*Not provided*	4 High School Students (*ongoing*)	Presumed mainstream high school students (?)	*Not provided*
Botha et al. (2020)	13 White-British 1 Black-British 5 White non-British 1 Mixed Race (South American)	*Not provided*	*Not provided*	*Not provided*
Bradley et al. (2021)	*Not provided*	32 Students 147 Employed 16 Volunteers 74 Unemployed or Unable to Work 5 Retired **3 Unspecified**	268 Matriculants (minimum?) 9 Special Needs Education	*Not provided*

Cage et al. (2018)	70 White-British (total) 18 White Non-British (total) 4 Mixed Race (total) 1 Asian (total) **7 Other *reported (total)** **11 Unknown (Total)**	16 Students (total) 18 Full-time employment (total) 12 Part-time employment (total) 7 Self-Employed (total) 33 Unemployed or Unable to Work (total) 5 Retired (total) **2 Other *reported (total)** **18 Unknown (total)**	4 No qualifications (total) 27 (Presumed) Matriculants (total) 32 Undergraduate or Trades Training (total) 27 Postgraduate (total) **12 Other *reported (total)** **9 Unknown (Total)**	*Not provided*
Cage & Troxell-Whitman (2019)	c. 225 White (85.8%) (total) c. 22 Mixed Race (8.4%) (total) c. 7 Asian (2.7%) (total) **c. 8 Unknown or Undisclosed (3%) (total)**	c. 63 Students (23.8%) (total) c. 76 Full-time employment (29%) (total) c. 28 Part-time employment (10.4%) (total) c. 20 Self-employed (7.7%) (total) c. 59 Unemployed or unable to work (22.3%) (total) c. 3 Retired (1.2%) (total) c. 10 Carer (3.8%) (total) **c. 3 Prefer not to say (1.2%) (total)**	c. 16 No qualification (6.1%) (total) c. 63 (Presumed) Matriculant (23.8) (total) c. 78 Undergraduate or Trades Training (29.8%) (total) c. 65 Postgraduate (24.9%) **c. 40 Unknown or Undisclosed (15.4%) (total)**	*Not provided*
Collis et al. (2022)	*Not provided*	10 Students 1 Full-time employment 1 Unemployed	10 Matriculant 2 Undergraduate (graduated) *Majority described as university students currently	*Not provided*
Cook et al. (2018)	4 White-British (/4 age relevant participants)	4 High School Students (*ongoing*)	2 High School (mainstream) 2 Special Needs Education	4 - All had employed parents to support them.
Cook et al. (2021)	12 White-British 3 White Non-British 1 Hispanic 1 Mixed-Race Non-British	4 Students 6 Full-time employment 7 Part-time employment 2 Volunteers 1 Carer 1 Unknown* **[Categories are not mutually exclusive]**	1 Matriculant 8 Undergraduate 8 Postgraduate	8 Live with partner/children 8 Live alone 1 Live with flatmate

Crompton et al (2020)	*Not provided*	*Not provided*	**Average of 18 years of education (implication: majority at post-graduate level ?)	*Not provided*
Dachez & Ndobo (2018)	*Not provided*	c. 1 Student (high school) (3%) c. 7 Students (university) (23%) c. 5 Employed (21% of c. 23 remainder) **c. 18 *Unspecified (derived from c. 23 non-student remainder)**	c. 1 High school (ongoing) (3% total) c. 6 (Presumed) Matriculants c. 24 Tertiary educated (university or college) (74% of subset (17) + ongoing students)	*Not provided*
Davidson & Henderson (2010)	*Not provided*	*Not provided*	*Not provided*	*Not provided*
Forster & Pearson (2020)	*Not provided*	*Not provided*	*Not provided*	1 In sheltered housing 4 Live with family
Harmens et al. (2022)	Of 24 participants, authors *believe* most were white	*Not provided*	*Not provided*	*Not provided*
Hickey et al. (2018)	11 White-British 2 White Non-British	2 Full-time employment 3 Part-time employment 4 Unemployed or unable to work (>10 years) 4 Retired	5 Matriculants 6 Undergraduate 1 Postgraduate 1 University (unspecified)	3 Live with partner 2 Live with family 4 Live alone 2 Live in supported living 1 Lives in private house-share
Howard & Sedgewick (2021)	*Not provided*	*Not provided*	*Not provided*	*Not Provided*
Hull et al. (2017)	*Not provided*	*Not provided*	*Not provided*	*Not provided*
Kapp et al. (2018)	*Not provided*	5 Students 7 Employed 3 Volunteers 16 Unemployed or Unable to Work	*Not provided*	A portion of sampling occurred at ASC-specialist residential housing
Leedham et al. (2020)	*Not provided*	*Not provided*	*Not provided*	*Not provided*
Lilley et al. (2021)	25 White Australian 1 Mixed Race Australian-Aboriginal	19 Employed 1 Volunteer 5 Unemployed or unable to work 1 Retired	1 Unqualified 1 Matriculant 16 Undergraduate 8 Postgraduate	Of 26 – *Majority* middle class
Livingston et al. (2019)	*Not provided*	16 Students 30 Full-time employment 12 Part-time employment 4 Volunteer 15 Unemployed or unable to work	*Not provided*	54 Live independently 23 Do not live independently

Mantzalas et al. (2022)	*Not provided*	*Not provided*	*Not provided*	*Not provided*
Miller et al. (2021)	*Not provided*	*Not provided*	*Not provided*	*Not provided*
Milner et al. (2019)	*Not provided*	*Not provided*	*Not provided*	*Not provided*
Milton & Sims (2016)	*Not provided*	*Not provided*	*Not provided*	*Not provided*
Schneid & Raz (2020)	Implied that the 24 participants are Israeli, but no further details	8 Employed 11 Volunteers 4 Unemployed or unable to work 1 Unknown	*Not provided*	9 Live alone (private property) 10 Live with family 3 Live in a group/foster home 1 Other
Tint & Weiss (2018)	18 White (90%) 2 Other (10%)	11 Full-time (school or employment) (55%) 2 Part-time (school or employment) (10%) 6 No such engagement (30%) 1 Retired (5%)	**Already Attained*** 4 Matriculants (20%) Undergraduate or 13 Trades Training (65%) 3 Postgraduate (15%)	11 Live independently or with partner (55%) 9 Live with family (45%)
MAXIMUM: 2669 participants on the spectrum	**2103 Unclear** **Minimum 477 White** Specified White-British Specified White-Australian Other **Minimum 29 Mixed Race** **Minimum 8 Asian** *unspecified **Minimum 1 Black-British individual** **Minimum 1 Hispanic individual** *unspecified	**1743 Unclear** **Minimum 641 Full-time Occupied** 9 High School 166 Tertiary 154 Employed full Time 86 Part-time Employment 213 Employment Unspecified (inc. 13 Self-employed) Unclear **Minimum 19 retired** **Minimum 217 unable to work or unemployed** **Minimum 38 Volunteers** **Minimum 11 Carers**	**1876 Unclear** **Minimum 36 Unqualified** **Minimum 458 Secondary Matric** 447 Mainstream (presumed) 11 Special Needs (specified as such) **Minimum 299 Tertiary Studies** 155 Undergraduate 112 Postgraduate 32 *Unclear*	**Too few and inconsistent for worthwhile discussion

Study	Study Type (Focus) Collection Method (Source)	Diagnostic Status: ASC Participants [Screen score range] *No studies themselves did more than screen	IDD Status: ASC Participants [IQ score]	Comorbidities [Screen: Score Range] (SR = Self-Reported)
Baldwin & Costley (2015)	**Mixed** (Qualitative) **Survey** (Self-response)	82 Formal diagnoses [//]	82 Self-reported no IDD [//]	*"A minority alluded to […] (OCD)-type behaviours* (SR) c. 70 Consider self to have a mental health condition

				such as anxiety or depression (85%) – most commonly stress and anxiety (SR)
Bargiela et al. (2016)	**Mixed** (Qualitative) **Survey and Single Interview** (Self-response)	14 Formal diagnoses [AQ-10: 6-10] [Cut-off: 6]	14 Self-reported and partially-screened no IDD [WTAR Verbal IQ: 85-124]	**13 Anxiety** [HADS-A: 7-20] [Cut-off: 8] **3 Depression** [HADS-D: 1-15] [Cut-off: 8]
Bernadin et al. (2021)	**Mixed** (Qualitative) **Survey and Single Interview** (Self-response)	4 Self-reported (formality *presumed* based off discussion of sample) [//] (age-relevant group)	4 Self-reported no IDD [//] (age-relevant group)	*Not provided*
Botha et al. (2020)	**Qualitative** (//) **Single Interview** (Self-response)	15 Formal diagnoses 5 Self-*identifying* [//] Some participants indicated as being non-verbal	*Not Provided*	*Not provided*
Bradley et al. (2021)	**Mixed** (Qualitative) **Survey** (Self-response)	206 Formal diagnoses (reported in-table) [AQ: mean 36.55] [Cut-off: 26] 71 Self-*identifying* (reported in-table) [AQ: mean 33.55] [Cut-off: 26] (in-text only reports female figures)	277 no IDD [unclear how this was derived]	211 Depression (SR) 185 Anxiety (SR) 44 OCD (SR) 19 Bipolar (SR) 32 PD (SR) 8 Schizophrenia (SR) 19 Anorexia N (SR) 8 Bulimia (SR) 22 Myalgic Encephalopathy (SR) 5 Tourette's (SR) 10 Epilepsy (SR) 23 Dyspraxia (SR) 35 (S)LDs (SR) 20 ADHD (SR) 4 Developmental delay (SR)
Cage et al. (2018)	**Mixed** (Quantitative) **Survey** (Self-response)	100 Formal diagnoses (total sample) 11 Self-*identifying* (total sample)	*Not provided*	57 Depression (SR) 62 Anxiety (SR) 35 Social Anxiety (SR) 18 ADHD (SR) 18 OCD (SR) 9 PTSD (SR) 7 Bipolar (SR) 4 Tourette's (SR) **No. unclear Anxiety** [DASS-21]

				No. unclear Depression [DASS-21]
Cage & Troxell-Whitman (2019)	**Mixed** (Quantitative) **Survey** (Self-response)	262 Formal diagnoses (total sample) [RAADS-14: 14-42] [Cut-off: 14]	*Not provided*	c. 136 Anxiety (51.9%) (SR) c. 38 ADHD (14.5%) (SR) c. 8 Bipolar (3.1%) (SR) c. 133 Depression (50.8%) (SR) c. 20 OCD (7.6%) (SR) c. 25 PTSD (9.5%) (SR) c. 62 Social Anxiety (23.7%) (SR) c. 5 Tourette's (1.9%) (SR) **No. unclear Anxiety** [DASS-21] **No. unclear Depression** [DASS-21]
Collis et al. (2022)	**Mixed** (Qualitative) **Survey and Single Interview** (Self-response)	12 Formal diagnoses [//]	12 no IDD (this is author reported and unclear how it was derived, as it is only stated in the abstract)	*Not provided*
Cook et al. (2018)	**Qualitative** (//) **Single Interview** (Triangulated: Parent-daughter dyads)	4 Formal diagnoses [//] (age-relevant group]	*Not provided*	AGE RELEVANT: 1 OCD (SR) 1 Anxiety (SR) 1 Depression (SR) 1 Epilepsy (SR) 1 Moderate Learning Difficulties (SR) 1 Facial Tic Disorder (SR)
Cook et al. (2021)	**Qualitative** (//) **Single Interview** (Self-response)	17 Formal diagnoses [AQ: Mean 39.71, **all** above cut-off 26]	17 Self-reported and screened no IDD [TOPF: Mean 112.47, all > 70]	*Not provided*
Crompton et al (2020)	**Mixed** (Qualitative) **Single Interview** (Self-response)	12 Formal diagnoses [AQ: 25-47] [Cut-off: 26]	12 Self-reported and screened no IDD [WASI-II: 99-140]	*Not provided*
Dachez & Ndobo (2018)	**Qualitative** (//) **Single Interview** (Self-response)	31 Formal diagnoses [//]	31 Self-reported no IDD [//]	*Not provided*
Davidson & Henderson (2010)	**Qualitative** (//) **Text Review** (Self-response)	45 Self-reported (no further details) [//]	*Not provided*	*Not provided*

Forster & Pearson (2020)	**Qualitative** (//) **Single Interview** (Self-response)	5 Formal diagnoses [//]	*Not provided*	*Not provided*
Harmens et al. (2022)	**Qualitative** (//) **Media Text Review** (Self-response)	c. 23 Formal diagnoses [//] Minimum 1 Self-*identifying* [//]	*Not provided*	12 Depression (SR) 10 Anxiety (SR) 1 Bipolar (SR) 1 Suicidality (SR) 2 ADHD (SR) 1 Eating Disorder (SR) 1 PTSD (SR) 1 DID (SR)
Hickey et al. (2018)	**Mixed** (Qualitative) **Single Interview** (Self-response)	13 Formal diagnoses [AQ: 17-45, 3 below cut-off of 26]	13 Self-reported no IDD [//]	10 reported 1+ comorbidity **12 (mild) Anxiety +** [HADS: 0-20] **3 (mild) Depression +** [HADS: 0-16]
Howard & Sedgewick (2021)	**Mixed** (//) **Survey** (Self-response)	204 Formal diagnosis (completed) 41 Self-*identifying* (including those still in the process of diagnosis) [AQ-10: **0**-10] [Cut-off: 6 *** not used**] (unclear if qualitative data came from the full set of participants)	*Was not checked	***unclear Anxiety** [GAD-7: Mean 11.56, 0-21] [Min cut-off: 5]
Hull et al. (2017)	**Qualitative** (//) **Survey** (Self-response)	92 Formal diagnoses [//]	*Was not checked	*Not provided*
Kapp et al. (2018)	**Qualitative** (//) **Single & Group Interviews** (Self-response)	31 Formal diagnoses [//]	*Not provided*	*Not Provided*
Leedham et al. (2020)	**Qualitative** (//) **Survey** (Self-response)	11 Formal diagnoses [//]	*Not provided*	1 Depression (SR) 3 ADHD (SR) 2 Learning difficulties or disorder (SR) 1 Epilepsy (SR) 1 Dyspraxia (SR) 1 PTSD (SR)
Lilley et al. (2021)	**Qualitative** (//) **Single Interview** (Self-response)	26 Formal diagnoses [//]	26 Self-reported no IDD [//]	12 Anxiety (SR) 3 ADHD (SR) 1 Bipolar (SR) 2 Substance dependence (SR)

				1 Dyslexia (SR) 1 Dyspraxia (SR) 1 Eating Disorder (SR) 2 PTSD (SR)
Livingston et al. (2019	**Mixed** (//) **Survey** (Self-response)	58 Formal diagnoses [AQ-10: 1-10] 19 Self-*identifying* [AQ-10: 3-10] [89 of the total 136 participants (inc. those not relevant to this study) fell above the cut-off of 6]	*Possible IDD range varied [//] [ISCE: 0-7] (*"higher scores reflect higher educational attainment" – no further details). Sample is stated by authors as being overall highly educated.	10 Co-developmental disorder (SR) 30 Anxiety (SR) 5 OCD (SR) 18 Depressive Disorder (SR) 1 Bipolar (SR) 1 Eating Disorder (SR) 1 PD (SR) 3 Trauma or Stress Disorder (SR)
Mantzalas et al. (2022)	**Qualitative** (//) **Media Text Review** (Self-response)	683 Self-reported [//]	*Not provided*	*Not provided*
Miller et al. (2021)	**Qualitative** (//) **Survey** (Self-response)	144 Self-reported [//] (formality was not checked and this is acknowledged)	*Not provided*	28 Depression (SR) (total) 25 Anxiety (SR) (total) 6 Dyslexia (SR) (total) 5 ADHD (SR) (total)
Milner et al. (2019)	**Qualitative** (//) **Single & Group Interviews** (Self-response)	16 Formal diagnoses [//] 2 Self-*identifying* 4 Parents (dyadic affiliations not stated	*Not provided*	*Not provided*
Milton & Sims (2016)	**Qualitative** (//) **Media Text Review** (Self-response)	361 Self-reported [//]	*Not provided*	*Not provided*
Schneid & Raz (2020)	**Qualitative** (//) **Single Interview** (Self-response)	22 Formal diagnoses [//] 2 Self-*identifying* [//]	*Was not checked	*Not provided*
Tint & Weiss (2018)	**Qualitative** (//) **Group Interview** (Self-response)	20 Formal diagnoses [//]	20 Self-reported no IDD [//]	*Not provided*

*Please move to next page for Section 2

Section 2: Final Aggregate Report

Return

Totals may not add to *100.00%* given rounding. Leeway of 0.01% was given.

PARTICIPANT AGES *	**Range: 15–79** (729 participants are not provided a range)	**MEAN AGE:** (1166 participants are not provided a mean) [Right: Number of studies (N) provided]	Total sample (N = 28) 'Late-stage' studies (N = 3) 'High-school' studies (N = 2) Total exclusive of 'late-stage' and 'high-school' studies (N = 17) *Unknown* (N = 6)	**35.40 y** **54.70 y** **16.65 y** **34.16 y** .

GENDER	Women (minimum)	Men (minimum)	Other (minimum)	*Unknown*	Not applicable (Parent-input)	**Total**
	1059 (39.68%)	**521 (19.52%)**	**103 (3.86%)**	**982 (36.79%)**	**4 (0.15%)**	**2669 (100%)**
	1059 (62.77%)	*521 (30.88%)*	*103 (6.11%)*	.	*4 (0.24%)*	Reported Total *1687 (100%)*
	.	*521 (34.19%)*	*103(6.76%)*	.	.	*Mixed-gender studies 1524*

***** Age data above applies only to age-relevant participants (/subsets).

				Total 2669 (100%)
				*Reported Total *1146 (100%)*
NATIONAL RESIDENCE	****United Kingdom:**	Clearly demarcated (minimum)	.	**881 (33.01%)** **881 (76.88%)*
		Clearly demarcated + high likelihood (minimum)	.	*1160 (43.46%)*
	Oceania:	Australia (minimum)	.	115 (4.31%)
		New Zealand (minimum)	.	1 (0.04%)
				116 (4.35%) **116 (10.12%)*
	North America:	Canada (minimum)	.	21 (0.79%)
		United States (minimum)	.	20 (0.75%)
		Unclear (minimum)	.	28 (1.05%)
				69 (2.59%) **69 (6.02%)*
	Europe:	Western Europe	France (minimum)	31 (1.16%)
			Unclear (minimum)	15 (0.56%)
		Unclear (minimum)	.	7 (0.26%)
				53 (1.99%) **52 (4.62%)*
	Asia:	Southwest Asia	Israel (minimum)	**25 (0.94%)** **25 (2.18%)*
	South America:	*Unclear* (minimum)	.	**1 (0.04%)** **1 (0.09%)*
	Africa:	*Unclear* (minimum)	.	**1 (0.04%)** **1 (0.09%)*
	Unclear	.	.	**1523 (57.06%)**

				Total 2669	**(100%)**
				*Reported Total *516*	**(100%)*
ETHNIC / CULTURAL IDENTITY	**White**	White-British (minimum)		110	4.12%
		White-Australian (minimum)		81	3.03%
		Unclear (minimum)		286	10.72%
				477	**17.87%** **92.44%*
	Mixed or Bi-racial	*Unclear* (minimum)		**29**	**1.09%** **5.62%*
	Asian	*Unclear* (minimum)		8	**0.30%** **1.55%*
	Black	Black-British (minimum)		**1**	**0.04%** **0.19%*
	Hispanic	*Unclear* (minimum)		**1**	**0.04%** **0.19%*
	Unclear	**.**		**2153**	**80.67%**

				Total 2669 (100%)
				*Reported Total *926 (100%)*
EMPLOYMENT & RELATED (Cook et al., 2021 de facto listed as 'unclear' due to non-mutually exclusive categories)	**Occupation**	Active Student	Secondary (minimum)	9 (0.34%)
			Tertiary (minimum)	166 (6.22%)
			Total	175 (6.56%)
				**175 (18.90%)*
		Employed	Full-time (minimum)	154 (5.77%)
			Part-time (minimum)	86 (3.22%)
			******Unclear* (minimum)	213 (7.98%)
			Total	453 (16.97%)
				**453 (48.92%)*
		Unclear from above (Minimum)	Full-time (minimum)	11 (0.41%)
			Part-time (minimum)	2 (0.07%)
			Total	13 (0.49%)
				**13 (1.40%)*
				641 (24.02%) **641 (69.22%)*
	Unemployed or Unable to Work (minimum)	**.**	**.**	**217 (8.13%)** **217 (23.43%)*
	Retired (minimum)	**.**	**.**	**19 (0.71%)** **19 (2.05%)*
	Additional Categories	*******Volunteers (minimum)	**.**	**38 (1.42%)** **38 (4.10%)*
		(Full-time ?) Carers (minimum)	**.**	**11 (0.41%)** **11 (1.19%)*
	Unclear	**.**	**.**	**1743 (65.31%)**

** 'Unclear' employment covers vague, as well as self-employed or freelance, work categories.

*** 'Volunteers' as its own category only references studies that delineated this from other forms of employment work. Thus, the 'Employed' category, in some cases, also encapsulates volunteers.

				Total 2669 (100%)
				*Reported Total *793 (100%)*
EDUCATION	**Primary - Secondary**	Unqualified (Presumed < Matric) (minimum)	·	**36 (1.35%)** *36 (4.54%)
	Secondary Matriculant	**(**Presumed) Mainstream (minimum)	447 (16.75%)	**458 (17.16%)** *458 (57.76%)
		(Reported) Special Needs (minimum)	11 (0.41%)	
	Tertiary (University or Trades Training)	Undergraduate (minimum)	155 (5.81%)	**299 (11.20%)** *299 (37.70%)
		Postgraduate (minimum)	112 (4.20%)	
		Unspecified (minimum)	32 (1.20%)	
	Unclear	·	·	**1876 (70.29%)**

Appendix 5: Minimum Number of Exemplars (A-Graded Studies Only)

Section 1: Scanning Articles

As a reminder: at the full-text screening level, articles had to demonstrate at least one domain of the review foci [(a) (Camouflage) Behavioural Exemplars, (b) Intent of (Camouflage) Behaviours and (c) Contextual precedents of (Camouflage) Behaviours], and at least *any* three iterations or examples of any such domains. Articles that failed to do so were excluded, and integrated only so far as supplementing results in *Discussion*.

Note that the below is not a comprehensive report of all possible exemplars in each article, but a summary of the exemplars that were apparent from cursory screening of the text. Additionally, it must be noted that when screening for exemplars, *vague* references towards "adjusting behaviours" or "camouflaging" in order to "appear less autistic" were not accepted, as this is what definitionally constitutes 'camouflaging' at baseline in the study, and as such does not provide any further specificity. However, references to active suppression of one's own natural inclinations, interests or desires was accepted as a strategy, as was specific examples of how one might modulate their behaviour. The below table does not necessarily define the final categorization of an exemplar, merely the initial detection of one.

Study	CAMOUFLAGE ENACTMENTS / STRATEGIES	No	CAMOUFLAGE MOTIVATIONS	No	CAMOUFLAGE PRECEDENTS	No
Bargiela et al. (2016)	(1) 'Wearing a **mask**'; (2) Learning social behaviours from **TV, books & magazines**; (3) Social **mimicry**	**3**	(1) **Social pressures**: what is expected of young women; (2) Friendship: **uncertain** and intense; (3) **Hard to be friends** with neurotypical girls; (4) Please, appease, **avoid conflict**	**4**	(1) "…girls would notice someone who was **vulnerable and ''they'll generally put her down''."**	**1**
Bernadin et al. (2021)	(1) "maybe I just **don't say anything**"; (2) **hide** traits; (3) I'll try and **act more extroverted** and what I perceive as normal // more 'friendly'	**3**	(1) **acceptance**; (2) avoid **negative experiences**; (3) avoid **negative perceptions**; (4) don't know (**automated**); (5) People **take you more seriously** (not be treated lesser); (6) "I'm out **having fun**"	**4**	(1) "how well I know the person" (**comfort**)	**1**
Botha et al. (2020)	(1) **concealment** and withholding; (2) attempts to fit in (**assimilation**)	**2**	(1) **fear** of stigma and bullying	**1**	(1) "We are told to fit in or die." (**societal pressure**); (2) experience of stigma and dehumanisation	**2**
Bradley et al. (2021)	(1) ''**mimicking** social behaviours''; (2) attaching self to someone more social ''to **give the illusion of being sociable**'';	**6**	(1) it has become "**second nature**"; (2) need to r**espond in "right way**"; (3) pretend to **be "neurotypical"**; (4)	**9**	(1) ''stressful and **uncomfortable'' social situations**; (2) "pressure" of **needing to cope**; (3) When the **interactions are**	**5**

	(3) adopting a **set of ‘‘rules’’** // or a 'role'; (4) "constantly **monitor" behaviour**; (5) patterns and sub-patterns to describe every **situation based on every perso**n’’; (6) using **alcohol**		**avoid social rejection** // bullying (fear of incurring stigma); (5) desire to **be "accepted"**; (6) being normal makes **others feel "comfortable**"; (7) **function** through a day; (8) **not appear rude** or arrogant // not hurt people; (9) **compensate** what I don't naturally possess		**short** and meaningless; (4) armour around **people you are not comfortable with**; (5) specific **venues** (e.g., at university)	
Cage et al. (2018)	(1) hide away symptoms (suppression); (2) I can fake neurotypical behaviours	**2**	(1) I mask well so I am accepted	**1**		**0**
Cage & Troxell-Whitman (2019)		**0**	(1) **Fitting in** and passing in a neuro-typical world’ (to not stand out or feel different); (2) **Avoid retaliation** & bullying by others’; (3) Impression concern (**competence**); (4) Impression concern (**don't make others uncomfortable**); (5) habitual & **automatic** response; (6) ‘Internalised stigma’ (shame: own identity)	**6**		**0**
Collis et al. (2022)	(1) **Suppression of stimming** behaviour and emotional responses; (2) Constant self-**monitoring** and active **restraint**; (3) Adjusting the form of the behaviour	**3**	(1) don’t be **annoying or odd** to others; (2) **Self-consciousness** or shy;	**2**	(1) **lack of understanding** and negative responses (e.g., teasing) // reactive	**1**
Cook et al. (2018)	(1) successfully **hide their autistic characteristics**; (2) made **adjustments to their behaviour** in order to fit in; (3) **befriend[ing] others with […] differences** enabled them to feel accepted	**3**	(1) reluctant to be labelled or **singled out**; (2) desire for friendships or **belonging**	**2**	(1) **setting** (Masking their differences appeared to be more common in mainstream settings); (2) **isolation and bullying**	**2**
Cook et al. (2021)	(1) **bolster positive attributes** (seen as ‘similar’, ‘friendly’,	**6**	(1) certain behaviours are **automatic**; (2) desire for social	**5**	(1) important during **initial interactions with new people**; (2)	**2**

	'nice' & 'intelligent') // selectively disclose normative interest; (2) **conceal** (suppress behaviour & negative attributes ('weird', 'strange, threatening', 'dominating, boring'); (3) Portraying a conventional 'valued' identity or behaviours ("**be someone else entirely**") // making eye contact; (4) **constant monitoring** of own and others behaviours; (5) using **scripted phrase**s to hold conversation; (6) **watch and imitate** communication styles		acceptance (**"'valued' and 'liked' "**); (3) **compensate** for personal difficulties; (4) defend against negative perceptions (e.g., "rude", "weird", "shifty"; (5) it is more **for others' benefit** than for mine		adjusting behaviour in response to received criticism	
Crompton et al (2020)	(1) act normal and **study** people; (2) have a **neurotypical friend explain** things; (3) **hide stimming and communicative difficulties** around neurotypicals	**3**		**0**	(1) expectation of '**internalised ableism**'; (2) less ease around neurotypicals; (3) new people are l**ess predictable**; (4) **obliged** to follow neurotypical social structures.	**4**
Harmens et al. (2022)	(1) "I could **appear fairly ''normal''** for stretches of time"; (2) I became s**o many different people**	**2**	(1) Struggles with friendship and bullying; (2) Striving to fit in	**2**		**0**
Hickey et al. (2018)	(1) hide **'true' self**; (2) studying and **imitating** peers	**2**	(1) became **habitual**	**1**		**0**
Hull et al. (2017)	(1) develop different **personas** / characters to use during social situations; (2) structured '**scripts**' to follow rather than spontaneously 'chat'; (3) **monitoring** and 'rules' for behavioural engagement; (4) **hiding** one's ASC characteristics; (5) talking and **sharing less**; (6) **over-emphasise** reactions	**6**	(1) **blend in** to not draw attention of "deal with peoples' negative & sometimes evil reactions"; (2) I'm not even me on my own (**automated behaviour**); (3) get through interaction **quicker**; (4) survive within myself and accomplish tasks, goals, qualifications (**functionality**); (5) hide certain **personality traits** the same way as neurotypicals; (6)	**6**	(1) necessary for the initial stages of a friendship or relationship; (2) general social pressures ostracize difference; (3) make the chat more enjoyable for their social partners	**3**

			increase connections and relationships			
Kapp et al. (2018)	(1) **Suppress** the stim; (2) **transform** the stim into something else	**2**	(1) Avoid making people uncomfortable or judgmental (**devaluation**)	**1**	(1) Less acceptance in **public**; (2) Less repression with **people perceived as understanding**;	**2**
Leedham et al. (2020)	(1) wore different clothes ("person I put on"); (2) **mimic** others; (3) practice learning **social rules**	**3**	(1) internalised belief that **oneself is "wrong";** (2) need for **acceptance;** (3) some are **more unconscious**	**2**	(1) confusing social interactions;	**1**
Lilley et al. (2021)	(1) Playing a **role(s)**/ personalities(s) ("Mr Fancy Free"); (2) learning to **copy films and books**; (3) intentionally **hidden self.**	**3**	(1) feeling **marginalised**; (2) I believed that that's what **made one popular**	**2**	(1) when he was **dating** it was scripted; (2) **university personality** ("played role of student"); (3) **prior to diagnosis**	**3**
Livingston et al. (2019)	(1) masking (**decrease** undesirable behaviours); (2) masking (**increase** desirable behaviours); (3) "putting on a **performance**" (e.g., faking interests); (4) intellectually conceived **patterns** (e.g., eye contect or joke cues); (5) **preplanning niceties**; (6) use **tv phrases**	**6**	(1) functional/**instrumental** (e.g., get a job); (2) develop **relationships**; (3) become "second nature" with time (**automating**); (4) **reputational** concerns (avoiding appearing socially inept), (5) **concern for others** (avoiding hurting feelings), (6) distress from any **social rejection** following compensatory efforts	**6**	(1) compensation is easier with **familiar people;** (2) **low pressure** environments; (3) compensation easier 1-on-1; (4) compensation more worthwhile for friends; (5) less worthwhile for inconsequential strangers; (6) masking preferred for superficial interactions	**6**
Mantzalas et al. (2022)		**0**	(1) facilitates **opportunities** (goals and resources) // it's a "tool"; (2) facilitates social **inclusion**; (3) consequence of not are **ostracism and bullying**;	**3**	(1) no putting the lid back on (**pre-coming out**); (2) **others pressure you** to continue masking; (3) no need with **friends and family**; (4) at work	**4**
Miller et al. (2021)	(1) **mirror** the patterns of others // "I feel as though I'm wearing a different person"; (2) Use of **alcohol**; (3) **suppress** sensory discomfort or stimming; (4) remember the things **other people want to talk about**	**4**	(1) **keep safe** // avoid victimisation; (2) **instinctual** // automated; (3) **cope** through the using the language of neurotypicals	**3**	(1) **pressure** ("forced to be someone else")	**1**
Milton & Sims (2016)	(1) learnt 'act' or **façade of normalcy**;	**1**	(1) be '**acceptable**' to others; (2) managing	**2**		**0**

			bullying; (3) **automated** (mask would have to be "surgically removed")			
Schneid & Raz (2020)	(1) **mimic** others; (2) have **friends explain** the situation; (3) run through an **artificial set of motions**; (4) moderating **degree of behaviour** (flux between too much and too little)	**4**	(1) **pass** as normal to avoid stigma and stereotypes; (2) behaviours are **auto-piloted**	**2**	(1) some situations are **ambivalent**; (2) **groups pressure** you to conform by criticalness of each action	**2**
Tint & Weiss (2018)	(1) "**Turn on normal**" for a limited duration (amend presentation)	**1**	(1) Holding neurotypical self-standards (**not worthy** of accommodation); (2) perform day-to-day (**functionality**); (3) "I want to be **behind the scenes**"; (4) **automated** ("clinicians "can't see it"")	**4**		**0**

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Section 2: Tentative Coding

The above exemplars were then condensed into a tentative set of initial codes to guide transcript coding. However, given the inductive approach of the study, additional codes or adjustments to codes were also allowed. The below initial codes furthermore did not make any assumptions of the relationship between (or nesting within) each other.

SUPRESSION Suppress 'stims' / Physical restraint / Hold back emotional response / suppress sensory discomforts / *hide traits or true self / say nothing / conceal and withhold / Conceal negatively associated traits / undesirable behaviours **MODULATION** Act more extroverted / friendly / attempt to fit in / adjust the form of behaviour (e.g., voice, tone, eyes) / Increase desirable behaviours / Bolster positive attributes and related selective disclosures / Appear "normal" for time-limited durations* **USE OF OTHERS** Befriend atypical others* / Stick close to social person in order to look social / Have friends that explain the situation **IMITATION** Social mimicry / watch and imitate / study people to learn how to compensate / consciously copy / mirror	**PRIORITISING OTHERS** Don't hurt others' feelings / don't appear rude, annoying or arrogant / don't make others uncomfortable / more for others' benefit / make chats more pleasant **COMPENSATING INTENT** Compensate for lacking skills* **ACCEPTANCE** Acceptance* / be acceptable to others **FRIENDSHIP BUILDING** Social inclusion / develop relationships / be valued and liked / Out having fun / friendship and belonging / be popular **HABITUATED** Automated / habit / "don't know" / second nature / auto-pilot / instinctual **REPUTATION** Taken more seriously (vs lesser) / appear neurotypical / Impression:	**UNCLEAR CONTEXT** Don't like interacting with people I can't 'read' / confusing situations / Ambivalent situations **PRECEDING LONELINESS** feeling lonely / isolation / **FAMILIARITY OF CONTEXT** How familiar the person is / No need with friends and family / Easy to mask with familiar people / Initial interactions / new people or relationships / unpredictable people / initial stages / When dating **VALUATION ON CONTEXT** Worthwhile with friends / Not worthwhile with inconsequential strangers / Mask in Superficial interactions / necessary for "chit chat" **NEUROTYPE** More around neurotypicals*

/ Intellectually conceived patterns (e.g., cues) **PERFORMANCE: TEMPLATES** Adopt a set of social rules / Run through artificial set of motions / Scripted phrases to hold conversation / template phrases / Preplanning niceties **LEARN SOCIALS** Know 'how' to think / Knowledge of social etiquette / Learn social 'rules' / Learn from media (tv, books, films) **PERFORMANCE: ROLES** Adopt roles / become different people / Learned to act (public responses) / Different clothes (persona) / Portray a valued identity / be someone else entirely / Fake neurotypical behaviour or interests / put on 'theatre characters' / different personality **BESPOKE ENACTMENTS** Patterns for each situation and person / Remember things the other people want to do or like to talk about **SUBSTANCES** *Alcohol **COMMUNICATION MODALITY** *Written communication **ACTIVE MONITORING** Transform 'stim' into something else / Self monitor behaviour* / Moderate whether you are being 'too much' or too little / monitor others' reactions	competence / Reputational concerns (don't appear inept) / be popular **SELF-STIGMA** Internalised stigma (self-shame) / oneself as being 'wrong' / not being worthy of accommodation / Internalised able-ism **AVOID NEGATIVE PERCEPTIONS** Avoid negative perceptions / not be singled out / not labelled / don't seem weird or 'shifty' / avoid devaluing judgements / feeling marginalised **ACTIVE SAFTEY** Fear of stigma and bullying / avoid rejection, bullying & retaliation / avoid distress of rejection / keep safe **COMFORT** Hang out comfortably without feeling self-conscious / Overcome shyness **STRATEGIC FUNCTION** Function through day / manage in neurotypical world / instrumental use (e.g., get through interview) / open opportunities / "tool" **SOCIETAL PRESSURES** Social pressures // expectations // respond in "right way" / Cope through 'changing languages' **GO UNDER RADAR** Fit and blend in / not stand out / To be 'behind the scene' (blend)	**LIFE PHASE** *Prior to diagnosis **THREATENING COMPANY** Bullying when in vulnerable space / Female-specific in-group expectations / Social pressures ostracise difference / Perceived 'understanding people' are less stressful / Experience of stigma and dehumanisation **FEEDBACK RESPONSE** Adapting due to specific criticisms / Reaction to lack of understanding or negative responses / Others pressure you to specifically mask / Group criticalness of specific behaviours **SETTING** Public spaces / at work/ Setting specified roles (e.g., student at university) / Easy in low pressure environments / Low pressure-settings / Impact of particular setting **HIDE DISTRESS** Hide struggles and meltdowns / don't show upset **NUMBER OF PEOPLE** 1-on-1 interactions / number of people **SITUATIONAL FORCES** Forced social pressure (fit in or die) / obliged to follow neurotypical social patterns / performance demands / forced to be someone else

Appendix 6: Complete List of Quote Extractions per Theme

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The below final theme groups, and the models created for the study, were derived from all A-Graded studies.
Text provided in red reflects input from B-Graded studies, which were only inserted once final themes had already been derived.

Category: 'Masking'

HULL ET AL 2017
Masking encompasses […] a distinction between the respondent's 'true' or 'automatic' behaviours, and what they present to the rest of the world.

HICKEY ET AL 2018
I was hiding my true self.

LILLEY ET AL 2021
At times, interviewees referred to an intentionally hidden self that they chose not to reveal in social encounters.

BRADLEY ET AL 2021
Participants […] described needing to ''constantly monitor'' (M, AS) their behavior.

STRATEGY: Suppression

MAIN THEME: Suppress, Withdraw, Withhold

BARGIELA ET AL 2016
Women commented that before having a diagnosis they would have ''just kept quiet.'' (F, AS)

BERNADIN ET AL 2021
"Instead of talking to them and maybe risking them being mean to me, maybe I just don't say anything." (F, AS, Minor)

BOTHA ET AL 2020
Concealment and withholding were directly talked about […]

COOK ET AL 2021
Some participants […] suppressing their more innate (and often autistic) verbal and non-verbal behaviours.

HULL ET AL 2017
Camouflaging was partly performed through suppressing, hiding, or otherwise controlling behaviours associated with ASC that were seen as inappropriate in the situation.
"I remain silent when I might otherwise have spoken, knowing that I can't always tell whether or not my comments would be welcome." (M, AS)
However, it is important to emphasise that not all respondents developed such structured rules for conversation; some simply had the goal of speaking as little as possible in order to get out of the interaction quickly: "[…] I avoid talking much […]." (F, AS)

LEEDHAM ET AL 2020
Sometimes avoidance of social contact was reported as being a preferable strategy.

LIVINGSTON ET AL 2019
Masking regulated existing behaviours, such as decreasing social behaviours thought by society to be undesirable (e.g., talking too much).

Facet: Passivity

BARGIELA ET AL 2016
Some women suggested that as their quiet and passive behaviours were seen as socially acceptable for girls, they had gone unnoticed, & proposed that had they been more disruptive they might have been noticed sooner.
They described how their perceived passivity, which they linked to their ASC, had led to unhealthy relationships and high-risk situations. One participant described feeling the need to ''please, appease and apologise - do what you're told'' (F, AS)

LEEDHAM ET AL 2020
Previously stuck in a passive position […] [Participant] took control and ended the relationship with her husband.

EXEMPLARS (Left)

- Keep quiet or speak as little as possible (perhaps an extension of passivity)
- Suppress innate or automatic existing behaviours or aspects / traits of oneself
- Avoidance of social contact
- Suppress immediate reactions

EXEMPLARS (below)

- Non-disclosure of personal information (inc. withholding diagnosis)
- Non-disclosure or -self-advocacy for own preferences
- Minimising non-conventional interests and activities
- Withhold distress and overwhelm (emotional, sensory- and fixation-based)
- Minimising or suppressing of restricted repetitive, behaviours / OR / active self-monitoring and substitution of subtle stimming behaviours.

MILLER ET AL 2021
[…] many participants emphasizing learning […] to suppress aspects of themselves.

SCHNEID & RAZ 2020
[…] "Or I reduce myself, like, to the point of suppressing my reactions." (M, AS)

SUB-THEME: Hiding personal information, needs and preferences

CROMPTON ET AL 2020
Autistic people felt obligated to minimise or mask their natural behaviours and preferences in social situations with neurotypical people.
One of the most difficult things when your friends say 'you should meet these people, they are great, let's all go out to a pub' […] on the other hand I don't want to, I want everybody to go somewhere that is not noisy. But I also don't want to be the person that makes us all go to a library . . . and speak in hushed tones. (F, AS)

BOTHA ET AL 2020
[…] such as withholding diagnosis.

COOK ET AL 2021
Some participants selectively shared information about themselves [...] minimising more autistic or less conventional interests, characteristics and difficulties

HULL ET AL 2017
Minimising the amount of time they had to speak […] ensuring the ASC individual did not take over the conversation by talking about themselves or their own interests. […] Respondents were often aware that talking only about themselves and their interests was not socially acceptable and so developed strict rules to control their self-focused talk. For some, camouflaging also involved not divulging personal details about themselves.
"I say as little about myself as possible as the more I say, the more likely it is that I say something inappropriate." (NB, AS)
"I do not talk about anything of interest to me […]." (F, AS)

LILLEY ET AL 2021
[…] no longer feeling ashamed by their autistic traits or preferences.

MILLER ET AL 2021
''The worst part is not being able to stim when I need to'' (F, AS)

MILTON & SIMS 2016
"I cannot talk about my real experience of life to most people, because they wouldn't understand or be interested. That makes me feel, as the saying goes, 'lonely in a room full of people'". (M)

DAVIDSON & HENDERSON 2010
[…] through a deliberate withholding of information […]

FORSTER & PEARSON 2020
"I certainly don't talk about special interests." (M, AS).

SUB-THEME: Hide distress and create and air of coping

BARGIELA ET AL 2016
In contrast, to their good behaviour in school, these women recalled having had regular emotional 'meltdowns' at home after school: "I was unbearable with my mother, but at school I was perfect." (F, AS).

COLLIS ET AL 2022
Participants also concealed distress in relation to their [*restricted, repetitive behaviours*] from others. This was particularly prominent with regard to the 'get upset about minor changes to objects' high order [*restricted, repetitive behaviours*]. [A participant] spoke of how they leant a book to a friend, only to watch "as if in slow motion" that friend break the spine of the book. Despite being in significant distress about this, they said: "It was like I didn't say anything at the time." […] because they knew that the other person would not understand the distress caused by their actions, they suppressed any outward expression of that distress.

HARMENS ET AL 2022
"When you have worked so hard to hold yourself together for so long, it is not easy to submit yourself to a [diagnostic] process." (F)

HULL ET AL 2017
Camouflaging was frequently described as being mentally, physically, and emotionally draining; requiring […] management of discomfort.

Difficulties were often hidden behind the mask of camouflaging.

LIVINGSTON ET AL 2019
"We all have a hell of a lot of difficulties and just because we hide them doesn't mean they don't exist." (F, AS)

MILLER ET AL 2021
Autistic participants specifically mentioned the interaction between cognitive and sensory processing, and masking. Some wrote about suppressing responses to sensory discomfort: ''I frequently mask sensory differences such as pain due to sounds with too high pitch, too low pitch, or too high volume'' (F)

TINT AND WEISS 2018
[…] fluctuating service needs. That is, they described days when they are able to mask their difficulties […].
"So to the outside observer I'm sure I look passable - no one is going to expect that inside I'm driving myself crazy."

BALDWIN & COSTLEY 2015
"Our pharmacy is in a busy shopping centre – the noise and activity is extreme. I have a meltdown (carefully hidden as much as possible) every week on average."
"I experience cognitive shutdown and often meltdown as the day goes on, and have to just keep working."
"I don't feel like the daily struggles of adults with Asperger's are well understood. I fight through (and hide, as best I can) a relentless struggle. I often feel like I just can't keep going."

SUB-THEME: Suppress 'stimming' behaviours
[With acknowledgement that two articles were dedicated specifically to stimming behaviours]

COLLIS ET AL 2022
[…] resulting in a self-consciousness of their [*restricted, repetitive behaviours*], and leading, in some cases, to suppressing […] that behaviour. […] They were in some way […] reducing their [*restricted, repetitive behaviours*].
[A participant] spoke of how they would isolate their own repetitive behaviours by stopping the [*restricted, repetitive behaviours*] the moment even family members came by, and restarting the behaviour once they had left: "[…] sometimes when someone walks by […] I tend to stop and then let them carry on and then I can carry on sort of thing."
Participants also discussed actively suppressing their [*restricted, repetitive behaviours*], using physical or mental restraint to prevent the [*restricted, repetitive behaviours*] from occurring. […] They talked of how they would reduce or completely suppress the behaviour […] eliminated the behaviour.

HULL ET AL 2017
Respondents described attempting to minimise their self-soothing or 'stimming' behaviours. […] "I prevent myself from doing any particularly visible or otherwise noticeable stims." (F, AS)
Many respondents reported needing time to recover after camouflaging, where they could be alone and release all of the behaviours they had been suppressing.

KAPP ET AL 2019
Many […] attempted to suppress their stims. […] participants tried concealing stimming from view.
"'If I thought anyone could see what I was doing, I could have stopped it." (F, AS)
They hid […] stimming.

MILLER ET AL 2021
Several people wrote about suppressing their stims, for example: ''many of us hide stimming […]'' (F, AS)

Facet: Role of Self-Monitoring

COLLIS ET AL 2022
This self-policing of their behaviours […] for some participants constituted a pre-cursor to suppressing the [*restricted, repetitive behaviours*]. […]
[…] substituting that behaviour. […] resulting in a constant self-monitoring of behaviours.
One strategy involved substituting their [*restricted, repetitive behaviours*] for a socially acceptable, or less obvious, alternative. […] so that they are more subtle or appropriate.

COOK ET AL 2021
"This [demonstrates hand flapping], works a lot better but it gets people's attention a lot more so […] we do this [demonstrates hand-wringing], it's a lot more socially acceptable". (F, AS)

HULL ET AL 2017
These techniques included using objects as 'props' to meet sensory needs in a subtle way.
"I still find myself doing things like shaking my leg repeatedly without noticing, but don't make any noises people would think are weird, don't full-body shake (like with the leg but…all of me) […] (F, AS)

KAPP ET AL 2019
Other participants reported transmuting stims into a more socially acceptable form that provided similar feedback. […] e.g., stimming on her leg rather than on her desk at university.
Transmuted stimming

MILLER ET AL 2021
"Choosing discreet stims" (F, AS)

COOK ET AL 2021
The camouflaging process also appeared to involve the dynamic monitoring of, and adaption to, cues in the social environment. Participants spoke of 'constantly' monitoring their own social behaviour to ensure they adequately performed camouflaging behaviours.

HULL ET AL 2017
Respondents described how these camouflaging techniques required intensive monitoring of the way they presented themselves.

STRATEGY: Pretense and Performance of Roles

MAIN THEME: Put on a performance

BARGIELA ET AL 2016
[…] costs of pretending to be someone else
''I honed something of a persona which was kind of bubbly and vivacious, and maybe a bit dim […]. So, I cultivated an image […] that was not 'me'.'' (F, AS)
Others reported having felt confused about their identity as a result of pretending to be someone else (F, AS)
Some had ''acted neurotypical' (F, AS)
Pretend to be interested in conversation topics.

BERNADIN ET AL 2021
[Participant (F, AS, Minor)] described negative consequences of this inauthenticity: "That is the downside of [camouflaging] […] you're basically changing who you are […] they're being friends with the person you're changing to become."

BRADLEY ET AL 2021
They describe […*a*] 'social mode'' (M, AS), ''people suit'' (M, AS) […] that they would use to cope with everyday social situations as if playing a ''game'' (F, S-AS), ''part'' (F, S-AS), or ''role'' (F, AS).

CAGE ET AL 2018
"I can fake neurotypical behaviour pretty well."

HARMENS ET AL 2022
"I became so many different people that I felt I'd lost any sense of my own identity." (F)

HICKEY ET AL 2018
Interaction retained a performance quality.

HULL ET AL 2017
Masking enabled respondents to present a different identity to the outside world […] concealing one's actual personality. […] In some cases, this went as far as portraying an entirely different character, and several respondents likened it to acting or performing a role, complete with costumes.
"I camouflage by putting on a character … I treat my clothes rather like costumes, and certain items of clothing help me to uphold certain personality characteristics of which character I am on that occasion […] They are all me at the core, but they are edited versions of me." (F, AS)
Lying about who they were.
"I feel like the weight of a black cloud is hanging on me having to be this fake version of me" (F, AS)
"Literally never being able to be myself." (F, AS)
"It becomes very isolating because even when I'm with other people I feel like I've just been playing a part." (F, AS)
"Just pretend to be interested in what people are saying." (F, AS)

CONTEXTUAL Sub-facet: Situational Roles

BARGIELA ET AL 2016
Several recalled being regarded as the ''teacher's pet'' (F, AS) or the 'model pupil'.

HULL ET AL 2017
"I have a repertoire of roles for: cafe work, bar work, uni, various groups of friends, etc." (F, AS)
Respondents often felt they were playing so many different roles, it was hard to keep track of their authentic sense of identity.
The character or aspects of the role could change across different situations:

LILLEY ET AL 2021
[Participant (F, AS)] described being 'on the outer' at high school, explaining "I'd flit around different groups".
'I was kind of playing the student role' (M, AS).

SCHNEID & RAZ 2020
"I have to be the alpha male. Like, taking the role of the actor, or the instructor, or the Emcee, or the mediator" (M, AS)

DAVIDSON & HENDERSON 2010
"I have **preprogrammed**/learned behaviors for church, meals, restaurants, casual, semi-casual, formal situations. With these programs as a cover-up, I am able to accomplish much that is considered normal, successful, desirable. But this is a shell, and within it I'm bombarded and puzzled."
[Participant] has managed to perfect her protective skills as a performer to the extent that: 'There are times when I am in professional mode and the person I am with would probably never believe I was autistic […]"

FORSTER & PEARSON 2020
I had to practice how to be a student in mainstream education, it is like playing a role." (M. AS).

MOTIVATIONAL Sub-facet: Roles defined by a specific other

BARGIELA ET AL 2016
"I honed something of a persona […] that I brought out to social situations as my partner's girlfriend." (F, AS)
[The pressure to have sex] is what is expected of you [to be] a good girlfriend (F, AS)

CAGE & TROXELL-WHITMAN 2019
Because [camouflaging] makes my wife less embarrassed to be seen with me"

LEEDHAM ET AL 2020
Some participants took on a persona that was ego dystonic in order to fit in:
"[I wore] different clothes to everything that I wore at home … I hated this person that I put on." (F, AS)
Disguising their true selves.

LILLEY ET AL 2021
Interviewees variously described themselves as 'playing a role' (M, AS), 'playing with identities' (F, AS) or 'trying on different personalities' (F, AS). This description of role-playing was most frequent in early adulthood: […] [Participant (M, AS)] said that at university, "I was mister footloose and fancy free […]."
Sometimes this role-playing was accompanied by marked identity fluidity […] "My mother said afterwards, before you left home, it was like you didn't have a personality" (M, AS)
"I'd just kind of been all these characters and I didn't know who I was" (F, AS)
"I didn't know about masking or camouflaging but I knew I could not present my true self to the world" (F, AS)
"I'm like some performer . . . like a one trick pony that is trying to fake my way through life." (M, AS)

LIVINGSTON ET AL 2019
Compensation often involved some deception (e.g., faking interests).
Participants reported that compensation—widely described as "putting on a performance"—resulted in a diminished and uncertain sense of self.

MILTON & SIMS 2016
"I have developed an 'act' to be 'normal', which has allowed me to interact with people" (M) […] Some talked of a learnt performance of normalcy.
Others described how creating a facade of normality that subsumed their sense of authentic self.

SCHNEID & RAZ 2020
Taking the role of the other.
Many respondents described in this context how social functioning will always be artificial for them, a kind of going through the motions […] Many respondents thus felt that their social behavior was not really theirs […] but something contrived.
Respondents thus viewed much of their social behaviour [… as] A special personality that needs to be built in order to face the world while keeping the "real me" intact.

BALDWIN & COSTLEY 2015
"I have learned to act […] I still think what I like, but mask it behind a smile."
"I had to study acting to appear as normal for the customers."

DACHEZ & NDOBO 2018
The participants also often use theatre vocabulary, explaining that they have the impression that they are playing a role, wearing a costume, being on the stage, like [Participant (F, AS)]: "I realised that the school playground was like a theatre stage, I had to act in a play".
However, this is a strategy that can be exhausting in the long term. In fact, this **borrowed** personality requires constant effort, and prevents the person from being in tune with him/herself.
"[…] knowing how to play a "character" in brackets could help quite a bit." (M, AS)
"I often react with humour. Humour is one of my ways of reacting or explaining things in general. For example, if someone says to me "Oh you can speak?" I answer "Oh yes, you see how well I can pretend, eh!"" (F, AS)

DAVIDSON & HENDERSON 2010
The 'qualified deception' repertoire: Providing rich insights on the complexities of passing, the qualified deception repertoire "is based on the idea that activities involving varying degrees of fabrication, either via a reconstruction of the details […] [Participant] also writes of putting on a front and 'acting out' social ritual […]

LEEDHAM ET AL 2020
[Participant's (F, AS)] ex partner's approach has the potential to leave her feeling self-conscious or that her behaviour somehow needed modifying to meet the societal ideal.
"I won't always tell him [husband] that I don't understand, to make it less embarrassing." (F, AS)

DAVIDSON & HENDERSON 2010
Although [Participant] is ordinarily fairly open about autism, she finds that place and purpose affect her decision about whether or not to temporarily take cover. Discretion is at times preferable to disclosure: "After all, if you're having dinner at your boyfriend's parents' house, […] it is definitely not the time to amuse them with your eating habits."

Facet: Feeling like a fragmented patchwork

BRADLEY ET AL 2021
The effort it took to ''pretend'' […] they are ''neurotypical''. Many described having lost the ''real me'' […] or feeling ''fake'' […] and having ''little of 'me' left'' (F, AS) because they were ''a patchwork of acts'' (M, AS).

LILLEY ET AL 2021
"And what was my life before diagnosis? It was bits and pieces of disconnected things […] And there was no centre." (F, AS)

EXEMPLARS

- Pretend to be a different (/neurotypical) person (changing facet's of one's identity or personality)
- Develop a context-specific persona(s), identity variation or character(s) that can be 'performed' as a 'role'
- Pretend to be interested in a topic
- Fake interests
- Use outfits or items of clothing to uphold a persona
- Take on a blasé or nonchalant air
- Make use of humour to distract or detract from suspicions
- Adopt a pre-given role such as the "good student"
- Use socially accepted ailments as excuses.

In certain times and places, however, it becomes impossible to blend in, and drawing attention to aspects of one's difference might be essential to the successful, if not fully disclosed, negotiation of social geographies. Referring to an everyday encounter with a clerk in a grocery store, [Participant], for example, explains that "she may have to repeat things to me because of my problem of deciphering sounds in a noisy environment. I say, "sorry, I have trouble hearing in a noisy area"—I don't tell her about my diagnosis of autism.' Other less contested or stigmatized conditions can also be used as a front, and [participant] describes referring to migraines as "an excuse that is accepted by almost everyone."
"If I pretend to be rubbing my temples, as if I am warding off a headache, people do not react oddly when they see me."
When people put pressure on her to eat: "I claim to be allergic. And if they still keep pestering me with questions about my eating habits."

SUB-THEME: "The Mask" as definitionally a persona

BARGIELA ET AL 2016
To cope, many described 'wearing a mask' or taking on a certain 'persona'.
One woman described using her 'mask' as a 'double-bluff' technique to openly joke about an aspect of her behaviour that her peers might have labelled as autistic: ''I'll mask if I act weird which is typical of ASC, I'll make a joke about it.'' (F, AS)
"Maintain my neurotypical mask'' (F, AS)

BRADLEY ET AL 2021
[An] ''invisible mask'' (F, AS) that they would use to cope with everyday social situations.

CROMPTON ET AL 2020
"You can let your mask down. You don't have to be a certain way with them" (F, AS).

HULL ET AL 2017
Masking encompasses the aspects of camouflaging that focus on hiding one's ASC characteristics and developing different personas or characters to use during social situations.

LEEDHAM ET AL 2020
[A] need to 'mask' or develop a persona.

LILLEY ET AL 2021
"Which self? Which pretend mask?" (F, AS)

MILTON & SIMS 2016
"I have wondered how other people in the same position have 'embraced' their Asperger's personality and shed the masks" (F)

DACHEZ & NDOBO 2018
They talk about a "social mask" and sometimes even what seems to be the creation of a false self.

DAVIDSON & HENDERSON 2010
[Participant] describes his use of situational "masks."

HULL ET AL 2017
One way to easily identify the appropriate role to play was to mimic the behaviours of others during a social interaction.

Category: 'Tools' for a Growing Repertoire

FORSTER & PEARSON 2020
These statements were indicative of participants learning to socialise like one may learn to ride a bike. Instead of relying on 'implicit' social signals that neurotypicals pick up on more easily, here the participants treat socialising as a skillset to be learned.
[…] had worked hard to develop their understanding of others.

STRATEGY: Imitation

MAIN THEME: Mimic and Replicate

BARGIELA ET AL 2016
Strategies that women learnt from […] other people.
Social mimicry was another strategy used in social situations. However, young women reported that mimicry was automatic and unconscious. […] "I honestly didn't know I was doing it

Facet: The iterative process

COOK ET AL 2021
Participants' idiosyncratic repertoires of camouflaging behaviours were developed and refined through an iterative process.

[social mimicry] until I was diagnosed, but when I read about it, it made perfect sense. I copy speech patterns and certain body language." (F, AS)
Some young women had noticed that they would quickly pick up accents from other people […] "I automatically mimic what other people are doing, what people are saying, how people say things, I went on [Girl Guide] camps…and I would come back with strong accents. But I can't consciously put on an accent…my way of coping is that I mimic." (F, AS)
Many had found that the effort required to process consciously people's behaviours and later act them out, was exhausting.
First, the role of social mimicry was considered: "There's potential for you copying a guy's flirtatious behaviour without realising that's what you're doing." (F, AS).

BRADLEY ET AL 2021
Participants described […] how they spend time ''watching others'' (F, AS), ''mimicking social behaviours'' (F, AS).

COOK ET AL 2021
Other participants described carefully observing people (autistic and non-autistic) engaging in social interactions from afar, carefully noting the manner in which they engaged with and responded to each other. Some reported focusing in particular on the behaviours of socially valued individuals.
"Everyone seemed to really like her and they always used to say things like, 'Oh, she's so happy, she's so funny', […] So I changed my laugh […] to make it a bit more like hers." (F, AS)

CROMPTON ET AL 2020
[Non-autistic people] "never had to study autistic people in the same way I study them." (F, AS)

HICKEY ET AL 2018
After conceptualising their difference, participants engaged in a process of studying their peers and imitating their social performance.
"You emulate things […] you actually outwardly become exactly like everybody else." (M, AS)
"And I tried to smile like they smiled." (F, AS)

HULL ET AL 2017
Behaviours could be copied directly from the person in front of them, or could be identified and learned from observing others interacting […] Some respondents went as far as to copy clothing style, mannerisms, and even interests from others.
"I try to copy socially successful people by trying to imitate their speech and body language and trying to understand their interests." (M, AS)

LEEDHAM ET AL 2020
Mimicking served a survival function.

MILLER ET AL 2021
[…] mirroring behavior, expressions, dress sense, and speech: "I copy people's phrases, and dress sense too." (F)

SCHNEID & RAZ 2020
"I looked outside all the time to see how other kids are behaving." (F, AS) […]
"In a normal social situation with other normal people … mimic the others." (F, AS)
"To overcome and understand what others think […] In order to imitate behaviors. To imitate behaviors … The autistic perception works in such a way that they see, they have understanding in lots and lots of details, […] These marginal details. Focusing on the marginal." (M, AS)

TINT & WEISS 2018
Engage in social observation and mimicry.

DACHEZ & NDOBO 2018
[…] by imitating their peers or concealing their difficulties.
"I realised that mimicking […] could help quite a bit." (M, AS)

Other participants described […] trialling these behaviours.
" I started practising my laugh." (F, AS)

LEEDHAM ET AL 2020
[Other strategies] were practised with the aim of learning social rules and appearing 'normal' when making comparative evaluations to people.

LIVINGSTON ET AL 2019
A range of internal factors were found to drive compensation and modulate strategy success. Compensation was linked to individual differences in autism-related (e.g., detail focus) and non-autism-related (e.g., intelligence) processes, to plan, execute, and refine strategies.
These individuals now found social situations easier […] through refining strategies.

FORSTER & PEARSON 2020
"I feel like I've taught myself just through loads of very strict, conscious practice over the years.

EXEMPLARS

- Copy their speech patterns (inc. accents) and body language during an interaction
- Do what other people do (mannerisms) and say what other people *phrase*, dress as others dress
- Copy the interests others express
- After the interaction, act out, re-enact or outright trial / practice the behaviour of others
- Observe and study (socially valued individuals (?)) as a third party, and copy aspects (e.g., manner of laughing, manner of smiling)
- Track all the minute details of social interactions
- Copy phrases and behaviours from different media sources, including from fictional characters.

SUB-THEME: Learn from Media

BARGIELA ET AL 2016
Strategies that women learnt from various media […] Many women described actively learning how to 'mask' from different media sources including characters on television, magazines, […] and novels: ''They'd have the right behaviour for certain things, so 'If you want this, you should do this'.'' (F, AS).
Another woman learnt phrases and facial expressions from fictional literature in order to manage more unpleasant situations, such as bullying. ''When I was being bullied, there's this book by Ellen Montgomery and the character Emily, whenever somebody is horrible to her…she just looks at them, and because of her expression they go away.'' (F, AS)

HULL ET AL 2017
Behaviours […] could be identified and learned […] from watching television and films.

LILLEY ET AL 2021
I spent so much of my life living with this paradigm that I'd made out of books that this is somehow what life is meant to be about.
He learned many of his behaviours from 'Hollywood films' and 'reading different books'.

LIVINGSTON ET AL 2019
"I repeat myself or use tv/film phrases and sometimes say things which are out of place." (F, AS)

STRATEGY: Active Social Training

MAIN THEME

BARGIELA ET AL 2016
learning how to 'mask' from […] books on body language […]
Other women used skills they had actively learnt, such as ''a guide to being assertive'' (F, AS) provided by a counsellor and skills learnt in their jobs.

MILTON & SIMS 2016
[Specific social interactions]: "The autistic spectrum is so wide that I know many of you will be reading this thinking, 'Oh, I don't need social skills training', but some people do, especially around bullying." (F)

SCHNEID & RAZ 2020
"There was nobody there, if I look back, that told me, listen, let's help you learn how to communicate. Let's help you navigate, understand what is correct, in various social issues, how to manage situations." (F, S-AS) […] The respondent stressed that while she wanted someone to instruct her, at the same time such instructing felt coercive. This was an inevitable source of conflict for her: […] "Sometime I get insulted … like, what is wrong with me?" (F, AS)

BALDWIN & COSTLEY 2015
77% indicated that they had not received enough support to make friends and develop social skills.
I would like to have some basic knowledge of social skill etiquette so I can be with a group of friends comfortably, without feeling self-conscious about making a mistake.
I would like to learn skills for overcoming shyness.
Reflective of these statements, 62% of participants reported that they needed support to improve their social skills, and 44% expressed a need for support to help deal with bullying and discrimination.
... spoke of their desire for greater understanding by others […] and help with developing skills and strategies in areas such as communication and coping with change.
A number of the open comments recorded across the survey suggested that the women had actively sought (or, at least, identified a need) to 'learn' aspects of communication and social behaviour that would enable them to relate to others in a way that would be perceived as appropriate.

*Continue on to next page

Category: Cognitive Strategies

STRATEGY: Templates

MAIN THEME: Rules, Heuristics and Templates

BRADLEY ET AL 2021
[Participants] describe adopting a set of "rules". (F, S-AS)

HULL ET AL 2017
By camouflaging and using structured techniques, respondents could reduce some of this uncertainty.
The other aspects of camouflaging centre around developing explicit strategies […] Respondents often described these techniques as 'rules' […].
Different expressions were identified as important for different situations, and so many respondents described keeping a mental list of how to behave depending where they were.
[Adjusted behaviours] included non-verbal and verbal signs of interest in the interaction, which were also used to encourage others to continue speaking and so take the pressure off the ASC individual to respond appropriately.
"I'm not good at knowing when it's my turn and I also tend to just blurt out things or keep talking when I should have stopped, so I prep myself always in social situations to have a reminder or tag or internal buzzer about not speaking too much and trying to do more listening, nodding, agreeing." (F, AS)
Respondents reported developing rules or guidelines […] These were more generalised and so could be prepared ahead of time and applied to different situations. These camouflaging strategies were used to help the ASC individual get through 'small talk' or more in-depth conversations […]
[*Explanations*] included minimising the amount of time they had to speak, giving them more time to prepare things to say.
"I make generic comments rather than offering specific ones that might reveal my more unusual traits." (M, AS)

LIVINGSTON ET AL 2019
Compensation involved intellectual and executive functions to regulate social behaviour, such as intellectually conceived patterns about social norms […] and switching between social rules.
Differing levels of compensatory strategy […] Many strategies, involving shallow compensation were simple and inflexible (e.g., laughing after joke cues).

DAVIDSON & HENDERSON 2010
"Every social encounter requires constant decoding and then selection of an appropriate response […]"

Facet: 'Ask questions' rule

HULL ET AL 2017
One rule was to ask questions of the other people.
"I've recently tried to institute a rule about asking more "you" questions - how did that make you feel, what did you do next, what do you think about a given thing - instead of "me" or "I" statements." (M, AS)
"I try to ask them about the things they like, question after question, to keep conversation going but sometimes it doesn't work and they leave me." (F, AS)
"I find asking questions is the best deflection." (F, AS)

COOK ET AL 2021
"I did my usual party trick of she asks me a question and I just flip it back and I give her answers and flip it back and say, "And you?" It's my way of keeping the conversation going". (NB, AS)

LIVINGSTON ET AL 2019
(e.g., asking others questions about themselves)

EXEMPLARS

- Adopt a set of cognitively derived, explicit rules and guidelines to structure engagement in social situations
- Allocate specific facial expressions or behaviours to specific contexts /OR/ different rules for different contexts
- Use signs of interest (nodding, agreeing) to prompt the other person to keep speaking
- Use direct questions (and 'you' statements) to prompt the other person to keep speaking
- Set an internal 'reminder' or 'timer' for when to stop speaking - minimising the amount of speaking time
- Make general rather than specific statements
- Respond to demarcated prompts (such as joke cues)
- Pre-plan topics of conversation and prepare responses ahead of time (scripting)
- Use mental equations and patterns to interpret a situation or predict what is up-coming
- Create sub-patterns of behaviour for interaction with each person
- Make use of digital communication to allow for response planning

SUB-THEME: Scripting

BARGIELA ET AL 2016
The use of an online platform had made communication easier for some young women. For example, in normal face-to-face communication, one would be expected to 'read' body language, tone of voice and facial expression, so ''If all we have is typing for each other, then it's completely equal'' (F, AS). Women talked about being able to express themselves more clearly when they didn't have the pressure and anxiety to respond immediately, as with a face-to-face conversation. Further, use of messaging was also an easier and less awkward medium to express difficult emotions and access support from their friends.

COOK ET AL 2021

[Participant (NB, AS)] described being aware that they had difficulty maintaining conversations and used a scripted phrase to overcome this […]

HULL ET AL 2017
"I tend to think of one or two questions to ask the person and most people are so happy just to talk about themselves […]." (F, AS)
Respondents also described spending time before an interaction to prepare topics of conversation, including questions to ask, anecdotes to relate, and potential responses to others. These […] reassured them that they would have structured 'scripts.
"I usually also think up stories and how whole conversations might go before I have them so I have responses practiced as well as potential things to say." (F, AS)

LILLEY ET AL 2021
[Participant (M, AS)] commented that when he was 'dating' he was 'probably scripting everything'.

LIVINGSTON ET AL 2019
Preplanning social niceties

MILTON & SIMS 2016
Others talked of how they needed to prepare themselves for tackling an unforgiving environment.

BALDWIN & COSTLEY 2015
"I […] developed a list of public responses I refer to. […]"

HOWARD & SEDGEWICK 2021
In contrast to the strong dislike for phone calls, Written Communication was consistently a preferred form of communication […] Thinking time […] was the most given reason for preferring written communication – writing gave people 'time to think about what I want to say', provided the opportunity to 'arrange my thoughts and ask all my questions before sending' and the ability to 'make sure it looks good and reads well' so their words 'have the effect that [they] are looking for'. […]
Structured communication. Another major factor in favour of written communication was it being a 'structured way to interact' compared to face-to-face or phone calls, with some participants saying that they "research templates for what [they] need" or "find phrases [they] can borrow".

SUB-DOMAIN: Modulation of behaviour

BARGIELA ET AL 2016
[Participants] shared their regret and anger at having ''tried to be good'' (F, AS) for so long.

BERNADIN ET AL 2021
"So, I'll um, I'll try and act more extroverted […] Just so they can see that maybe I'm not the, I don't know, the angry quiet girl that never talks." (F, AS, Minor)

BRADLEY ET AL 2021
Participants described their experiences of camouflaging as the need to "adapt behaviour'' […]" (M, AS)
These ''rules'' were needed to help participants get ''all of the social cues right'' (F, AS) ''have the right facial expression'' (F, AS) and respond in the ''right way'' (F, AS).

CAGE & TROXELL-WHITMAN 2019
Some participants used camouflaging as a tool to manage others' impressions by presenting a particular image of the self, for example to demonstrate their competence and skills.

COOK ET Al 2018
Many [parents[reported how well their daughters coped or how they made adjustments to their behaviour in order to fit in.

COOK ET AL 2021
Some participants sought to promote their social image via positive attributes, reporting attempts to be perceived as 'similar' to their social partner, 'friendly', 'nice' and 'intelligent' […] engaging in social behaviours that demonstrated their positive attributes and highlighted

Facet: The Role of Monitoring

COOK ET AL 2021
At the same time, they described closely examining their social partner's interpersonal cues for signs of, for example, engagement and interest or boredom and discomfort. They then adjusted their behaviours in response to these cues:
"[The social partner] is nodding and appears to be engaged which is why I carried on with conversation. If she started to look bored and not terribly interested, I would have gone to a different topic of conversation, probably her." (M, AS)
Other participants described cognitive aspects of camouflaging such as monitoring their performance and the social cues of others as being challenging and energy consuming.

HULL ET AL 2017
The combination of controlled behaviour and appropriate conversation produced through camouflaging was often described as essential during social interactions […]
Camouflaging therefore often involved a constant monitoring of the situation, as if training oneself in self-monitoring, self-awareness, and monitoring others' reactions.

TINT & WEISS 2018
"Yeah, I'm totally aware when someone sees me as weird."
"Exactly! It's like your spidey sense is tingling. It's like, uh-oh, that person has received weirdness now I have to amend my presentation so that I can pass better."

FORSTER & PEARSON 2020
"Thankfully I can catch myself a lot better now." (M, AS)

similarities between themselves and their social partner. They avoided behaviours that potentially signalled undesirable traits […].
"What I'm trying to do is to smooth my tone of voice out . . . and make it sound less choppy which seems closer to what most neurotypical people do." (NB, AS).
Some participants selectively shared information about themselves, emphasising their more normative interests, and characteristics, or circumstances and minimising more autistic or less conventional interests.
"I do make eye contact with people." (M, AS)
"So, I had to train myself to do eye contact." (F, AS).

HULL ET AL 2017
Masking […] covered up those parts of themselves they were not happy with.
Explicit, compensatory strategies were reported by many respondents as a vital way to improve non-verbal communication with others.
Forcing and maintaining appropriate eye contact, or attempting to look as close to another's eyes as possible, was a common compensatory technique reported. Respondents also made an effort to display facial expressions of emotion or interest, even if they didn't feel this inside.

During the interviews participants expressed engagement with frequent self-monitoring during social interactions, suggesting that they found it difficult to 'be themselves': "I'll often get worried are they bored of what I'm saying and are they tired of me blathering on.

EXEMPLARS

- Adjust behaviours to a specific conception of what the public would consider the 'good' way or 'right' way
- Play up behaviours that present one's competence, intelligence or skills
- Promote positive attributes that others would see as 'similar', friendly, or nice
- Smoothen out tone of voice
- Selectively share normative interests and characteristics
- Make eye contact with social partner, or look in the vicinity of the eyes
- Display facial expressions (e.g., smiling) and emotions of interest
- Over-emphasise responses so as to not appear as having a 'flat affect'

"I look in people's eyes when I first meet them[…] because I know you're supposed to." (F, AS)
"I try to look people in the eye and make faces that fit the situation." (NB, AS)
Many respondents noted that their preferred levels of emotional expression and body language did not match those of others around them, and so over-emphasised these behaviours in order to communicate better.
"My autistic lack of non-verbal signals are read as hostility, arrogance or indifference by people, so I have to act the good will that I genuinely feel." (F, AS)

LIVINGSTON ET AL 2019
Making eye contact
Whereas compensation generated new behaviours, masking regulated existing behaviours, such as […] increasing behaviours thought to be desirable (e.g., smiling).

SCHNEID & RAZ 2020
Impression management was a much broader concept which in addition to camouflaging also included techniques for inclusion assuming a social performance that builds on and accentuates one's inner repertory of traits and beliefs.

DACHEZ & NDOBO 2018
"I try to erase the autistic aspects […] to always look people in the eyes too, to pay attention." (M, AS)
[Participant (M, AS)] has adapted his way of speaking: "I've completely reformatted my language, I make mistakes and I swear".
"Especially for facial expressions, I can force myself for a whole evening, but it will really hurt when I get home, I'll have sore muscles." (F, AS)

HOWARD & SEDGEWICK 2021
[…] such as "masking tone of voice", having to do an "emotional performance with my face."

MILNER ET AL. 2019
"You've probably noticed she makes eye contact but it's, it's a bit clunky you know, but she's learnt to do that." (Parent of F, AS)

SUB-THEME: Mental Equations

BARGIELA ET AL 2016
''It's very draining trying to figure out everything all the time, everything is more like on a manual, you've got to use one of those computers where you have to type every command in.'' (F, AS)

BRADLEY ET AL 2021
Participants explained there being ''so many rules of what to do in each situation'' (F, AS), that their brain was described as ''constantly working and ticking'' (F, AS), ''building patterns

Facet: Bespoke Enactments

BRADLEY ET AL 2021
''building patterns and sub-patterns […] based on every person" (M, AS)

LIVINGSTON ET AL 2019
"It's almost a case of systematically storing little patterns in each person and the context, so I can refer to it in future." (F, AS)

and sub-patterns to describe every situation based on every person" (M, AS) […]: ''It is EXHAUSTING. It's like trying to solve mathematical equations in your head all day long while carrying on as normal'' (F, AS).

MILLER ET AL 2021
In addition, one participant talked about their use of memory as a social tool for masking, ''I remember lots of details about people so I have things that I know they want to talk about''

HULL ET AL 2017
Camouflaging was frequently described as […] draining; requiring intensive concentration.

"I will be incredibly anxious. It's like studying for an exam, constantly on edge trying to predict what others will say and do." (F, AS)

LEEDHAM ET AL 2020
"[Other people] […] just seemed to do things without the whole thought process that I have to go through." (F, AS)

LIVINGSTON ET AL 2019
Deep compensation, involving complex and flexible strategies, contributed to some improvements in social cognition. Some participants reported using pattern detection and internal data modelling (gesture + facial expression + context = particular mental state) to understand others.
"I think I could make 'all the right choices' in social situations if I could choose offline with more time to reflect and from afar, but real situations are far trickier." (M, S-AS)
"think I observe patterns in behaviour and then try to transfer this. So if a person is behaving x/y/z types of ways, they could be feeling or thinking what so and so people had felt." (F, AS)

DACHEZ & NDOBO 2018
[Participant (M, AS) explains having spent a great deal of time studying facial expressions and having become a real "mentalist": "You know, it's always in intellectual mode, it's not intuitive, but then it becomes impressive because you've got 20 years of practice. You've got the memory, that's what's amazing. You stack it up … It's like semantic computing tools. As the database expands, the system becomes more refined and you become more efficient".

FORSTER & PEARSON 2020
[…] 'learning' about how to 'read' other people and fit in […] Some of the participants discussed how they had learned over time how to interact with others: "The more you get to know someone the easier it is to read them … It's like a formula … It's something you learn." (F, AS).

HOWARD & SEDGEWICK 2021
[…["being on the phone feels starkly alone with a disembodied voice" (showing difficulties interpreting voice without other cues).
Some participants linked these challenges directly to aspects of being autistic – especially difficulty inferring social contexts, such as how it is 'extremely difficult to interpret' someone's tone or intentions 'without other signs to point you in the right direction'. Other participants said that 'it's better when I can see the person I'm communicating with' because then you 'see the facial and body language of the speaker'.

MOTIVATIONAL Sub-Facet: Compensate for lacking skill

BRADLEY ET AL 2021
The concept of resilience seems to capture the narrative described by many: ''it makes me work harder than others … to compensate for what I don't naturally possess.'' (F, AS)

COOK ET AL 2021
The camouflaging process appeared to assist some participants to compensate for personal difficulties that interfered with their ability to adhere to non-autistic social norms.

HULL ET AL 2017
Camouflaging was seen as one way to overcome the initial obstacles […] Many respondents […] recognized that they lacked the skills needed to make small talk, interact comfortably with strangers, and relax in social situations. This limited their ability to get to know people better
Respondents reported developing rules or guidelines to compensate for some of the social difficulties they experienced.
The other aspects of camouflaging centre around developing explicit strategies to meet the social and communication gaps.

SCHNEID & RAZ (2020)
"It was always important for me to understand others. To overcome and understand what others think. What they want to tell me." (M, AS)

BALDWIN & COSTLEY 2015
I stress about missing body language cues from clients and staff and making a stuff up.

DACHEZ & NDOBO 2018

[…] understand intellectually what was innately missing in their social relationships (when they were interested in human sciences) […] [*Special interest*] The human being thus becomes a subject of study, through the analysis of psychology for example. In this regard, it is a strategy oriented towards problem solving, as social difficulties represent the core of autistic symptomatology and are the cause of the situations of exclusion experienced. By becoming interested in the human sciences, they try to compensate intellectually for what they cannot achieve innately. By understanding better how humans function and the underlying mechanisms of interactions, they try to find solutions to adapting and integrating.

Category: Miscellaneous Camouflage Strategies

MAIN THEME: Use of others

BRADLEY ET AL 2021
Participants described […] attaching themselves to someone more social ‘‘to give the illusion of being sociable’’ (F, S-AS)

CROMPTON ET AL 2020
Neurotypical people could be beneficial in a social situation. […] they mentioned the benefits of neurotypical people being able to explain to the autistic person in a 1:1 context what was happening in a group conversation, or wider social event: “I can be like “what is going on here?” and then tell them about something, and they can tell me “this is what is happening”’.” (F, AS)

LEEDHAM ET AL 2020
“… he’ll [husband] now take the lead in situations where he knows I’m not comfortable.” (F, AS)

LIVINGSTON ET AL 2019
Participants described examples of accommodation during childhood (e.g., parent communicating on their behalf), which had enabled them to compensate sufficiently.

SCHNEID & RAZ 2020
“I have colleagues at work who are friends and if there's a situation that I do not understand, I pick up the phone and say: please explain to me what in fact this was about. The nuances. I feel I didn't understand it. If it's a really good friend she would explain it to me. It's the difference of asking for help in a focused and fully aware manner, versus being lost without even knowing why you're lost.” (F, AS)

DAVIDSON & HENDERSON 2010
[…] enlisting the help of an unwitting other when she wants to visit a gallery or a town she could never tackle on her own: “I’ve been able to pretend that I want their company while in fact what I’ve needed is an escort.”

HOWARD & SEDGEWICK 2021
Supported Communication: […] The other side of the difficulties many people reported were the support they often called on to enable them to engage in communication. Both informal and formal supports were mentioned, […] Many participants said that they ‘get someone else to check’ high stakes written communications, such as emails or letters dealing with healthcare or financial matters, and that often in face-to-face situations they ‘want someone with [them] for moral support’.

MAIN THEME: Adopting unhealthy social practices

BARGIELA ET AL 2016
Another woman described using alcohol as a way to ‘‘free me up to maintain my neurotypical mask’’ (F, AS) in situations where she needed to pretend to be interested in conversation topics, such as television programmes that she did not like

BRADLEY ET AL 2021
However, others described using alcohol to get ‘‘through social events’’, as it helped them ‘‘feel less anxious and self-aware’’ (F, AS).

Facet: Faking the behaviour

CROMPTON ET AL 2020
“I’m the only autistic one and I find it very difficult to keep up with conversations and I lose words . . . the others think I’m drunk sometimes (although I’ve not been drinking), and I let them think that.” (F, AS)

MILLER ET AL 2021
Autistic participants also specifically mentioned ‘‘dangerous’’ coping mechanisms. […] Another wrote about substance use, ‘‘I used to use alcohol to do it, but recently I gave it up so masking has become more difficult’’ (F).
Autistic participants also specifically mentioned ‘‘dangerous’’ coping mechanisms. One wrote about restricted eating, ‘‘In order to try and fit in somewhere. I have suffered with Anorexia Nervosa for 8 years’’ (F). […] These comments support the idea that there may be something specific to the experience of masking in autistic people that might make it particularly harmful.

MAIN THEME: Selective Settings

BARGIELA ET AL 2016

In contrast, a number of young women said they felt more at ease in their friendships with males. This was not thought to be related to biological sex, but to society 'allowing' men to be more straightforward, and this being a communication style that suited women with ASC better: ''I just feel so much more comfortable with men because they're more, you can take them at face value and its not that fear of them judging you or having alternative motives and thoughts and they kind of say things straight.'' (F, 19-22, Artist, UK)

COOK ET AL 2018

Where successful friendships had been formed, they were often with other girls with special needs, or who were different in some way.[…] this tendency was also found in girls in mainstream settings who tended to gravitate towards other girls with autism without realising it.

"Well they were kind of just free and didn't really care too much what other people thought, which is a lot like what I am. So they kind of just resemble me, in a different way, so that's probably why I got along with them so much." (F, AS, Minor)

The tendency to befriend others with autism or other differences enabled them to feel accepted and to be themselves.

HICKEY ET AL 2018

Prior to diagnosis […] engage with people, usually in quite structured settings. They sometimes joined clubs related to interests […]

"It was a structured thing and I felt rather more comfortable with that." (M, AS)

The focus on something tangible (e.g., a book) facilitated the use of social skills in the absence of an overt focus on social skills: "That's where we're focused on – it might be book club and we're focused on the book. But if you listen to the discussion on the book, it's very flowing and we can be really supportive." (M, AS)

LILLEY ET AL 2021

The idea of self-reinvention was highlighted by interviewees. [Participant (F, AS)] described moving overseas as "another opportunity to reinvent myself."

[…] commented on frequent changes of employment, explaining, "I seemed to run into difficulties […] rather than try and resolve them, I'd leave and find another job."

LIVINGSTON ET AL 2019

"I have spent most of my adult life in the UK. Rules and social norms are different here…a much easier fit for many people on the spectrum, because some of the things that come more naturally to us are valued in British culture—a certain amount of reserve, reticence, not treating everyone you meet like they are instantly a friend." (F, AS)

[…] pursuing environments that supported strategy success

They reported seeking environments that were accommodating of their autistic characteristics, such as workplaces in which non-social abilities were more important than social skills.

MILTON & SIMS 2016

On occasion, however, these intrinsic needs were set within a social context with comments referring to society as being too fast paced or not accommodating a slow and deliberate style of processing or thinking, with some commenting on a preference for a rural lifestyle.

Many talked of finding safe and accepting social spaces within their lives in order to retreat from the social spaces where they felt ostracised.

DACHEZ & NDOBO 2018

Twenty-one participants mentioned having searched for support from friends who are "atypical", either because of their age, their socio-professional class, their nationality or their way of functioning (autistic or exceptionally gifted friends, for example).

- They have a way of communicating that resembles that of people with autism, which makes talking easier.
- Their experience resembles that of the person with autism, which enables them to find common ground and to validate their own experience through someone else's.
- These atypical people are also excluded and stigmatised, which creates a natural reciprocal empathy. As [Respondent (F, AS)] explains: "In primary school, I was friends with all those who had been rejected by the others, all the losers, all the odd ones, the strange, the crazy ones. (...) We were automatically excluded, so we trusted each other".
- They are so different that there can be no social comparison, which prevents the person with autism from being in a situation where they risk feeling out of place or even devalued. [Respondent (M, AS)] explains: "And all my friends without Asperger's, it's very funny, they're either much older people or children, who I get along with very well. When the generations are relatively similar, you can easily compare yourself to others and it's very miserable."

FORSTER & PEARSON 2020

Several of the participants spoke about finding people who are 'like-minded'(2.3), as they are easier to spend time with: 'Knowing where to be and where I'll find people similar, or meeting friends of friends who would be like minded.' (M, AS).

Category: Reasons for Camouflaging

MOTIVATION: Social Integration / Assimilation

HULL ET AL 2017
Most respondents reported a social expectation from the general population that individuals with ASC need to change in order to be accepted by others.

MAIN THEME: Social Pressure

BARGIELA ET AL 2016
Most women reported that […] other children were very sensitive to their differences.

BOTHA ET AL 2020
No matter what was being discussed, *stigma seemed inescapable*. All participants described always being on the outside of the neurotypical world and shunned by society to varying degrees: "Is it any wonder we are seen as outcasts when society shuns anything marginally different from it?" (M, AS)
The following quote epitomizes the intense pressure autistic individuals felt to assimilate, and how it never worked, making them feel like failures: "I've spent my adult life trying to assimilate […] mainstream society shuns anything even fractionally different from it […] We are told to fit in or die." (M, AS).

BRADLEY ET AL 2021
[…] due to the ''pressure'' (F, AS) of needing to cope in social situations.
"Being me is never acceptable I'm a social lepper'' (F, AS), […] ''people sense 'different' and withdraw from it'' (M, AS): ''I in myself feel as if society is rejecting me for who I am. Some say you should be yourself. How can anyone say that when society's expectations do not match with yourself? When that time comes, you have no choice but to change, so you're forced to struggle against a delicate balance between conformity and individuality'' (M, AS).

CAGE ET AL 2018
""As the years pass I suffer increasing anxiety for lack of even casual acceptance by my species and, conversely, huge spikes of anxiety when someone actually does 'see' me."

HICKEY ET AL 2018
The relationship between one's autism and wider society became the locus of potential distress, with society perceived as indifferent and unsympathetic towards difference.

HULL ET AL 2017
Respondents' social and communication difficulties, and their unique behaviours and interests, meant that they stood out from the crowd during social situations. It was felt that the general population viewed this as unacceptable, and so respondents felt a pressure to change.

Facet: Gendered Expectations

BARGIELA ET AL 2016
Some women suggested that as their quiet and passive behaviours were seen as socially acceptable for girls, they had gone unnoticed, & proposed that had they been more disruptive they might have been noticed sooner.
Indeed, some young women described having tried to fulfil socially expected roles: ''caring, nurturing, 'looking out for everyone', kind of role'' (F, AS), and many had experienced a sense of lost identity, where they felt ''I knew that I wasn't being me'' (F, AS) when trying to play 'the wife' or 'girlfriend'.
When describing her response to unwanted requests for sex within a relationship another said: ''I almost feel pressured by society to do it because you get told this is what is expected of you [to be] a good girlfriend and you think, if I don't do it, then I am not fulfilling my duties (F, AS).'' […] These young women spoke about feeling obliged or ''gradually being pestered''' (F, AS) into having sex, as something they felt was expected of them in a girlfriend role.
[…] trying to form friendships with neurotypical women and had often found it hard to manage what they perceived were socially expected skills of a woman.

LEEDHAM ET AL 2020
[…] Previously stuck in a passive position based on others' expectations of her as a woman […]

MILNER ET AL. 2019
Within society, not just within the autism community, the participants stated that females are pressured to be more social than males, however with the added difficulties of being an individual with autism these social pressures are amplified.

"You have all the problems of being on the spectrum and then also all the problems of trying to be a woman on the spectrum, so trying to feel like a normal, um, woman I guess." [F, AS].

"Like socially women just kind of like, gather round and talk and or watch things and chat and gossip, and I, I just don't really get gossip, gossip doesn't, I don't know why it exists." [F, AS]

"Women socialise by mimicking and guys socialise by just being themselves […] if you are sort of just a little bit different you get sort of estranged from everyone." [F, AS]

"[I camouflage] to reduce the threat of feeling uncomfortable through being unable to measure up to social expectations." (M, AS)
by camouflaging their 'true' or natural behaviours they were lying about who they were. This was often regretted by the respondents, who wanted to be happy as they were, but felt that the pressures of the typical social world meant this was not possible.

KAPP ET AL 2019
The social acceptability of stimming in the current context, and the extent to which individuals had awareness of and voluntary control over the action, influenced whether stimming took place.

LILLEY ET AL 2021
[Participant (M, AS)] recalled, "There were very few places I could be myself; I learnt to be very guarded". [Participant (M, AS)] spoke about the emotional cost of constantly performing to meet societal expectations.
Interviewees' sense of being different also related to feeling marginalised and excluded.

LIVINGSTON ET AL 2019
Environmental demands also changed […] in certain societies and cultures that were intolerant of atypical behaviour.

MILLER ET AL 2021
Some people acknowledge that masking has enabled them to partially cope in a world that does not feel designed for them.

SCHNEID & RAZ 2020
Camouflaging meant – even semantically – coerced merging in the surroundings.

HOWARD & SEDGEWICK 2021
with others emphasising that they feel there is a 'performance demand' when communicating with neurotypical people.

"The participants stated that as a female it was more difficult to be accepted by peers of the same gender than it was for males. I think it's harder, much harder as a girl because girl peers are less forgiving of other girls." [F, AS]

"An additional societal pressure felt by some of the women and girls we interviewed was the concept of gender itself. Gender norms are a binary cultural concept that some chose not to conform to. gender norms, and stuff like that confuse me." [F, AS].

SUMMARY

- Participants experience a pervading sense of stigma from the neurotypical majority // Society is seen as shunning and rejecting anyone who demonstrates difference
- There is an intense pressure to conform, with no other alternative permissible route seemingly present ("no choice")
- Camouflaging otherwise allows for coping in a world that feels unaccommodating and not designed for ASC
- When you do not conform – active remarks, reprimand or patronising reactions are made by others to try to force you to comply, or to try and 'normalise' you to fit their framework
- Camouflaging in the past creates the expectation of others that you will continue to do so for their convenience, or leads to an over-estimation of your social and emotional capacity.
- This may further motivate non-disclosure, in avoidance of others rebutting your diagnosis and thereby denying your difficulties or needs (or accommodation)

CONTEXTUAL Facet: Dictates and feedback from others

BARGIELA ET AL 2016
A number of young women said that they had been told [by a teacher] they were 'rude' or 'lazy' after they had made social faux pas, due to their misunderstanding of social rules: "I was often accused of being rude when I had absolutely no intention of being so … he [a teacher] started saying I wasn't trying and that I was a waste of his time." (F, AS)
Upon complaining to their teachers, they recalled that they were blamed and been told to try and 'act more normal': "When I was being bullied, I was told not to antagonise these girls and actually I was only antagonising them by being myself." (F, AS)

BOTHA ET AL 2020
"When I didn't behave in the way they expected me to - oblique comments were made by staff." (M, AS)
"We are told to perform a circus doggy act." (M, AS)

BRADLEY ET AL 2021
One participant explained that her mental ill health was ''a direct consequence of social rejection when [she] couldn't mask adequately'' (F, AS).
"My mum, who tells me off if I'm too weird." (F, AS)

Facet: If you could do it before, you must do it now

BRADLEY ET AL 2021
"People think I manage my life better than I actually do. Unfortunately, this means that people don't think I need the help that I sometimes do, or they think 'You're capable, why can't you do that?'" (F, AS)
"After I received the diagnosis I decided to stop camouflaging altogether, to see what was the Aspergers and what was just myself. My wife said ''I got much worse'' as if I ''gave up caring'', but I was actually just getting to know myself, someone I had no idea existed since very young." (M, AS)

CROMPTON ET AL 2020
"My neurotypical family can say "you are difficult to be around" if I don't mask." (F, AS)
As a result of being expected to behave neurotypically with their non-autistic friends and family, autistic people often noted that people developed neurotypical expectations of them.

HULL ET AL 2017
Respondents felt significant pressure, whether from themselves or others, to camouflage successfully.

CAGE ET AL 2018
"Telling me there should be a cure is telling me I shouldn't exist […] there is something very wrong with wanting to change an autistic person into someone else entirely."

COLLIS ET AL 2022
[…] a negative response from others towards [restrictive, repetitive behaviours], was recognised by respondents, resulting in a self-consciousness.
"[My brother] was laughing at me … it made me a bit shy and made me feel maybe I'm being a bit silly."
Resulting in being reprimanded, bullied, or even physically restrained for low order RRB.
"I was making sure I wasn't doing it again? I kept being like getting the pen out and being like don't do it, he's already told you not to do that?" […] This self-policing of their behaviours could either be reactive (i.e., as a response to someone pointing out or criticising the behaviour) or pre-2020 (i.e., based on previous reactions of others).
Participants also gave examples in which they substituted their behaviours based upon the reactions of specific people around them.
"I do it less when people react to it I suppose, but … if someone's reacted really badly to it then I definitely don't say it in front of them."
[Eliminating behaviours] as a result of the negative reactions of others.

COOK ET AL 2021
Past experiences of criticism, rejection and misunderstanding during social interactions were central.
"When you start to do this [demonstrates body rocking] it's a sign that you're sick, something is wrong in your brain and I have heard that from my own father when I was little." (F, AS)
Some participants spoke of learning new behaviours or changing their behaviours in response to criticism, rejection or devaluation from non-autistic others: "Someone said to me, you never make eye contact, you look really shifty." (F, AS).

HICKEY ET AL 2018
Some were aware that family members or teachers perceived them as different in the absence of their own conscious acknowledgement of difference.
"[Machines] don't criticise you, they don't hurt you and they don't make you cry. Not generally. People do that." (M, AS)

KAPP ET AL 2019
The second theme concerned (1) the negative reactions that people perceived when stimming […] Participants described feeling a variety of resentful emotions when told by others to stop stimming.
When told not to stim as an adult, [Respondent (M, AS)] said he feels 'belittled', as though he is 'five' being told off for 'genuine misbehaviour'. "[I]t makes me feel that age again … I shouldn't feel like I'm in reception class again learning basic things".
[Respondent's (F, AS)] aunt, uncle and grandmother attempted to stop her hand flapping both verbally and physically. She said that she felt "[a]ngry that they've been told a thousand times why I do it, the reason behind it, that it's not affecting anyone".

LEEDHAM ET AL 2020
Others would therefore give them more responsibilities or expectations than the respondent was comfortable with, because of a perceived level of capability that did not always actually exist. "I was camouflaging to the point that my support needs weren't being met." (F, AS), "Currently highly stressed because she keeps giving me more work and not realising the stress it is causing." (F, AS)

LEEDHAM ET AL 2020
Some postulated that the amount of effort placed on previously camouflaging their behaviours directly affected how they were viewed post-diagnosis.

LIVINGSTON ET AL 2019
"I think I'm f***ed either way … because people think that I can take more of their s*** if I compensate than I actually can." (F, AS)

MANTZALAS ET AL 2022
Some were advised to continue masking: "I have encountered some people who […] take the attitude that if I could conceal my traits before, then there is no reason why I shouldn't continue to."
"I need to get back into my #actuallyautistic skin and stop letting others separate me from my #autistic self. I died to get here. I must always remember that."

MILLER ET AL 2021
Others wrote about the confusion of others when they started to remove the mask: ''some people who were friends before are puzzled by this different me. it's scary for me.'' (M)

TINT & WEISS 2018
"So whatever you're most capable is, they assume that's how you are all the time."

BALDWIN & COSTLEY 2015
Learning how to be social doesn't make it easier or less stressful because it's still against my natural grain. If I behave in a socially normal way, then that's how people perceive me, and I have to keep up that standard, which is impossible.
It seems like if you have a job and live alone, no-one thinks you might still need help. In my experience, you cannot access help until you reach rock bottom.

MOTIVATIONAL Sub-theme: Avoid erasure/rebuttal of difficulties

BOTHA ET AL 2020
Most participants described an unequal dynamic […] when they did disclose. This included erasing of identity through denial, with participants being told: "you are not really autistic". Participants expressed concern that when neurotypical people deny their autistic-ness they detract from their identity and self, and in turn erase their experience and needs […] then also removes the need for support.
"[when disclosing] people are like, "well everyone's a bit like that" and it's ridiculous to think that you're really autistic." (M, AS).
Erasing the participant's experiences as being autistic […] by denying the autistic person the space to be themselves.
"It makes me feel bitter and angry when [neurotypical people] do not believe me" (M, AS).

BRADLEY ET AL 2021

[…] feeling let down by unhelpful and 'patronising' reactions. […] "If [Respondent's (F, AS) ex] considered I was talking too much if we were with other people he would like kick me to tell me to shut up … I just found it difficult"

LILLEY ET AL 2021
Interviewees described instances of other people's negative statements about their character.

MILTON & SIMS 2016
Attempts of others to 'normalise behaviour',

SCHNEID & RAZ 2020
[…] instructing felt coercive. […] "People tell me you're not tactful; you don't know when to shut up, or … like, all the time they would give me some kind of a compass, telling me when to talk and when not to talk, what to say, why am I saying it in a different way. It's like the group is always defining me, you see?" (F, S-AS)
They described a general sense of external conflict related to social relationships. […] the difficulty to fit emanated from a sense that social life is a coercive artifice: "[…] in regular frameworks they have patterns about how people should be seen, how a person should take shape. I mean it's not just a framework but a framework that leads to being framed." (F, AS)

BALDWIN & COSTLEY 2015
"My kindergarten suggested I get assessed, and I was deemed retarded as I wouldn't participate in the stupid assessment which was done in baby talk and baby games. […] I avoided professional help due to my experiences as a child."
"People are not shy in telling me that I should not be working because I am mad/weird/different."

DAVIDSON & HENDERSON 2010
[…] that parents, close associates, friends and even professionals are often "**stigma coaches**," promoting rigid concealment as a best practice for keeping safe. Descriptions of such stigma coaches are woven throughout AS narratives. […] "my doctors have urged me to keep quiet about the autism (so much for taking advice!) [. . . One in particular] says it's easier to just choose the label "Asperger's Syndrome," thus avoiding the autism stigma."

Individuals described receiving comments such as, ''you don't look autistic'' (F, AS), you ''look normal'' (F, AS) or seem ''fine'' (M, AS) […] This resulted in some participants feeling there was not enough ''recognition of [their] difficulties'' (M, AS), that people ''expect too much'' (F, AS), and ''think [they] are coping when [they] are not'' (M, AS).
I feel like I could prevent [the cycle of poor mental health] if only others would accept my diagnosis'' (F, AS).

CAGE ET AL 2018
"Mention of autism is met blankly or dismissed, even by those who have remarked on my oddity. I have told my employers, and they acknowledge what I have told them but don't really understand what it means to me."

HARMENS ET AL 2022
When I finally told the people around me about my diagnosis, the range of responses ran from skepticism to ''Oh, I suspected it years ago.''... part of me is still sure that one day someone will point at me and say ''faker!'' (F)
[…] other people questioning their diagnosis […] The challenge of the ''rightness'' of their diagnosis was unsettling for some bloggers, and was experienced as a rejection from a community they expected to be accepted by. […] "I feel like they are saying I'm fundamentally different from a LOT of other people with autism […] I feel like I'm being kicked out of my own disability." (F)
"It felt exhausting to explain over and over again what me being autistic really meant, how it affected me, why I was different to the stereotypes but that didn't mean I was less autistic." (F)
For other bloggers, ongoing problems with self-acceptance were partly fuelled by the lack of acceptance from others and feeling like a fraud..
Being faced with these stereotypes and lack of acceptance as ''truly'' autistic led to problems with self-acceptance: the feelings of ''not belonging'' turned inward, creating imposter syndrome.
Even postdiagnosis, the bloggers reported having to explain themselves repeatedly, due to not fitting autism stereotypes, which disrupted the process of self-acceptance. This created a space in which autistic women felt they did not belong anywhere—they were neither neurotypical women, nor ''properly'' autistic.

LEEDHAM ET AL 2020
However, she experienced family members as dismissive with them not appearing to recognise the magnitude of what it meant to receive the diagnosis: "… I just expected him [husband] to say something … or realise how massive this was for me and he didn't for ages, and about two weeks later I just said, 'look, this is huge for me … to you I'm no different, but to me I'm completely different'." (F, AS)
However, she described an ongoing fear of disclosing. Some reactions highlighted the potential for invalidation, leading her to be selective when seeking support: "… when I told my dad … he was … 'You don't have autism, you're perfect. There's nothing wrong with you' …" (F, AS)
Some transitioned from a psychological position of seeking to hide their true selves to feeling invisible and dismissed, fighting for their true needs to be recognised (e.g., in the benefits system).

LIVINGSTON ET AL 2019
Furthermore, many participants reported that, following disclosure of their autistic characteristics or diagnosis, they were disbelieved and poorly supported because of their neurotypical presentation.

MANTZALAS ET AL 2022
For many, masking led to identity confusion and contributed to support needs being unrecognized or disbelieved. […] After unmasking, some were accused of faking autistic traits, whereas others were criticized for pretending not to be autistic.

MILLER ET AL 2021

''My ex told me that I was faking being autistic.'' (NB)

TINT & WEISS 2018
Others attributed their overall reluctance to access services to past negative experiences. One woman described a perceived double standard attached specifically to women with ASD: I've noticed regarding the guys with Asperger's that I know … people just dismiss them as, "Oh, he's being his usual quirky self." But if I impose the same request and accommodations and whatnot, because I look too high functioning or whatever, I'm too high maintenance, or hysterical even." (F)

Baldwin & Costley 2015
Many of the women in the study were evidently recognised as being 'different' by their teachers. However, it appears that their difficulties were frequently overlooked or dismissed, especially if they were academically able.
"I obviously had severe learning disabilities (undiagnosed because of my age) but also did well so was nagged to try more."
"[There were] very clear signs that I needed significant support throughout education, but I got none because my marks were very good."
"I never received adequate help for issues as I appeared 'capable', and therefore issues were downplayed."
"When I told teachers that I had some kind of learning problem they laughed at me."
"I felt and behaved the way I did. I was told that I was simply too 'dramatic' or 'sensitive'."
"I believe that as a person who is perceived as 'high functioning', others tend to downplay my difficulties because they are not as obvious. I find that frustrating because there are some areas where it may seem like I am functioning well, when in reality performing in those areas is stressful for me."

MILNER ET AL. 2019
Two women with autism stated that their parents did not believe either the women themselves, or "in autism".

STIGMA

BOTHA ET AL 2020
Concealment due to stigma […]
Participants had a distinct fear of the response others.
Participants discussed how they experienced stigma […] discrimination, dehumanization and powerlessness.
Others fantasize about being able to [speak up against stigma] but worry about the consequences.

BRADLEY ET AL 2021
When camouflaging, they described there being "less chance of being discriminated against" (F, AS)

CAGE & TROXELL-WHITMAN 2019
This theme was characterised by statements expressing that the reason for camouflaging was to avoid adverse or negative reactions from others when disclosing their autistic identity.

LEEDHAM ET AL 2020
[…] being fearful of reactions.

MANTZALAS ET AL 2022
They retained masking behaviors to […] avoid stigma,

DAVIDSON & HENDERSON 2010
[…] the closet is lived "in very material ways through countless practical and political acts and through experiences of threat and marginalisation"
Persistent stigmas related to autism mean that "those who can 'pass' tend to do so."

SUB-THEME: Avoid Negative Perceptions/Judgements	
BERNADIN ET AL 2021 Autistic participants were more likely to frame camouflaging solely as a way to avoid negative perceptions […] [A trusted person} "[…} not someone who would scorn us for certain actions." (F, AS, Minor) **BOTHA ET AL 2020** "]…] some high school shooter in the USA who murders his classmates turns out to have Asperger syndrome so I have been very wary about advertising the fact especially around young children, just because I think people might react badly like 'oh we don't want [him] around our kids." (M, AS)	**Facet: The negative stereotype of the ASD-specific label** **BERNADIN ET AL 2021** "It kind of boils down to the whole idea of people don't take me as seriously once they find out I'm autistic as they would opposed to, as them thinking that I'm neurotypical. […] When people don't know I'm autistic they treat me like a normal person. But as soon as they find out that I'm autistic, they treat me like I don't understand what people are talking about." (F, AS)

BRADLEY ET AL 2021
‘‘it’s really not possible to be ‘out’ and natural all the time without incurring stigma and disapproval’’ (F, AS)
When camouflaging, they described there being “less chance of being […] “judged” (F, AS)

COLLIS ET AL 2022
Hiding their [restricted, repetitive behaviours] because “I just feel like people will think it’s a bit odd, a bit unusual.”

COOK ET AL 2018
Masking their differences […] prevented them from being singled out by their peers.

COOK ET AL 2021
Participants felt that managing their impression was particularly important during initial interactions […] suggesting unfamiliar social partners were more likely to hold them in negative regard.
Other participants spoke of the need to defend their social image against potential negative social evaluations. These participants focused their impression management efforts on avoiding negative attributes and ensuring that they were not perceived as, for example, ‘weird’, ‘strange’, […] ‘boring’.
Participants described experiences in which non-autistic social partners explicitly or implicitly associated participants’ displays of overt autistic behaviours with negative social traits, for example, being ‘rude’, ‘sick’ or ‘shifty’.

HULL ET AL 2017
“I avoid looking like a socially clumsy idiot. It avoids the embarrassment and awkwardness of getting things wrong.” (F, AS)

KAPP ET AL 2019
[…] the negative reactions that people perceived when stimming […] and stated that observers might view them as strange, aggressive, sad, ridiculous or childish. Many wished to avoid drawing negative attention, and, in response to feeling marginalised, attempted to suppress their stims.
[Behavioural change] once aware of negative judgement.
[…] may fear they come across as ‘immature’ (M, AS)

LIVINGSTON ET AL 2019
[Compensation] was necessary to avoid rejection and ostracism. […] “I was simply fed up with […] being disliked and ostracised by my peers.” (F, S-AS)

MILTON & SIMS 2016
Societal othering encompassed issues including being excluded from social activities, […] problems with authority figures (expectations of obedience and conformity), stigma […]
Non-autistic people have difficulties understanding the viewpoints of autistic people, resulting in […] social alienation and marginalisation in healthcare and employment settings.

SCHNEID & RAZ 2020
Camouflaging (as we detail below) was about hiding one's autistic traits, especially those perceived negatively by others.

BALDWIN & COSTLEY 2015
[…] of ‘learning’ appropriate social behaviour as a means of counteracting social exclusion.
[Respondent (F, AS)] noted that, “People take you more seriously. I feel like if I say that I’m autistic beforehand and I start talking to people, they don’t take my thoughts and criticisms as seriously as they, as opposed to when they don’t know.”
[Respondent (AS, F)] said, “[I feel] empty. Kind of sad about it, like that I can’t be open and honest without people treating me less. I don’t know how else to word it. It’s just, I don’t want to be treated like a lesser person.”

BOTHA ET AL 2020
Participants discussed how they experienced […] infantilization […] assumed incompetency […]
“I just think … I think neurotypical people are just typical rather than healthy. They do not see autistic people as being just on a different tack, it sees us as being wrong.” (M, AS)
[…] There seemed to be an over-whelming awareness that autism is considered an inherently "bad" thing by society.
Stereotypes included […] being infantile, or capable of violence. In terms of the stereotype of what an autistic person should look like, participants thought the stereotype was of a White, male, minimally verbal child.
Extreme stigma […] in how autism has been linked to violence. Multiple participants […] from different regions of the world discussed their concerns that people associate autism with violence. The two quotes below summarise both this issue and how autism is pathologized in the media: “[They see us as] troubled minds, who hack into computers and or blow up schools, school shootings … It’s rare you hear about autistic adults unless they are the ‘dangerous’ kind…” (F, AS) “In news report… [autisms] often described as a disease or a high school shooter … mostly [I feel] annoyed, it’s discussed as a disease a disorder and in its more severe additions” (M, AS).
[…] concealment due to […] stereotypes […] such as withholding diagnosis because of the worry that people might associate them with violence.
“I didn’t want to turn up at the school gates and have other parents go ‘oh yeah that’s the guy with Asperger syndrome’ … simply because there is so much misunderstanding about what is it… suspicion almost…” (M, AS)
“But I am very uncomfortable with other people’s perceptions … There’s not a lot of awareness … or positivity … I would be very apprehensive about disclosing.” (F, S-AS)
Language is used to reinforce the place of autistic people in society, and their sub-humanness. Person-first language was described by participant’s as a form of control and a reminder that they are not generally considered to be human

COOK ET AL 2018
“She’s not embarrassed by it, but also she doesn’t want to be labelled by it either.” (Parent of F, AS, Minor)

HARMENS ET AL 2022
Even after a diagnosis, the bloggers faced stereotypes about autism, including […] assumptions about their characteristics and abilities.

HULL ET AL 2017
Many respondents felt that, because their camouflaging changed the way they presented themselves to others, they did not meet the stereotype of ‘an autistic person’ when they camouflaged.

DACHEZ & NDOBO 2018
[*Studying human psychology*] strategy may be linked to problem solving, because by erasing what makes them people with autism, they hope to improve the way in which they are perceived.

COUNTER MOTIVATION: Changing narratives: A positive public image

***Largely still framed from a negative perspective, rather than the pursuit of a good or popular image.**

BERNADIN ET AL 2021
When broken down by group, some patterns were observed. Being perceived positively was the most common theme for neurotypical males (27%) and females (47%). However, only 12% of the autistic males' responses and 9% of the autistic females' responses fit this theme.
[Avoid being seen as …] the angry quiet girl that never talks." (F, AS, Minor)

CAGE & TROXELL-WHITMAN 2019
[Camouflaging] "As a parent, to show I'm competent in front of other parents/ to teachers."

COOK ET AL 2021
Similarly, [Participant (M, AS)] highlighted his effort to position himself as possessing a valued or desirable identity: "I suppose I'm trying to say that I am a responsible member of society in some way." Some participants sought to create a desirable social impression by engaging in neurotypical, as opposed to autistic, social behaviours.
"I guess I'm acutely aware of [autistic] blokes that are like "I like trains. I like buses," and I don't want to be seen like that you know?" (F, AS)

HULL ET AL 2017
Camouflaging […] enable(s) them to become a 'functioning member of society'.
Some also reported that [camouflaging] enabled them to challenge commonly held views of autism, especially for women. By demonstrating good social skills and educating others about their conditions, respondents hoped to change the public perception of autism and make others more understanding. […] "I feel that I'm showing the people I work with that autistic people can have people skills and be good role models." (F, AS)

LILLEY ET AL 2021
"I believed that that's what made one popular […]." (M, AS)

LIVINGSTON ET AL 2019
This motivation was evident from descriptions of reputational concerns (avoiding appearing socially inept).

SCHNEID & RAZ 2020
When our respondents emphasized the positive aspects of being able to fit in socially, the measure of being able to play the social game was seen as contradicting the external labelling of autism.
[…] uses impression management to relay the message that the others need to respect the way she needs to communicate with them.

LEEDHAM ET AL 2020
"[Dad's response] 'You don't have autism, you're perfect. There's nothing wrong with you' … he thinks I'm his perfect little girl … who's got nothing wrong with her. […]" (F) The narrative, of being 'perfect' suggests a neurotypical ideal with the implied opposite being 'imperfect' and autistic.
For some, stereotyped assumptions about ASC, likely based on pre-existing schema led to frustrations about meeting the expectations of others: "It makes me a little bit cross, that they think I should fit into some sort of stereotype. Sometimes I feel that I'm letting them down because I don't act how they think I should do!" (F)
Some had experiences where they recognised friendships that weren't supportive: "… the implication … I was automatically wrong, because I had this Asperger's thing." (F)

MANTZALAS ET AL 2022
[…] users' experiences of not being accepted and illustrated how negative stereotypes and stigma surrounding autism […] and feared ''outing'' themselves as autistic because of negative perceptions and stigma about autism.

SCHNEID & RAZ 2020
Respondents viewed the label of autism as a social stigma discriminating them from other members of a society […] Even those who saw autism as a positive part of their identity […] agreed that it was socially stigmatic.
"The moment I say 'I am autistic' they might think, like, because they don't know me, so maybe they'll think I have much more serious difficulties compared to who I really am." (F, AS)
"When I think about it, I don't like to tell others that I am an autistic person. Because they will treat it precisely from the wrong and stereotypical perspective. This is why I don't tell about it … Society still perceives it as a list of problems and not." (M, AS)
"Only few people know I am an autistic person … I am not interested at the moment to come out of the closet, because it is very important for me that people judge me by my skills, my personality, and not by the prejudices they have about autism." (F, S-AS)

BALDWIN & COSTLEY 2015
"Some people find it amusing to tell jokes around me, then roll their eyes and not explain."

DACHEZ & NDOBO 2018
"With my brother I really struggle to make him understand things. I see that he thinks that autism is a disease." (M, AS)

DAVIDSON & HENDERSON 2010
"Since divulging my Asperger's Syndrome I've really learnt who my friends are. When one of my (then) friends, Suzanne, found out, her opinion of me totally changed. She began to regard me like I was less of a person, less important, less trustworthy, less reliable, less real even."
Individuals with autism have begun to speak out […] resisting what they see as profoundly offensive claims that their autism might be eradicated, and so they themselves 'fixed.' According to [Participant] "we'll look back on today's ideas about autism with the same sense of shame that we now feel when talking about psychology's pre-1974 views on sexuality."

Those who do not understand what autism means often resort to more familiar labels that have an unfortunate tendency to stick […] for example, on the tendency of neurotypicals to label individuals with autism as 'mentally retarded.'
As with the disability literature more broadly […] mainstream ignorance about autism is seen as the source of stereotypes leading to stigmatization.

FORSTER & PEARSON 2020
"So I probably wouldn't tell people that didn't (have a diagnosis) as I don't know … they might see me as less of a person … I know that I am (autistic), but I don't want people to recognise it and I don't want to be treated differently because of it […]." (F, AS) […] Participants expressed the desire to not be patronised or viewed as 'lesser'.
"I'm not being hard, but I want to be on the mainstream side, not the learning disabled side, I just want to be like everyone else and not treat differently, like being patronised […]" (M, AS)

SUB-DOMAIN: Active Safety

BARGIELA ET AL 2016
[…] in order to manage more unpleasant situations, such as bullying.

BERNADIN ET AL 2021
Many autistic male responses (24%) also fit the theme of avoiding negative experiences. However, females most often referenced teasing or bullying as the negative experience they were avoiding.
Autistic participants were more likely to frame camouflaging solely as a way to avoid negative […] experiences. This was particularly true for autistic females. Four autistic participants described camouflaging in order to avoid negative perceptions, while three also noted camouflaging to avoid negative experiences
"It's just really hard for me to talk with kids my age because I just get worried that I'll be rejected. […] and maybe risking them being mean to me." (F, AS, Minor)

BRADLEY ET AL 2021
Camouflage to […] avoid being ''bullied'', or ''abused''. […] Camouflaging enabled them to […] feel ''protected'' (F, AS).
"'acting normal' was a protective factor when I was seriously depressed and kept me out of NHS secondary mental health care at a time when my mental health problems would have been treated in a way that would have damaged my education and probably hospitalised me'' (F, AS).
When camouflaging, they described there being ''less chance of being […] attacked'' (M, AS), […] ''targeted'' (F, AS), or ''abused'' (F, AS)

CAGE & TROXELL-WHITMAN 2019
Often, participants referred to specific past experiences that had led them to using camouflaging as a strategy to protect against future retaliation, with camouflaging helping them to feel safe or protected against negative reactions.
"To protect myself from violence, intimidation, bullying and harassment which happen more when I am "out" as autistic than when they don't know."
"To stop bullying and mocking as I've experienced this when not masking."
"it's become a protective thing and I feel vulnerable not masking."

HARMENS ET AL 2022
[…] being bullied or ostracized.

HICKEY ET AL 2018
[Realisation of difference] abetted by experiences of bullying.

HULL ET AL 2017
The desire for assimilation was also prompted by concerns for their own safety and wellbeing. Many described being ostracised, verbally or emotionally attacked, and some even reported physical assaults when they had not camouflaged their ASC: "[…] I was thought of as stupid and also badly physically and mentally bullied. I also lost employment. I want to avoid the bullying mostly. I have even been spat at in the street." (F, AS)

Facet: Avoid being taken advantage of

HARMENS ET AL 2022
[…]and being taken advantage of

HULL ET AL 2017
For some, camouflaging also involved not divulging personal details about themselves, whether to protect themselves from being taken advantage of. […] "[…] information about myself which can then be used against me." (NB, AS)

FORSTER & PEARSON 2020
"The bullies I had in high school would just assume I didn't know what was going on and they assumed I wouldn't recognise they were very obviously manipulative, it was so transparent." (M, AS) […] the assumption that someone with social communication differences will not pick up on manipulation and bullying. […] Participants were aware of the potential for autistic individuals to be targeted due to perceived vulnerability, and thus had strategies in place to keep themselves safe.
Some of the participants were familiar with the term mate crime: 'It's when you befriend a disabled person in the guise of caring about them but actually aim to exploit their trust in a way that they might not be able to recognise.' (M, AS)
'When they take advantage of someone with a mental disability because they are terribly trusting and they use that to abuse them somewhat, to hurt them or to make them the constant butt of all their jokes and take advantage of their trust and doing it over and over again. (M, AS)' Here ideas around exploitation and abuse of trust were seen as some of the key factors which might designate mate crime.

[Camouflaging]: hence reduce the threat.
"It's a defence mechanism really." (F, AS)
"I don't care about being different, […] but I don't want to deal with peoples' negative and sometimes evil reactions." (F, AS)

LEEDHAM ET AL 2020
"It makes a change after years of bullying and being penalised for being odd." (F, AS)

LIVINGSTON ET AL 2019
"Compensation is born from necessity. We have extensive experience of how cruel people are." (M, AS)
"I was simply fed up with […] being bullied." (F, S-AS)

MANTZALAS ET AL 2022
Some had been dismissed after disclosing their autism diagnosis. In contrast, others perceived that their employers deliberately altered their working conditions to make it harder for them to cope, thus forcing them to resign.
[…] I was dismissed from my last job after I went through autistic burnout and disclosed my autism. They weren't willing to make the necessary accommodations: too burdensome. It's the first time I've ever been fired. (T70)

MILLER ET AL 2021
''I have never been able to mask, which is why I have always been a target for bullying and abuse'' (F) […] For those who report being unable to mask, they feel this has impacted on their acceptance by others and led to victimization.

MILTON & SIMS 2016
Bullying was almost universally reported on as an experience in school life, but it was also reported on as happening within the family.
[…] non-autistic people have difficulties understanding the viewpoints of autistic people, resulting in mistreatment such as bullying.

DAVIDSON & HENDERSON 2010
The 'keeping safe' repertoire […] places a strong emphasis on coming out as a controversial and challenging decision with profound, and profoundly uneven, consequences.
AS narratives display a tendency to qualify the use of deception as a strategy for keeping safe.

MILNER ET AL. 2019
"Very different to most people, or as I like to put it, I'm prey in the world of predators" (F, AS)

COOK ET AL 2021
A lifetime of such social experiences appeared to leave some participants uncertain and anxious about their ability to successfully portray the kinds of social impressions that would lead others to value social relationships with them. Camouflaging was seen by participants as a means of improving their social impression.

SCHNEID & RAZ 2020
If impression management, especially in the specific form of camouflaging, was required to pass as normal and score social points, it also meant that something had to be hidden inside because it was socially flawed and faulty. This meant that camouflaging in particular, and impression management in general, were often seen as reaffirming the social stigma of being autistic.
The need to camouflage, mask and manage one's impressions therefore often leads to a sense of alienation and frustration.

SUB-DOMAIN: Self-image & Internalised Stigma

BOTHA ET AL 2020
A certain amount of internalisation of external stigma appeared throughout participants narratives, with participants describing themselves as "weird": "[…] I viewed myself as a misfit, a retarded genius, an eccentric, a freak. I saw no future for myself anywhere." (F, AS).
[Attempts to assimilate] never worked, making them feel like failures.

BRADLEY ET AL 2021
When camouflaging, they described there being "less chance of" […] feeling like ''a burden on society'' (F, AS).
''I still feel quite ashamed of myself … because of the stigmatising attitudes I hear from people around me." (M, AS).

Facet: Internalised able-ism

BRADLEY ET AL 2021
Others reported that camouflaging helped them think about their hopes, so they were able to ''regain [their] life'' (M, AS) […]: ''I do feel a sense of achievement as I have had what many would see as a successful career, albeit that it was a huge struggle at times. No allowances were ever made for my condition … I therefore feel I have overcome many obstacles others have not had to.'' (M, AS)

CROMPTON ET AL 2020
This sometimes led to increased feelings of frustration […] directed internally at themselves for not being able to cope with 'normal things': "I feel awkward and ashamed […] I still have a lot of internalised ableism about how I 'should' be able to do things that I find difficult." (F, AS)

CAGE & TROXELL-WHITMAN 2019
'Internalised stigma' was identified, with some participants reporting that the reason that they camouflaged was because they felt a sense of shame surrounding their identity.
"To avoid feeling ashamed"
"Being me isn't good enough"

COLLIS ET AL 2022
Self-consciousness […] was prevalent throughout interviews. The shame surrounding these [restricted, repetitive behaviour] may indicate that the negative attitudes of others towards [restricted, repetitive behaviour] have been internalised. This manifested for some as a struggle to even do their [restricted, repetitive behaviour] in isolation.
They felt "embarrassed"
Participants often became embarrassed or uncomfortable, and described their [restricted, repetitive behaviour] as being 'weird', 'stupid' and 'ridiculous' amongst other negative terms. This was in the context of a one-on-one interview where participants knew that the interviewer was also autistic.

COOK ET AL 2021
"You're stupid, you're abnormal or when you start to do this [demonstrates body rocking]." (Harriet (F, AS)
Participants also positioned themselves as responsible for the outcome of past negative social experiences with non-autistic others, attributing interpersonal difficulty or rejection to failures in their own interpersonal behaviour and self-presentation.

CROMPTON ET AL 2020
[The pressure to conform] affected how they felt about being autistic, often in negative ways.

HARMENS ET AL 2022
The bloggers struggled for self-acceptance.
"Being an undiagnosed autistic can feel like the whole world is gaslighting you. From being told not to be silly, the lights aren't hurting you ... you're being told every day that your lived experience isn't real. There have certainly been times that I have doubted my sanity." (F)

HICKEY ET AL 2018
This initial perception of difference was located internally: […] "When they didn't put me up to the junior school from the primary school. And I thought, 'Oh, why are they doing that? What's wrong with me?" (M, AS)

HULL ET AL 2017
"When I was younger and more obviously odd and strange […]"

KAPP ET AL 2019
Several participants internalised the stigmatisation of stimming […] made them feel devalued for appearing 'weird'.

LEEDHAM ET AL 2020
'Unsuccessful' connections led to internalised beliefs that they were 'wrong', 'broken' or 'bad'.
Many appeared to have internalised unhelpful messages, leading to a devalued sense of self and strongly helped beliefs of being fundamentally 'mental' (F, AS) 'wrong' (FX3, AS) or 'defective' (FX3, AS).

HICKEY ET AL 2018
"And I'd just get really like, 'why am I so stupid? Why can't I do this?" (F, AS)

LILLEY ET AL 2021
the internalisation of ableist norms
[…] although she 'did try and fit in', she had 'no purpose, no aims'. She noted: "My friends from uni were progressing up the corporate ladder . . . The thing is I looked perfectly normal. I couldn't do it and I could not understand why."
"but also being able to ask for the supports for my weaknesses". (F, AS)

MILLER ET AL 2021
Without a reference point, many people assume […] that there is something ''wrong'' with them for finding things that everyone else appears to do effortlessly, so hard.

MILTON & SIMS 2016
For some this meant the rejection of well-being and notions of belonging as defined by an 'ableist' or 'neurotypical' society.

TINT & WEISS 2018
[…] feeling unworthy of services, and identified their own reluctance to seek help.
Participants often described feeling belied by their seemingly unaffected presentation and recalled associated feelings of shame for seeking help.
For example, on woman described feeling unworthy of testing accommodations […] "I didn't think I was deserving of special treatment. I thought I should be able to handle it like everyone else."

MILNER ET AL. 2019
"I just felt I was very different to other children […] in how my brain processed things, I think, and how I couldn't do what other children could do." (F, AS).

Facet: Continues shame after diagnosis

HICKEY ET AL 2018
[…] although an internal sense of difference persisted: […] "you actually outwardly become exactly like everybody else. But you aren't. You never – you never forget. You're never not autistic." (M, AS)
One participant, however, experienced her diagnosis and subsequent reviewing of the past as painful and isolating: "So it was looking back and then suddenly realising there was this genetic connection and great feelings of inadequacy; that I must've been a really bad carer for my parents when they were terminally ill. And just having to, psychologically, on your own, reassess your whole life. And at the age of 53 it's going back a long way." (F, AS)

HULL ET AL 2017
"[…] taking the mask of[f] and revealing the real broken you." (F, AS)
Camouflaging behaviours contradicted the important role they attributed to ASC in shaping their identity. Despite feeling proud of their ASC diagnosis, and the community they were a part of, they still deliberately camouflaged the behaviours associated with this diagnosis. These individuals felt that by hiding their ASC characteristics, they were betraying the ASC community as a whole.

"… I felt really bad for myself as a child … blaming myself for things … not being good enough … or being slow and not like everybody else." (F, AS)

LILLEY ET AL 2021

Others employed the trope of being 'like an alien' to describe this sense of excluded difference.

Interviewees described instances of other people's negative statements about their character as well as their own negative self-conceptions. They also sometimes pointed to the connection between stigmatising attitudes and negative self-conceptions.

"I was too shy, too anxious, not clever enough, not a good enough friend", summing up "I felt so lacking as a person" (F, AS).

"being so sure that everything is wrong with you." (F, AS)

For many years, [Respondent (F, AS)] believed that she was 'wrong' and a 'bad person'.

MANTZALAS ET AL 2022

Some had internalized the stigma, which impacted their identity and confidence to self-advocate.

MILLER ET AL 2021

As one participant recounted: ''I have used masking from a very young age because I thought I was broken.'' (NB)

MILTON & SIMS 2016

Living with such an 'othered' identity was also linked to feelings of isolation and social alienation.

[…] "lead to feeling as though we are 'wrong' or 'defective', and for me that led to low self-esteem and depression.

SCHNEID & RAZ 2020

"All these years I have been judging myself because I was judged by others." (F, AS)

For many of our respondents, especially camouflaging was related to both external and internal aspects of a felt conflict.

"It was as if I understood that I need to be like other people and not myself." (F, AS)

"Even the most liberal people are still influenced by prejudice, and to be frank – even I am still influenced by prejudice." (F, S-AS)

LEEDHAM ET AL 2020

[…] periods of loss and fear about the lifelong nature of autism: "… you sort of realise that you're stuck like this forever really, so that's a bit … It's a bit overwhelming … I'm going to struggle with things for the rest of my life, that's hard." (F, AS)

The description suggests a belief that accepting support from others may mean accepting she is autistic, something she is not ready to do. In not doing so, she recognises this contributing to relational difficulties.

LILLEY ET AL 2021

[Respondent (M, AS)] who had only very recently received an autism diagnosis, castigated himself: "I'm weird. I'm odd. I don't fit in with society; I struggle in social situations".

LIVINGSTON ET AL 2019

"Despite my awareness, my ability to counteract my poor social skills lags behind. In short, now I know that I am the problem, but I still don't know how to fix myself very well." (F, AS)

"To not compensate would make life more unhappy for […] those with whom I force to interact with me." (M, S-AS)

However, some individuals, who viewed compensation and its outcomes as an ongoing challenge […] Their life goals were unmet and they desired better strategies. These individuals were distinct […] in their attitudes towards compensation. They were more self-critical of their autistic characteristics and compensatory failures, and reported a negative impact of compensation on their wellbeing.

FORSTER & PEARSON

Many [of the participants] appear to perceive being disabled as a failing they need to compensate for. Given the prevalence of bullying, disability hate speech and lack of accommodation made towards those who are physically or cognitively different at a societal level it is perhaps unsurprising that bearing a label of being disabled is something people may find hard to embrace.

BALDWIN & COSTLEY 2015

"The last 14 years have been a quest for me to understand what is different about me, why normal things don't seem normal to me."

"Even though I have known I am 'wrong' for a very long time, it has only been the last couple of years that I suspected I had Asperger's."

DACHEZ & NDOBO 2018

"When things began to go seriously wrong, that gave me a slap and I had to say to myself "Well, something's happening, either you're shattered or you find yourself." (F, AS)

[…] the diagnosis enables individuals to give a name to their difference; they are reassured to know that they are not "mad" and can start afresh.

DAVIDSON & HENDERSON 2010

'[N]ot only does the autistic person always know that they are different, but they suffer deeply from not knowing why. While they try to come to understand themselves without having a name for their condition, other people definitely are labelling them—and usually without the compassion that real education would bring."

MILNER ET AL. 2019

"Once I had the label that I had, I'm like yay, I'm not so crazy after all, I'm not this weird crazy person, I do fit in somewhere" (F, AS).

"I knew that I was different, all, always knew I was different, always I knew it, in so many ways that it's just unbelievable." (F, AS).

MAIN THEME: Be 'normal' or 'neurotypical'

BARGIELA ET AL 2016
"Trying hard to be normal" (F, AS)
Pretending to be normal: […] This theme includes such experiences as being seen by peers as 'different' and subsequent attempts to 'fit in' […] masking was used to hide autistic traits to appear 'normal'.
"Acted neurotypical" (F, AS)

BERNADIN ET AL 2021
"Sometimes, I worry that because I'm diagnosed as autistic that I'll come off as like really different to them. So, I'll um, I'll try and act […] what I perceive as normal […]." (F, AS, Minor).

BOTHA ET AL 2020
In terms of concealment participants discussed childhoods where they tried to assimilate, and to make themselves less "different"

BRADLEY ET AL 2021
Many described being exhausted after social interactions because of the effort it took to ''pretend'' […] they are ''neurotypical'' […] ''normal'' […], or ''don't have ASC'.
Many described how camouflaging helped them feel ''normal'' […]
"'[A]cting normal'"" (F, AS)

CAGE ET AL 2018
"I have to invest a lot of energy into "passing" as neurotypical"

CAGE & TROXELL-WHITMAN 2019
"Because society expects you to behave like neurotypical people"
"A lifetime of conditioning, trained to act normal […]"

COOK ET AL 2021
Some participants' efforts were focused on […] portraying a non-autistic, conventional or otherwise valued identity.
[Participant (F, AS)] positioned her autistic identity as one that must be hidden in order to present as possessing the more valued, non-autistic identity.

CROMPTON ET AL
"I get anxious because I have to behave well, to behave neurotypically, to do the right things." (F).
"I work very hard to pass as 'normal' with non-autistic people." (F)
"Sometimes autistic people like me, you try really hard to be normal." (F, AS)

HARMENS ET AL 2022
"I could appear fairly ''normal''" (F)

HICKEY ET AL 2018
They then took steps to reduce the visibility of this difference.

HULL ET AL 2017
Change their behaviours in order to seem 'normal enough'.

LEEDHAM ET AL 2020
Other [strategies] were practiced with the aim of […] appearing 'normal' when making comparative evaluations to people who appeared to be part of the social norm or 'in-group' […] assimilate to meet the social norm.

MOTIVATIONAL Facet: Masking IS the language of neurotypicals

COOK ET AL 2021
Some participants sought to create a desirable social impression by engaging in neurotypical […] social behaviours. […] They appeared to believe that interacting in accordance with non-autistic social norms and expectations was required to gain acceptance during social interactions.
Displaying verbal and nonverbal behaviours perceived to be associated with non-autistic socialising.
The camouflaging process appeared to assist […with] difficulties that interfered with their ability to adhere to non-autistic social norms.

CROMPTON ET AL 2020
Participants […] often felt pressure to conform to the communicative styles and preferences of the non-autistic majority […] to conform to the majority way of communicating in social interactions.

HULL ET AL 2017
A few respondents suggested that their motivations to camouflage were similar to those of the general population; camouflaging was simply seen as the way in which everyone tries to fit in or hide less desirable aspects of their personality.
"Most neurotypicals are camouflaging nearly all the time they are in public." (M, AS)
"Connections have to be made initially on neurotypical terms. Then, hopefully on my terms as well." (F, AS)
My head will be racing as if I'm interpreting another language.

LILLEY ET AL 2021
"I spent so much of my life living with this paradigm […] But that paradigm was based on neurotypical people. Fake it until you make it . . ."

LIVINGSTON ET AL 2019
Masking was considered less autism-specific than compensation, given that neurotypical people show masking when required (e.g., hiding controversial opinions).
Fitting neurotypical peoples' interaction style (e.g., eye-contact or small talk) was viewed as vital.
"With autistic people, who speak my language…it goes fantastically well most of the time." (F, AS)

MILLER ET AL 2021
Some participants believed that others find masking natural which is consistent with aspects of identity shifting as a social affiliation strategy. As one participant astutely noted, ''Masking is the language of NTS, it's not a direct language but an automatic one that autistics have to learn, it takes years and even then there is no perfection to it.'' (F, AS). Here, the difficulty with using non-native social communication styles […].

TINT AND WEISS 2018
"I can turn on my normal"

MILNER ET AL. 2019
Neurotypical behaviour was consciously learned, for example, eye contact, in order to fit in and disguise autistic behaviour.
Although learning neurotypical behaviours may allow individuals with autism to appear "normal", it was evident that

LIVINGSTON ET AL 2019
[Compensation] enabled "passing" as neurotypical.
"We assume a very normal aspect when seeing our GP." (M, S-AS)

behind the masks the women were still struggling; several commented on the immense effort it takes to maintain such behaviours.

MILTON & SIMS 2016
"What was wrong with me was misguided attempts to conform to the norm." (M)

SCHNEID & RAZ 2020
Impression management, especially in the specific form of camouflaging, was required to pass as normal […]

BALDWIN & COSTLEY 2015
"the women had actively sought (or, at least, identified a need) to 'learn' aspects of communication and social behaviour that would enable them to relate to others in a way that would be perceived as appropriate"

DACHEZ & NDOBO 2018
Nineteen participants explained having tried to "normalise" themselves.

DAVIDSON & HENDERSON 2010
[*Put on a front*…] to try to appear normal.
"They might think I am younger than I am or a little eccentric but otherwise perfectly "normal."'

FORSTER & PEARSON 2020
These comments were indicative of a prevailing awareness in our participants of how external others might perceive them, and the lengths that autistic people go to to appear 'normal'.

MILNER ET AL. 2019
Fitting in with the Norm: […] This theme encapsulates the attempts, both successful and unsuccessful, that women and girls make to attempt to fit in with their peers and society. We define "norm" as typical and/or expected behaviours.
Individuals with autism are required to live in a neurotypical world where ordinary life is often not tailored to help with problems with social interaction […] adapt their thinking styles to suit the "norm" and cope with the neurotypical world." (F, AS).
"[P]roblems in terms of coping with "normal" everyday situations led onto the idea of masking and camouflaging autistic behaviour to fit in with a neurotypical world.
"I didn't want anything more than just to be normal and to fit in." (F, AS)\
[P]roblems in terms of coping with "normal" everyday situations led onto the idea of masking and camouflaging autistic behaviour to fit in with a neurotypical world and disguise social interaction difficulties.

MAIN THEME: Go under the radar

BRADLEY ET AL 2021
Participants described camouflaging as enabling them to […] "not stand out".

CAGE ET AL 2018
"Invisibility has become my comfort zone as well as my prison."

CAGE & TROXELL-WHITMAN 2019
Camouflaging was driven by a desire […] to not stand out or feel different in comparison to others
COOK ET AL 2021
"This [demonstrates hand flapping], works a lot better but it gets people's attention a lot more […]" (F, AS)

HULL ET AL 2017
Respondents described wanting to camouflage in order to 'blend in with the normals'
"I don't want to draw attention to myself by appearing to be different." (F, AS)
"[Versions of me are] designed to not stand out for the 'wrong' reasons." (F, AS)
"It stops them shining a spotlight on me."(F, AS)

LEEDHAM ET AL 2020
The aim was to blend in and not appear 'different'.

LIVINGSTON ET AL 2019
Masking strategies […] allowed blending into the background.

MANTZALAS ET AL 2022
Stress accumulated when they were prevented from using these [stimming] strategies, usually because of […] fear of standing out.

TINT & WEISS 2018
"I'm not one to make a scene. I don't even want to be in a scene! I try to always be behind the scene!"

DACHEZ & NDOBO 2018
Others, however, continue social engagement using mobile masks (e.g., newspapers and headphones), which can offer comforting protection as well as distraction.

DAVIDSON & HENDERSON 2010
[Participant] tries to screen herself off and pass unnoticed by others by staying out of the public eye as far as possible, a strategy that has made steady employment difficult.

MILNER ET AL. 2019
Many women and girls commented that they preferred acting as a "wall flower" […] as they found social interaction easier that way.

MAIN THEME: Acceptability

COOK ET AL 2021
A strong desire for, yet uncertainty in, securing social acceptance and connection: Participants were motivated to interact with others in a manner that facilitated social acceptance and connection […] efforts to interact with others in a manner that facilitated acceptance from, and social connection with, others.

BARGIELA ET AL 2016
Theme: Pretending to be Normal [identifies strategies that young women used when trying to fit in with their peers] […] being seen by peers as 'different' and subsequent attempts to 'fit in'.
Some women reported that their experiences of peer rejection left them 'desperate' for acceptance […]

BERNADIN ET AL 2021
The most common theme across all questionnaire participants regarding motivations for camouflaging was acceptance, though this was not the most common theme within each participant group. Acceptance was the most common theme for autistic males (29%)

BOTHA ET AL 2020
[…] trying to fit in or assimilate, concealing their autism […]
"I spent my childhood trying and failing to fit in". (F, AS).

CONTEXTUAL Facet: Social isolation as a precedent [Bridging]

HICKEY ET AL 2018
Most participants perceived themselves to be isolated and experienced a subjective sense of loneliness. […]Participants made a conscious effort to socialise and acquire friends, particularly in early adulthood (pre-diagnosis) and later to meet other people with autism (post-diagnosis)

LIVINGSTON ET AL 2019
"I was simply fed up with having very few friends […]" (F, S-AS)
""I still have no clues about what can I do to make it better. I'm more alone than ever." (M, S-AS)

BRADLEY ET AL 2021
Participants described their experiences of camouflaging as the need to "adapt behaviour to appear more socially acceptable'' (M, AS)
Camouflaging to ''fit in'' (50 participants) […] was reported by many who expressed a desire to be "accepted" (43 participants). Many described how camouflaging helped them feel […] ''accepted'' (48 participants).

CAGE ET AL 2018
"I feel that I have spent the majority of my life engaged in the search for acceptance"
"I mask so well I am accepted but not as an autistic person."

CAGE & TROXELL-WHITMAN 2019
Camouflaging was driven by a desire to assimilate or 'pass' within neurotypical society.

COOK ET AL 2018
Many [parents[reported how well their daughters coped or how they made adjustments to their behaviour in order to fit in. As such, this 'masking' behaviour offered a solution to some of their social difficulties. It could also pose a problem.

COOK ET AL 2021
They appeared to believe that interacting in accordance with non-autistic social norms and expectations was required to gain acceptance.

HARMENS ET AL 2022
A central issue in the bloggers' experiences was acceptance, including being understood and feelings of belonging […] and wanted to be accepted by others, first as a person who functions in the neurotypical world, and later as a ''truly'' autistic person Camouflaging and striving to fit in were exhausting.

HICKEY ET AL 2018
They then took steps […] to better 'fit in' socially.

HULL ET AL 2017
[…] need to change in order to be accepted by others.
way in which everyone tries to fit in
The desire for assimilation
Many respondents wanted to be accepted by others.
"People don't always realise that I have AS, more likely to be socially accepted." (M, AS)

LEEDHAM ET AL 2020
Efforts to 'fit in'
This appeared to relate to a need for acceptance.

MANTZALAS ET AL 2022
Although masking facilitated […] social inclusion, it was consistently described as exhausting.

MILLER ET AL 2021
''In order to try and fit in somewhere […]" (F)

MILTON & SIMS 2016
Living with such an 'othered' identity was also linked to feelings of isolation and social alienation.
[…] an intense need to find a way to improve myself and make myself acceptable to others."

SCHNEID & RAZ 2020
[…] continuum that leads from prioritizing social integration […]

SUB-THEME: Connection and Belonging

BARGIELA ET AL 2016
[…] attempt to create an increased sense of familiarity when socialising with new people.

BERNADIN ET AL 2021
[Participant (M, AS, Minor)] described feeling "Happy, because I'm out having fun."
[Participant (F, AS, (Minor)]: "You tend to make more friends and you tend to have better relationships with those around you"

BRADLEY ET AL 2021
Other described how it helped them ''interact'' and ''meet people'' […] ''friendships'', ''partners'' […]

Facet: Friendship-doubts

BERNADIN ET AL 2021
[Participant (F, AS, Minor)] described negative consequences of this inauthenticity: "That is the downside of [camouflaging]. Having no true friends or having less true friends […] you're basically changing who you are. So, you don't really know if you're friends with that person or not because they're not really being friends with you."

COOK ET AL 2018
It was apparent from most accounts that the girls wanted to have friendships.
[Parent of (F, AS, Minor)] described how her daughter […] sees her sister successfully engaging with other children and desires to have the same kinds of friendships.
[…] conceal their differences. Sometimes this was helpful, enabling them to feel included in friendship groups.
"she wants to be doing what other people do really." (Parent of F, AS, Minor)
Masking their differences […] enabled the girls to feel that they belonged.

COOK ET AL 2021
'[Autistic people] often genuinely want to make a connection they just find it difficult' […]
[Camouflaging:] necessary to develop much desired social connections

CROMPTON ET AL 2020
[…] "but also I want to be involved." (F, AS)

HARMENS ET AL 2022
Diagnosis improved relationships with others and fostered connections with communities, reducing feelings of being an outsider.

HICKEY ET AL 2018
"But it got me sort of with other people and that." (F, AS)
[…] many participants had made deliberate efforts to engage with people […] and deliberately set about making friends.

HULL ET AL 2017
Respondents often reported that relations with others improved as they got older and were better able to camouflage their ASC was to increase connections and relationships with others.
Camouflaging was seen as one way to overcome the initial obstacles to connection and allow for future relationships to develop.

"[…[to have people you're friendly with" (F, AS)
Achieve what they wanted […] or being able to make a connection with someone.

LEEDHAM ET AL 2020
Descriptions suggest an intrinsic need for belonging.
[…] disguising their true selves. This included attempts to develop relationships.

LIVINGSTON ET AL 2019
Many participants reported social motivation […] to develop meaningful relationships.
Compensation was considered worthwhile to make a positive impression towards a friendship.
"I strongly desire friendship, but am aware that I am not very good at initiating it." (F, AS)

MILLER ET AL 2021
[…] to promote social cohesion

MILTON & SIMS 2016
This theme presents a complex and transactional challenge to developing positive and meaningful relationships between autistic and non-autistic individuals.

SUB-DOMAIN: Maintenance of social sphere

MASK NEEDS ADDITIONAL SUPPORTS TO BE MAINTAINED [Bridging]	**MASKING FALTERING OVER TIME**
BARGIELA ET AL 2016 Another woman described using alcohol as a way to ''free me up to maintain my neurotypical mask'' (F, AS) **COOK ET AL 2021** difficulty maintaining conversations and used a scripted phrase to overcome this. **SCHNEID & RAZ 2020** Social camouflaging is an ongoing strife that requires continuous maintenance.	**LILLEY ET AL 2021** The idea of self-reinvention was highlighted by interviewees. [Participant (M, AS)] too, commented on frequent changes of employment, explaining, 'I seemed to run into difficulties with people after about a year and a half and rather than try and resolve them, I'd leave and find another job'. […] **LIVINGSTON ET AL 2019** "I am […] even worse at maintaining [friendships]." (F, AS) "The inability to mask or compensate beyond the initial stages of a relationship has meant I have never developed the social capital which all people need to succeed." (M, AS) [Compensatory strategies] were not always sufficient to maintain employment and switching jobs was often necessary. Many participants, however, noted that compensation was not always sufficient because their strategies were unable to convert acquaintances into friendships, or their differences were "found out", with negative consequences for social relations. **DACHEZ & NDOBO 2018** However, this is a strategy that can be exhausting in the long term. In fact, this borrowed personality requires constant effort, and prevents the person from being in tune with him/herself. **MILNER ET AL. 2019** Maintenance of friendships was also highlighted as a problem. I don't think I have difficulty making friendships, it's keeping them maybe (FF18)
MOTIVATIONAL FACET: Mask to maintain friends [Bridging]	
BERNADIN ET AL 2021 The most common theme for both autistic males and females was making or keeping friends. **COOK ET AL 2021** In turn, they felt this would increase the likelihood of much desired future social interaction and ultimately ongoing companionship.	

MOTIVATION: Miscellaneous Motivations

MAIN THEME: Comfort (Ease) and Control

BARGIELA ET AL 2016
The use of an online platform had made communication easier for some young women […] being able to express themselves more clearly […] easier and less awkward medium.

BRADLEY ET AL 2021
[Alcohol] However, others described using alcohol […] as it helped them ''feel less anxious and self-aware'' (F, AS).

For some participants, the ‘‘safety’’ (F, AS) of camouflaging enabled them to […feel] more ‘‘confident’’ (F, AS), and ‘‘capable of being in the world’’ (F, AS)

CAGE & TROXELL-WHITMAN 2019
“To get through situations as painlessly and as quickly as possible”
To avoid others feeling embarrassed or uncomfortable when they were not camouflaging.

HULL ET AL 2017
“[I camouflage] to reduce the threat of feeling uncomfortable” (M, AS)
Camouflaging was seen as one way to overcome the initial obstacles […] Many respondents wanted to […] be able to socialise, but recognised that they lacked the skills needed to […] interact comfortably with strangers, and relax in social situations. […] by camouflaging and using structured techniques, respondents could reduce some of this uncertainty and so were more confident in their ability to socialise.
“It enables me to be with other people in a way that is relatively comfortable for me and for them.” (F, AS)
These camouflaging strategies were used to help the ASC individual get [*through socialising*] with minimal stress.
[Preparing conversations] made them feel more in control of the interaction.
Camouflaging was rewarding because it enabled them to achieve what they wanted with minimal effort.
Interestingly, 60% of those who reported feeling positive or relieved after camouflaging were male.

LIVINGSTON ET AL 2019
In superficial interactions, masking was preferred over compensatory strategies to conserve resources.

FORSTER & PEARSON 2020
[…] having more control over social interactions.

MAIN THEME: A strategic function

BRADLEY ET AL 2021
One of the most commonly shared narratives that came out of the data for this theme was that it allowed participants ‘‘access to advantages of the neurotypical world’’ (F, AS). Many described how camouflaging helped them […] to ‘‘function’’ and ‘‘get through life’’ […] find ‘‘work’’ […]
‘‘I can achieve what I want to achieve ... in spite of any obstacles my ASD may present’’ (F, AS). […] and ‘‘have a ‘future’ of whatever that maybe despite of difficulties’’ (F, AS): […]

HULL ET AL 2017
A more pragmatic aspect of this motivation was the desire to obtain jobs and qualifications, which respondents felt were less accessible when they were more visibly ‘autistic’. Many respondents described how they would not have achieved as much had they been more open about their ASC characteristics. Camouflaging during these situations was thought to improve employment opportunities […]
“I’m pretty sure no-one would ever hire me if I didn’t camouflage in job interviews.” (NB, AS)
“Camouflaging helps to survive in school and college and it is important for keeping jobs.” (F, AS)
“I am glad that the camouflaging enables me to survive within myself and accomplish any necessary tasks.” (M, AS)
It allowed them to get on in life, succeed in jobs and relationships, and achieve many of the aims they wanted.
“More likely to get a job.” (M, AS)
“If they [employers] can identify camouflaging, then they will “find us out” and reject us.” (F, AS)

LILLEY ET AL 2021
And trying to fool people just to keep things rolling over’.

LIVINGSTON ET AL 2019
[…] fitting neurotypical peoples’ interaction style […] was viewed as vital for achieving life goals (e.g., independence and employment).
[…] “makes me employable. …” (M, S-AS)
Compensatory strategies supported success (e.g., academically) in earlier life; hence, autistic characteristics were overlooked by parents and teachers.
Despite potential negative consequences, compensation was still considered to be important for increasing life opportunities, and thereby having a role in society. Compensation enabled individuals to perform daily tasks that involved communicating with others (e.g., accessing services) and to seek employment.

MANTZALAS ET AL 2022
Although masking facilitated access to job opportunities […] it was consistently described as exhausting.
Many users tried to strike a balance […] they retained masking behaviors to achieve goals.
“Masking is a tool that should be used to get things nothing less, nothing more.”

MILLER ET AL 2021
While some people acknowledge that masking has enabled them to partially cope in a world that does not feel designed for them

MILTON & SIMS 2016
Some talked of the minor advantages to passing within specific […]

SCHNEID & RAZ 2020
Impression management as social asset […] "passing as normal" namely impression management in general (rather than camouflaging in particular) was regarded as social asset.

TINT & WEISS 2018
[…] to perform their day-to-day responsibilities without issue.

DAVIDSON & HENDERSON 2010
Similarly, another AS author able to pass as neurotypical explains that when he was trying to get a job "the private agencies advised me to say nothing of my AS"

MAIN THEME: Habituated

BARGIELA ET AL (2016)
However, young women reported that mimicry was automatic and unconscious, in contrast to their willed and conscious masking behaviours. […] "I automatically mimic what other people are doing […] but I can't consciously put on an accent." (F, AS)

BERNADIN ET AL 2021
Notably, some participants were unsure of their motivations for camouflaging. This represented only a small percentage of all responses. Autistic males were the most likely of the participant groups to say this.
[Respondent (M, AS, Minor)] said, "I'm having difficulty thinking of a reason, but I kind of feel like I don't actively do it."

BRADLEY ET AL 2021
It ''became second nature'' (F, AS). They described it as being ''hard to now turn off'' (F, AS), because camouflaging ''is my default'' (F, AS), something that is done ''subconsciously'' (M, AS), ''without thinking'' (F, AS), as if on ''autopilot'' (M, AS). […] so much so that they did not know ''how to be any different any more'' (F, AS), or how to ''exist in social situations without camouflaging'' (F, AS).

CAGE & TROXELL-WHITMAN 2019
'Habit', that some explained that they camouflaged not out of choice, but because camouflaging had become a habitual and automatic response in social situations
""A lifetime of conditioning […] and now it seems impossible to turn it off."

COLLIS ET AL 2022
This manifested for some as a struggle to even do their [restricted, repetitive behaviours] in isolation.

COOK ET AL 2021
Certain camouflaging behaviours now occurred automatically or unconsciously. However, other participants did not experience any automatization of their camouflaging behaviours.
However, this experience was more complicated for some participants who spoke of difficulties engaging in, or even 'knowing', alternative means of socialising after a lifetime of camouflaging: […] "I need to be able to switch it off but I feel like I have been doing it for so long that I don't know how." (NB, AS)

HARMENS ET AL 2022
After years of camouflaging, showing the "real person" to a clinician (to obtain a diagnosis) required conscious vulnerability on the part of bloggers.

HICKEY ET AL 2018
Over time, learned social skills required less conscious application and became more habitual […] "When you emulate things long enough they become a habit." (M, AS)

HULL ET AL 2017
this reflected the idea that camouflaging was not a conscious choice; they described wanting to control when and how they camouflage to a greater degree, in order to access support when they needed it: "People need to learn how to drop the camouflage […]" (F, AS)
I even stop myself doing certain tics and things automatically when I'm by myself and that kinda sucks, that I'm not even me on my own.

LIVINGSTON ET AL 2019
Deep compensation […] These strategies, although hard to implement at first, could become "second nature" with time.
Masking strategies were simple and often automatic, and allowed blending into the background.

MANTZALAS ET AL 2022
We need to remind ourselves to unmask.

MILLER ET AL 2021
Participants also wrote about how over time masking became instinctual and how it became difficult […] to ‘‘unlearn’’ the mask.

MILTON & SIMS 2016
“I feel that [my mask] will have to be surgically removed.”

SCHNEID & RAZ (2020)
Like an auto-pilot or a robot […]

MILNER ET AL. 2019
“The problem I’ve found is when I’m in social situations I sort of go onto auto-pilot […]” (F, AS)
“When I actually got tested I was on autopilot and it meant that I got misdiagnosed.” (F, AS)

MAIN THEME: For the sake of others

BRADLEY ET AL 2021
‘‘It only benefits the ‘normal’ people around me, by allowing them to just pretend everything is fine and not have to give a single thought to communicating clearly.’’ (M, AS).

COLLIS ET AL 2022
For example, when asked to describe their [restricted, repetitive behaviours], [Participant] described them as “Annoying, but not for me.”
“It was like I didn’t say anything at the time because… I appreciate it would have been fairly inconsequential for them so.”

COOK ET AL 2021
[…] their impression management efforts on avoiding negative attributes and ensuring that they were not perceived as, for example, […] ‘threatening’, ‘dominating’ […]
They avoided behaviours that potentially signalled undesirable traits; fostered conflict; or created anger, discomfort or distress in others.
“I feel it is more for other people’s benefit than for my benefit.” (NB, AS)

HULL ET AL 2017
“But don’t make any noises […] or do any finger movements or tapping etc. that would annoy people.” (F, AS)
make the chat more enjoyable for their social partners.
“I go over and over and over what they said […] have I offended anyone?” (F, AS)
“They don’t realise that women with ASC […] are very careful not to make hurtful remarks.” (F, AS)

KAPP ET AL 2019
They expressed that others might feel annoyed, stressed or alarmed by their stims.
‘You’re disturbing everyone, you’re causing attention’ for actions like jiggling their legs and fidgeting with their watch.” (F, AS)
Participants described stims that caused (unintentional) harm to themselves or others. […] “[T]hat’s a bit distressing to find out you’re causing harm to somebody without realising you’re doing that.” (F, AS)
Participants described the annoyance and distraction their stimming may cause others. [Participant (M, AS)] described obviously clicking his nails at home, including near the ear of his wife, who has ‘good hearing’ and ‘really hates that’

LIVINGSTON ET AL 2019
concern for others (avoiding hurting feelings)
Compensation was for others.

BALDWIN & COSTLEY 2015
“I need to know how to think before I speak, so I don’t hurt the feelings of others.”

FORSTER & PEARSON 2020
“Back in school it was often a problem as I wasn’t sure if I said things that would upset or offend people…”

Category: Contexts and Precedents of Camouflaging

MAIN THEME: Unclear and Unexpected Cues

LEEDHAM ET AL 2020
Efforts to ‘fit in’ were influenced by several factors, including confusing social interaction attempts and perceived failures.

LIVINGSTON ET AL 2019

Compensatory strategies had an upper limit because they did not function in all situations or were too slow and inflexible in fast-moving social interaction. […] responding to unexpected turns of conversation, could not be achieved via the secondary route of compensation.
[*Shallow compensation*] […] transferred poorly to new contexts.
"I am stuck when I meet people who have no interests and extreme extroverts." (F, AS)
[*Compensation*] […] unstructured social settings (e.g., parties), were demanding.

SCHNEID & RAZ 2020
"… Some of these times were really ambivalent – I didn't want to talk with anybody because I didn't understand." (F, S-AS)

BALDWIN & COSTLEY 2015
I don't like interacting with people I can't 'read'.

MAIN THEME: Number of People

BARGIELA ET AL 2016
Socialising as part of large groups was reported as challenging by all the young women interviewed.

COLLIS ET AL 2022
[…] isolating their [restricted, repetitive behaviours] to specific environments, typically ones in which they were alone, out of sight of others.
[Participant] would isolate their own repetitive behaviours by stopping the [restricted, repetitive behaviours] the moment even family members came by, and restarting the behaviour once they had left.
"I do get a little bit shy or even embarrassed when someone else is present." (AS)

HICKEY ET AL 2018
[I] find it difficult to talk to people especially in groups and things

LIVINGSTON ET AL 2019
Additionally, group situations, involving multiple social cues […] were more demanding on compensatory resources than one-to-one structured interaction (e.g., doctor's appointment). Therefore, many individuals reported "passing" as neurotypical in environments with low demands, but appearing socially atypical in those with higher demands.

SCHNEID & RAZ 2020
"Social grouping brings out my autism." (F, AS)

MAIN THEME: Distress and Overwhelm

BRADLEY ET AL 2021
Participants needed time to ''recover'' (F, AS) and ''recharge'' (M, AS). If participants were unable to take recovery days, they described not bring able to ''cope'', putting them at risk of a ''meltdown''.

HULL ET AL 2017
"Sometimes, when I have had to do a lot of camouflaging in a high stress environment, I feel as though I've lost track of who I really am, and that my actual self is floating somewhere above me like a balloon." (F, AS)

LIVINGSTON ET AL 2019
Compensation was therefore more difficult when distracted or stressed. […] [*shallow compensation strategies*] were also so less effective when stressed […]
"If I am having a bad day, all strategies go out the window, socialisation is no longer a priority." (F, AS)
"Sensory environment. It can wipe out 100% of my 'coping energy' in moments." (F, AS)
Environmental demands, such as social interactions in loud and bright rooms, made it difficult for participants to use compensatory strategies.
For most participants, when demands (e.g., living independently) increased in adulthood, their compensatory strategies became insufficient or their autistic characteristics impaired their daily functioning. In some cases, life-changing events (e.g., death of a partner) led to such compensation breakdown.

MILLER ET AL 2021
"I can manage to exist in an NT world as long as I'm ok mentally, if I'm stressed.it all turns to jelly, as do I." (M)
Others wrote about sensory processing difficulties making masking harder: ''Sensory processing difficulties, particularly auditory, make masking tougher'' (NB)

TINT & WEISS 2018
[…] fluctuating service needs. That is, they described days when they are able to mask their difficulties […] as compared to other days when they require more support, mostly due to anxiety and other mental health concerns.
Some participants also described reaching a point of exhaustion when they "break down" (e.g. experience fits of yelling and crying) and are unable to mask their difficulties any longer

DAVIDSON & HENDERSON 2010
[…] authors recognize that in the course of day-to-day life, there will be occasions when one's social camouflage breaks down for one reason or another, causing a temporary failure in the ability to pass. In stressful circumstances, the person with autism might find comfort by arm-flapping, verbalizing or rocking, or other behaviours considered sufficiently 'abnormal' in public that they will attract more than second glances from passers by.

FORSTER & PEARSON 2020
"Sometimes I don't have the energy to really try (to interpret meanings)." (M, AS). Here the participant notes the psychologically demanding nature of social interactions.

MAIN THEME: Valuation of Context

BRADLEY ET AL 2021
"When the interactions are short and meaningless, camouflaging is worth doing as it won't increase the stress too much and you probably won't see those people again'' (M, AS).

HULL ET AL 2017
These camouflaging strategies were used to help the ASC individual get through 'small talk' or more in-depth conversations with minimal stress.
The other key motivation for camouflaging was to increase connections […] Many respondents wanted to […] socialise, but recognised that they lacked the skills needed to make small talk […]

LIVINGSTON ET AL 2019
To modulate compensatory efforts, many participants described compensating after logically assessing the costs versus benefits. In superficial interactions, masking was preferred over compensatory strategies to conserve resources.

DAVIDSON & HENDERSON 2010
[…] descriptions of disclosure and coming out as part of a "highly contingent and contextualized process"

SUB-THEME: Neurotype Dynamics

BRADLEY ET AL 2021
Participants did not feel the need to camouflage as much, if at all […] when they were with […] other "autistic" or neurodiverse people.
"I don't camouflage my autism … with my autistic friend." (F, AS)

CAGE & TROXELL-WHITMAN 2019
Camouflaging was driven by a desire […] to be able to fit into non-autistic social groups.

COOK ET AL 2018
Masking their differences appeared to be more common in mainstream [school] settings […].

CROMPTON ET AL 2020
"I don't have to make all the effort, which is how I feel with neurotypical people. Autistic people are willing to meet halfway." (F, AS)
"Being with autistic people I don't know, who may exhibit unpredictable behaviours, can be more difficult than being around neurotypicals that I already know. It's about predictability, if I know what to expect then I find things easier." (F, AS).

Autistic people felt obligated to minimise or mask […] in social situations with neurotypical people. […]: "If I am surrounded by neurotypical people, I can't let my autistic-ness out." (M, AS)
"I feel awkward and ashamed [when interacting with neurotypical people]." (F, AS)
"If I was in an autistic space I feel like there is no pressure really [to be normal]." (M, AS)
When with other autistic people, participants felt they did not have to conceal overtly autistic aspects of their behaviour or communication style as they would have around non-autistic friends and family.

LIVINGSTON ET AL 2019
Participants reported that it was difficult to compensate when others had social difficulties, because there were greater demands on their mental resources. Conversely, similarities between the compensator and their interaction partner (e.g., special interests) reduced the need to compensate. Indeed, many participants reported a better understanding of atypical versus neurotypical minds.

MILTON & SIMS 2016
"I work in retail, which is a notoriously pressured environment. It seems to proliferate with [neurotypical people] who have no insight into their behaviour, let alone understand anyone else's."

HOWARD & SEDGEWICK 2021
Masking (or camouflaging) when communicating with […] nonautistic people was often brought up by participants, especially in direct contrast to the way in which they felt masking was not necessary when communicating with other autistic people.
One participant said that 'the more neurotypical they are, the harder it is to communicate'
Communicating with other autistic people, or accepting non-autistic people, was presented as the opposite experience. One participant summed up time with autistic friends as 'No masking. All fun!'
Several participants pointed out that they were more comfortable with face-to-face communication with other autistic people, even making distinctions between autistic and non-autistic family members.

SUB-THEME: Familiarity of the Social Partner

BARGIELA ET AL 2016
[…] emotional 'meltdowns' at home after school: ''I was unbearable with my mother." (F, AS).
[*Imitating accents*] may have been an unconscious attempt to create an increased sense of familiarity when socialising with new people.

BERNADIN ET AL 2021
"I think [we camouflage] because we don't feel too comfortable around certain people, and others we know well enough to trust. Ya know?" (F, AS, Minor)
"Well sometimes I don't feel like they can see how funny or just awkward I can be. Like, they don't really get to see the more authentic me that I share with my family." (F, AS, Minor)

BRADLEY ET AL 2021
"[…] we have to camouflage all the time, even with people we know pretty well, or our families." (F, S-AS)
"I am getting slowly better at being comfortable not putting [on] my armour, around people I'm reasonably comfortable with." (M, AS)
Participants did not feel the need to camouflage as much, if at all, […] when they were with certain members of their ''family and friends''.
''I don't camouflage my autism when I'm with my dad (who accepts me and my quirks fully) or with my autistic […] All of the rest of the time I either have to camouflage completely […] or partially (e.g., with my mum,'' (F, AS).

COLLIS ET AL 2022
[…] spoke of how they would isolate their own repetitive behaviours by stopping the [*restricted, repetitive behaviours*] the moment even family members came by. […] "and sometimes when someone walks by, like my mum or my step-dad just walk by… I tend to stop." (AS)

COOK ET AL 2018
She had only told a few people about her autism and has a different kind of relationship with those she has not told.

COOK ET AL 2021
Participants felt that managing their impression was particularly important during initial interactions with 'new' people, suggesting unfamiliar social partners were more likely to hold them in negative regard.

HULL ET AL 2017
Camouflaging was seen as one way to overcome the initial obstacles […] several respondents felt camouflaging was only necessary for the initial stages of a friendship or relationship; once a connection was established, the respondent felt more comfortable showing their 'true' ASC characteristics.
The other key motivation for camouflaging was to increase connections […] Many respondents wanted to […] socialise, but recognised that they lacked the skills needed to […] interact comfortably with strangers.
"I know it is necessary when I am first getting to know someone. […] Connections have to be made initially on neurotypical terms." (F, AS)
The extent to which this happened could vary depending on who the person was with; camouflaging tended to occur less often with close friends and family members, although some respondents described camouflaging at all times. […] Some also felt bad for deceiving their friends and even loved ones.
"I was married for 15 years and was camouflaging in high gear during that time… My husband would occasionally say to me that he wondered if I was really who I was. I think he would get glimpses of the real me. I didn't even know who the real me was… The marriage ended in divorce." (F, AS)

KAPP ET AL 2019
[*Stimming*] among selected (accepting) family or friends.

LEEDHAM ET AL 2020
[Respondent (F, AS)], engaged in ongoing camouflaging behaviours: "I won't always tell him [husband] that I don't understand, to make it less embarrassing, but then obviously that makes things ten times worse …"

LILLEY ET AL 2021
[…] commented that when he was 'dating' he was 'probably scripting everything.' (M, AS)
There were very few places I could be myself.

LIVINGSTON ET AL 2019
[*Shallow compensation*] also less effective […] meeting new people.
For example, compensation was considered worthwhile to make a positive impression towards a friendship, but not for interactions with inconsequential strangers.
These external pressures to compensate were greater in participants who self-reported more autistic behaviours. More generally, these pressures were greater when meeting new people, particularly those with good social skills, than with family and friends.

MANTZALAS ET AL 2022
[*In striking a balance*] […] but dropped the mask with trusted friends and family to try and reduce their risk of autistic burnout.

MILLER ET AL
‘‘The only person in the world that even begins to know the real me is my husband’’ (F)

SCHNEID & RAZ 2020
“Only few people know I am an autistic person.” (F, S-AS)

BALDWIN & COSTLEY 2015
[A list of public responses …] “This stops me being too honest and logical at initial conversations.”

DAVIDSON & HENDERSON 2010
[Participant] says that he can no longer tolerate raising the issue of autism when he first meets people and has become willing to lower his social expectations and “stick with acquaintances rather than friends,” as “more than enough has come my way in the rejection department.”

HOWARD & SEDGEWICK 2021
Masking (or camouflaging) when communicating with strangers […]

FORSTER & PEARSON 2020
This links back to comments made about ‘learning’ how to interact. Meeting someone new means that contextual information used to guide social interaction is lacking, which could make it difficult for the autistic person to know what to say or how to act.

MAIN THEME: (Non-)Understanding Company

BARGIELA ET AL 2016
[…] teachers’ misinterpretations of autistic girls’ behaviours […] told they were ‘rude’ or ‘lazy’. […taken as example of] being misunderstood.

BERNADIN ET AL 2021
Ya know? We know them, we know we can trust them. […] We know they’re not someone who would scorn us for certain actions, they understand us. (F, AS, Minor)

BRADLEY ET AL 2021
[…] or that they did not need to camouflage as much because ‘‘friends were accepting’’ […] or because their ‘‘employer wants to make reasonable adjustments’’ (F, AS). […] participants did not feel the need to camouflage as much, if at all, when they spent time with people who ‘‘understand’’ or ‘‘accept’’ autism.
“‘‘I don’t camouflage my autism when I’m with my dad (who accepts me and my quirks fully) […]” (F, AS)
“Now, my wife, friends and workplace got to know who I really am, and I think they’re getting used to it and are learning to enjoy my different behaviour’’ (M, AS).

COLLIS ET AL 2022
lack of understanding of [restricted, repetitive behaviours]
[…] spoke of others who either lacked understanding or did not accept their [restricted, repetitive behaviours], resulting in being reprimanded […]

CROMPTON ET AL 2020
Often, non-autistic friends and relatives were not accommodating of autistic people’s social needs and preferences, and as a result, autistic people felt obligated to minimise or mask […] their non-autistic friends and family did not try to make the same accommodations for them.
Neurotypical people do not get why certain things might be difficult or an issue for someone with autism. You try to explain it but they are constantly seeing it from a neurotypical perspective. (F, AS)
When with autistic family and friends, participants said they felt understood and that they understood others.
With other autistic people, participants described feeling understood […] “[…] we can sit together and draw and be silent. We simply allow each other to be and accept everything that we are.” (F, AS)

HICKEY ET AL 2018
“It’s because the other people don’t understand why you’re like that. And if they were to understand more why, they probably wouldn’t carry on to you and harm you and upset you so much if they understood.” (F, AS)

HULL ET AL 2017
“After I have known them for a while and they know I have Asperger’s and they are accepting of my quirks, then I can let my guard down more.” (F, AS)

KAPP ET AL 2019

Repression of stimming happened more as a function of whether people said they felt understood. Participants encountered accepting attitudes from others more often in private than in public. This was because of greater understanding (through others' familiarity with them or their knowledge of autism and the reasons for stimming).
Acceptance enabled participants the freedom to stim openly.
Understanding held the key to acceptance of non-harmful stimming in autistic adults […] [Participant's (M, AS)] wife used to work for an autism advocacy organisation, so with reference to his stimming, "because she understands it, she knows why I'm doing it … she lets me get on with it most of the time …"
[Participant's (F, AS)] aunt, uncle and grandmother attempted to stop her hand flapping both verbally and physically. […] In response to another focus group member's comment, "It's probably because they don't understand", she remarked, "But, they should because they're my family".

LEEDHAM ET AL 2020
Some had positive experiences, leading to a feeling of gratefulness about being finally accepted for who they are. This included continuing to be treated as individuals by the important people in their lives.
"… blessed to have such lovely people around … care enough about me not to be bothered by my weird quirks and funny ways …." (F, AS)
Some included familial relationships and old friendships evolving supportively in light of new understandings.
"one person that I talk in confidence to … and they treat me the same as everybody else." (F, AS)

LIVINGSTON ET AL 2019
"[…] Or with some non-autistic people who are very comfortable without a lot of eye contact and social irrelevances, so don't mind me being me." (F, AS)

MILTON & SIMS 2016
"I would like to talk to caring, intelligent, honest people who understand Asperger's well and with whom I can talk openly."
Having this connection leads to feelings of acceptance and being understood which, as described in the second theme, are feelings that many autistic people have not experienced when interacting with non-autistic people.
Many talked of finding safe and accepting social spaces within their lives in order to retreat from the social spaces where they felt ostracised.

DAVIDSON & HENDERSON 2010
[…] ranking the extent to which you can trust the person involved, whether or not they are likely to have your best interests in mind, how likely they are to gossip, and how important it is to make a disclosure decision. […] if disclosure is critical, the person involved should seek advice from a trusted friend or mentor. […] allies "who can fully grasp the complexity and nuances in the process of disclosure can serve as "safe people" for those of us on the spectrum in the same way that allies to GLBT people serve as "safe people" in the process of coming out."
Critically, "safe people" are not always those in close familial or social relation.

HOWARD & SEDGEWICK 2021
Some participants felt that they had created '[their] own societal rules within our home'. Being in these comfortable and accepting environments 'allows [them] to relax be able to communicate effectively and honestly'.
What was crucial to how comfortable autistic people were communicating with someone, essentially, was how well understood they felt by that person: 'once I have an established relationship . . . face-to-face becomes much easier', 'when I have a good relationship . . . it maybe allows them to pick up on my true mental and emotional state' and 'since I trust them and feel safe . . . I can be myself without being judged'.

MAIN THEME: Duration of the Camouflaging

BOTHA ET AL 2020
"[…] act every single waking moment of our lives." (NB, AS)

BRADLEY ET AL 2021 [*when in public*]
"For autistics, we have to camouflage all the time, even with people we know pretty well." (F, S-AS)
Participants reporting to ''always'' camouflage.
[…] their brain was described as ''constantly working" (F, AS)
"When the interactions are short and meaningless." (M, AS).

CAGE & TROXELL-WHITMAN (2019)
To get through situations […] as quickly as possible"

COOK ET AL 2021
[…] 'constantly' monitoring their own social behaviour.

HARMENS ET AL 2022
I could appear fairly ''normal'' for stretches of time.

HULL ET AL 2017

The extent to which this happened could vary […] although some respondents described camouflaging at all times.
The longer a camouflaging session continued, the harder it became to maintain the intended level of camouflaging.

LILLEY ET AL 2021
constantly performing to meet societal expectations

LIVINGSTON ET AL 2019
Compensation was therefore […] difficult to sustain
"The inability to mask or compensate beyond the initial stages of a relationship." (M, AS)

MANTZALAS ET AL 2022
"We need to remind ourselves to unmask."

MILLER ET AL 2021
One autistic participant gave an account of how pervasive and all- encompassing masking can be, ''Life is masking, masking is life'' (F)

MILTON & SIMS 2016
"[…] shed the masks that have to be worn every day."
Some talked of the minor advantages to passing within specific, but temporary, social interactions.

TINT & WEISS 2018
"I can turn on my normal long enough to sit through a half hour appointment."

DACHEZ & NDOBO 2018
"It's a mask, […] Especially for facial expressions, I can force myself for a whole evening, but it will really hurt.

MAIN THEME: Life-Stages

BARGIELA ET AL. 2016
[…] during secondary school, teachers' misinterpretations of autistic girls' behaviours changed. A number of young women said that they had been told they were 'rude' or 'lazy' after they had made social faux pas.
During teenage years, many of their female peers were noticeably more sophisticated in their social abilities: "girls…socially are a lot quicker" (F, AS) […] Another remembered feeling intimidated by neurotypical teenage girls.

BOTHA ET AL. 2020
[…] discussed childhoods where they tried to assimilate […] Some felt like they had had no childhood at all.
Most participants describe being acutely aware of their difference from neurotypical people from as early as they can remember (i.e., it did not come with diagnoses or labelling)

BRADLEY ET AL. 2021
Others reported to camouflage less than they used to,

COOK ET AL. 2021
"But I don't want to anymore. […] I am fed up with it. […] I feel like it takes up so much time and energy that I need to be able to switch it off but I feel like I have been doing it for so long that I don't know how" (NB, AS)
Engagement in more authentic socialising was associated with participants' growing understanding and acceptance of themselves and in particular their social needs. […] "I'm tending to camouflage less because I am not ashamed anymore" (F, AS)

HICKEY ET AL. 2018
Prior to diagnosis and usually in adolescence and early adulthood, most participants went through a process of noticing and acknowledging their difference from peers.
The gradual realisation of difference from peers typically began in childhood and intensified in adolescence […] abetted by experiences of bullying in secondary school.

SUB-DOMAIN: The Role of a Diagnosis

BARGIELA ET AL. 2016
''I honestly didn't know I was doing it [social mimicry] until I was diagnosed" (F, AS).
[…] they had used their diagnosis of Asperger's as a tool to give them more confidence asserting their opinion.

BOTHA ET AL. 2020
[…] diagnoses instead provided a positive avenue for identity.
"Because until [being diagnosed] I viewed myself as a misfit, […] The spectrum gave me a new identity, which I view as mostly a positive identity" (F, AS).

BRADLEY ET AL. 2021
"I do feel a sense of achievement as I have had what many would see as a successful career […] feel I have overcome many obstacles others have not had to'' (M, AS).
many participants reported not camouflaging like they used to after being given a ''diagnosis'' […] of autism.

COOK ET AL. 2021
For some participants, the diagnostic process was central to the development of their awareness and self-acceptance such that it provided them with both recognition and validation of their social differences and needs.

HARMENS ET AL. 2022
Diagnosis helped the bloggers understand their problems and be kinder to themselves, freeing them from believing they were dysfunctional and reducing feelings of inadequacy […] as not knowing had led to self-esteem/identity problems.
When reflecting on their childhoods, bloggers reported difficulties […] It was clear that striving to fit in had been painful and exhausting, and not knowing about their autism had left them vulnerable. Feelings of anxiety and disorientation arose due to feeling like others were experiencing a different reality to them: their undiagnosed

Some individuals noted that the pressures of navigating the social and occupational world reduced with increasing age, which meant that older age may have been less stressful irrespective of the autism diagnosis […] "When you're young you've got to make friends, you've got to find a partner, find a job and take exams and all this sort of thing" (M)

HULL ET AL. 2017

[…] This was particularly the case when describing their experiences in childhood and adolescence; respondents often reported that relations with others improved as they got older and were better able to camouflage their ASC."

"If I had known how to camouflage earlier, perhaps I wouldn't have been such an outcast as a child."

KAPP ET AL. 2019

Participants reported that stimming became less socially acceptable as one got older.

[…] experience, in that they stimmed happily as young children but by secondary school (11–16 years) norms changed, and they hid or transmuted stimming once aware of negative judgement.

This may also reflect greater self-awareness: "[P]robably the people that saw me doing it [hand flapping], peers that might have judged me badly, but until I got to secondary school I didn't realise that other people were judging me badly for it" (M).

"I remember as a child spinning all the time and loving spinning and loving swinging and feeling that movement all the time, but then I also realised that there was a point where it wasn't acceptable to be spinning anymore" (F)

LEEDHAM ET AL. 2020

"… it started at school and it went on to college as well … [I wore] different clothes […]" (F)

LILLEY ET AL. 2021

This description of role-playing was most frequent in early adulthood: "I was kind of playing the student role" (M).

LIVINGSTON ET AL. 2019

More generally, these pressures […] changed over the lifespan, being higher in adolescence and lower in older age.

[…] often stemmed from bullying or pressure to conform from a young age.

"I finally snapped at around 16…I didn't want to screw up this time." (F, S-AS)

Environmental demands also changed over time.

[…] compensatory strategies supported success (e.g., academically) in earlier life; hence, autistic characteristics were overlooked by parents and teachers. Additionally, some participants' autistic characteristics were not sufficiently impairing to warrant diagnosis until adulthood.

This trajectory, characterised by a tendency to compensate less with age.

Some participants reported that compensatory strategies and quality of life improved from childhood to adulthood. These individuals now found social situations easier than earlier in life, through refining strategies, pursuing environments that supported strategy success, or improvements in social cognition (i.e., deep compensation) with age.

MILLER ET AL. 2021

Time was an important factor in the development of masking, with many participants emphasizing learning as a young child autism left them with no framework for understanding why others experienced the world differently.

Diagnosis improved relationships with others and fostered connections with communities, reducing feelings of being an outsider.

HICKEY ET AL. 2018

Similarly, the diagnosis served to reduce shame around particular aspects of behaviour, unusual interests or perceived inadequacy with respect to some life goals.

[…] consider autism as somewhat separate from their true selves. Autism provided a plausible explanation of why things went wrong or individuals failed to reach their full potential, meaning that difficulties could be attributed to autism rather than to the self […] The attributing of negative experiences to autism allowed individuals to absolve themselves for what were previously perceived as personal shortcomings

The autism label facilitated a greater level of contemporary self-acceptance. By changing the standard by which they judged themselves.

"I'm not pressurising myself to be like everyone else" (F)

HULL ET AL. 2017

[…] camouflaging behaviours contradicted the important role they attributed to ASC in shaping their identity. Despite feeling proud of their ASC diagnosis, and the community they were a part of, they still deliberately camouflaged the behaviours associated with this diagnosis.

LEEDHAM ET AL. 2020

pre-diagnosis, hiding or mimicking served a survival function.

[…] providing a sense of relief, calm and validation. For some, this was coupled with a sense of "vindication" [Participants (F)], that experiences they were ashamed of could be explained.

Many participants felt that through learning and understanding what autism meant for them, and through new experiences, they had moved overall to a place of self-acceptance.

In contrast, some participants found others being unsure what to do with the information or feeling let down by unhelpful and 'patronising' reactions.

For many, the aforementioned need to 'mask' or develop a persona changed post-diagnosis. However, some participants experienced inner conflicts, wanting to show their true selves, but being fearful of reactions.

Negotiating relationships, connections and community. Many participants described ongoing changes in relationships post-diagnosis. Some included familial relationships and old friendships evolving supportively in light of new understandings […] others made life-changing relational decisions. […] The ability to make these changes signified a newfound confidence

Diagnosis and new understandings provided many with the opportunity to let go of blame. Recognition that it was ok to be who they were rather than meet some idealised version […].

Many experienced a changing view of themselves in society, one that was 'different' to some, but that difference was in fact neurodiversity and something to celebrate.

LILLEY ET AL. 2021

[Participant (F)] saw the possibility of self-reinvention as a positive outcome of her autism diagnosis: […] "Now, whether I can re-invent myself, I don't know"

to suppress aspects of themselves. As one participant recounted: ‘‘I have used masking from a very young age because I thought I was broken’’ (NB, AS).
“If I’d have been diagnosed early, I feel like I never would have needed to develop most of the skills I use to survive” (NB, AS).
Other participants discussed how masking had gotten more difficult with age: “Masking has become more difficult to continue over the years, so now I don’t do it as much” (F, AS).

SCHNEID & RAZ 2020
While impression management was something she could […] it became gradually more difficult in adulthood, as social interactions became more complicated.
“During adolescence I started to try to hide my autism. Even if all the class knew, I still tried not to let them see me getting help. […] " (F, AS)

TINT & WEISS 2018
Masking skills were viewed as positive coping mechanisms participants developed as youth.

BALDWIN & COSTLEY 2015
It was evident that peer relationships had proved extremely difficult during participants’ education years.

FORSTER & PEARSON 2020
Here the participants suggest that things got easier as they got older.

MILNER ET AL. 2019
Participants often commented on their feelings of being different to those around them from a young age.

[Participant (M)] who had only very recently received an autism diagnosis, castigated himself: “I’m weird. I’m odd. I don’t fit in with society; I struggle in social situations”.
[Respondent (F)] described diagnosis as part of her continuing search for “a way to be me”.
For [Respondent (M)], too, “the light came on” with diagnosis allowing him to “reconstruct my perspective of who I am and who I want to be”.
For [Respondent (F)], diagnosis was also personally transformative – “It was almost like I was revisiting my whole life and realised, actually I’m not a bad person, I’m not faulty”.
The epiphany of diagnosis meant that [Respondent (F)] now feels “like I can be proud of who I am; I don’t have this shame any more”.
[Respondent (M)] described how diagnosis overturned felt stigma: “It was a relief, and awesome to finally know I wasn’t a broken person, or a bad person […]”.
Interviewees remarked that they were kinder to themselves […] self-forgiveness in the form of no longer feeling ashamed by their autistic traits or preferences.
[Respondent (F)] believed she had become more adept at balancing her strengths and her support needs since receiving her diagnosis, feeling able “to have a more useful purpose in an authentic way that takes into account my strengths, but also being able to ask for the supports for my weaknesses”.
Overwhelmingly, interviewees related autism diagnosis to a sense of greater self authenticity.
[Respondent (M)] contrasted his uncertain sense of self prior to diagnosis with a joyous feeling that now “I can finally be me!”

LIVINGSTON ET AL. 2019
“I am more honest now with myself and others and I limit my interactions to keep myself mentally and, therefore, physically healthy. I have more energy for twisting the world because I am twisting less of it.” (M, AS)

MANTZALAS ET AL. (2022)
Diagnosis often led to improved self-awareness, self-care, self-esteem, and confidence to self-advocate, which had a resultant positive impact on the adults’ well-being. Other favorable outcomes included finding the autistic community, connecting with others who shared their lived experiences, and making positive lifestyle and career changes […]
Many participants described ‘‘taking the mask off,’’ either reluctantly (e.g
Self-discovery: A generally more positive aspect […] was the influence of gaining a diagnosis. Many felt that this led to a greater sense of self-understanding and understanding of other moving from hating ‘their ., unable to keep masking) or by choice (e.g., through self-acceptance).
“I know that the breakdown and following burnout is because I was simply unable to keep masking my autism, and there’s no putting the lid on again (nor would I want to)”
Many users tried to strike a balance between masking, living authentically, exhaustion, and discrimination.

MILTON & SIMS 2016
autism’, to seeing themselves as a ‘person with autism’ to an ‘autistic person’, via their further engagement with autistic culture and community.
However, the experience of receiving a diagnosis could be seen to counteract some of these negative experiences, resulting in more empathic understanding from others.
For some this meant the rejection of well-being and notions of belonging as defined by an ‘ableist’ or ‘neurotypical’ society.

SCHNEID & RAZ 2020
[…] recognizing her autistic traits of communication paved the way to […] accepting autism as a positive identity: “It was a kind of legitimizing my behaviors which are different. […] and instead of having an internal conversation of why I suck, it became an internal conversationof saying, okay, I'm different. And then, like, I'm not the only one who is different. And it's not bad that I'm different.” (NB, AS)

BALDWIN & COSTLEY 2015
"I received a formal diagnosis this month and am just going through the motions of feeling relief, anger and a certain amount of confusion. Now that I understand the reason for my differences (I am not calling them disabilities) I can see clearly that a little help much earlier would have been incredibly useful."

DACHEZ & NDOBO 2018
Twenty-one participants mention the search for a diagnosis and the diagnosis itself as being a source of relief, enabling them to understand their way of functioning better and giving meaning to their life—past and future—through this new frame of reference.
For those individuals interviewed who were diagnosed at an adult age (n = 28), the search for a diagnosis resembles a search for an identity. […]
When the diagnosis is delivered, in the great majority of cases it is not seen as stigmatising; on the contrary, it is a relief. […] because the diagnosis enables individuals to give a name to their difference.

MILNER ET AL. 2019
[…] many participants stated they felt relief after receiving a diagnosis. [...] Participants reported feeling as if they understood why they had felt different, that they were relieved it was not a problem they had caused, and that they were not alone.

MAIN THEME: Breaking Camouflage to Self-Advocate

BOTHA ET AL 2020
For example, when peers are having a conversation about autism that reinforces stigma, participants might disclose being autistic in order to challenge the notions of autism being discussed. […] "where I am dealing with someone I don't know too well, who would make a comment, that I think would offend someone on the spectrum and so I will sometimes just say, 'I was diagnosed with Asperger's when I was younger, and I don't think you should be saying something like that'." (F, AS).
Participants described processes of coping with stigma, such as […] when confident, challenging the stereotype or stigma, showing the relational aspects of autism. [discussed separately from concealment]

COLLIS ET AL 2022
"But yeah, I, there were a few times where I refused to, don't know if assimilate would be the right word, but there were a couple of times where it may have been better for me to blend in, where I decided to sort of stick to my guns. It hasn't always worked out for the best, but you know, at least I can say I've got my convictions." (AS)

MILTON & SIMS 2016
"We want to show people that autistic adults are autonomous; we want to speak for ourselves and we want to change the presumption that we need others to speak for us." [in rejection to 'passing']

DAVIDSON & HENDERSON 2010
The recent boom in non-fiction, insider-views of autism challenges popular stereotypes with a view to "mak[ing] society more tolerant and appreciative of the contributions people with autism can make." […] "to increase mutual understanding among those with autism and society at large."
In the process of coming out, AS authors say they are taking responsibility for the coproduction of positive (political) space. […] "Personally, I believe in full disclosure . . . I have convinced myself that people cannot possibly react to me in ways that are valid and real, if they do not first understand the hows and whys of my thinking and acting."
The texts under study do not address controversial arguments suggesting that passing "is the sign of the sell out" […], or that "[c]oming out . . . involves a political commitment" while "[a]cceptance of a medical model of disability and being categorized by others as disabled does not constitute coming out as disabled."

Appendix 7: Plagiarism Declaration

Declaration

1. I know that plagiarism is wrong. Plagiarism is to use another's work and pretend that it is one's own.
2. I have used the APA 7th ed. convention for citation and referencing. Each contribution to, and quotation in, this essay from the work(s) of other people has been attributed, and has been cited and referenced.
3. This essay is my own work.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.
5. I acknowledge that copying someone else's assignment or essay, or part of it, is wrong, and declare that this is my own work.

Signature: JACQUES NEL

Appendix 8: Database Search Strings

Return

EBSCOhost, Web of Science and Scopus	*PubMED Search*
Search string: ("Autism Spectrum Disorder" OR "Autism Spectrum Disorder" OR "Autism Spectrum Disorders" OR "Asperger Syndrome" OR "Aspergers Syndrome" OR "Autistic Disorder" OR ASD OR ASC OR autism) AND (Camouflage OR Camouflaging OR masking OR compensate OR compensating OR imitate OR imitating OR mimic OR mimicking OR copy OR copying OR hide OR hiding OR passing OR pass) AND (adult OR adulthood OR adolescent OR adolescents OR adolescence OR adults)	**Search string**: ((((((((((("Autism Spectrum Disorder"[Mesh]) OR ("Child Development Disorders, Pervasive"[Mesh])) OR ("Asperger Syndrome"[Mesh])) OR ("Autistic Disorder"[Mesh])) OR ("Autism Spectrum Disorder")) OR ("Autism Spectrum Disorders")) OR ("Asperger Syndrome")) OR ("Asperger's Syndrome")) OR ("Autistic Disorder")) OR (ASD)) OR (ASC)) OR (autism)) AND ((((((((((("Camouflage") OR ("Camouflaging")) OR ("masking")) OR ("compensate")) OR ("compensating")) OR ("imitate")) OR ("imitating")) OR ("mimic")) OR ("mimicking")) OR ("copy")) OR ("copying")) OR ("hide")) OR ("hiding")) OR ("passing")) OR ("pass"))) AND (((((((("Adult"[Mesh]) OR ("Young Adult"[Mesh])) OR ("Adolescent"[Mesh])) OR (adult)) OR ("adulthood")) OR (adolescent)) OR (adolescents)) OR ("adolescence")) OR ("adults"))

Filters across databases: No filters applied
Limiters across databases: Language – English (***all databases**)
Source Type – Academic Journals (***EBSCOhost**)

Appendix 9: GRADE-CERQual Framework

Return

Confidence in the Evidence from Reviews of Qualitative Research (https://www.cerqual.org/)

The study findings were assessed per the following four domains of consideration:

(1) Methodological Limitations: Findings are challenged when the original studies have problems in the way they were designed or conducted.

A full quality-grid scoring process was undertaken. For any studies in which there was significant concern (especially regarding the analytic methods or ethics of a study), they were automatically designated as a 'B-graded' study and did not contribute to the initial drafting of core findings/themes (and thus core findings exist independent of such studies). While such a semi-exclusionary grading system helped manage significant methodological concerns – it must be noted that the significant limitation to the overall data cohort is in demographic reporting (as reported in the first section of Results). There was a large inconsistency and lack of reporting on details such as nationality, employment, race, and socio-economic status. However, the strong bias of data towards White, female and UK-based participants does provide some form of a counter-balancing homogeneity to the sample, and allows some degree of context to be asserted around the findings. This stands even if the transferability of the results is questioned. Furthermore, it is unclear how many studies prompted participants to speak about camouflaging and masking, versus waiting for participants to organically brings up such a topic on their own.

(2) Relevance: The body of evidence from the primary studies needs to be directly applicable (versus substantively different) to the context of the current review question(s).

All studies met the bare minimum inclusion criteria in order to ensure relevance to the parameters of the review and its questions. However, it is fair to state that some studies only reached 'partial relevance' given their (a) focus on women only, rather than all AS adults, or (b) where 'adult' samples extended down to age 15, when the inclusion cut-off was age 16. While not all studies were centred specifically on camouflaging, they all provided input on strategies AS adults use to fit in socially and the motivations therearound.

(3) Coherence: There needs to be a clear and cogent fit between the different sets of data (without the presence of significant contradictions or ambiguity).

This is one of the largest strengths of the review – in that there was remarkable agreement across the data in the core findings. No significant contradictions were found in the data. Any significant inconsistencies were themselves embedded in findings (such as how different perspectives could be explained by whether the participant was discussing a time before diagnosis, just after diagnosis, or years after diagnosis following integration with the AS community). While the transferability of the data set may be questioned, the contents of the existing literature base appear congruent.

(4) Adequacy of the Data: A rich quantity of data needs to have contributed to the results (versus only coming from a small number of studies or participants).

The 28 studies, consisting of a total of 2450 participants, is considered to a fully adequate amount of data to have synthesised, as it is neither a small cohort (considering review work) nor an insignificant amount of contributing individuals. This is especially considering it is only fairly recently that the topic of camouflaging has been proliferating.

We overall hold **MODERATE CERTAINTY** in the results of the study (given that, while we hold high certainty in the relevance, coherence and adequacy of the data, the methodological difficulties surrounding demographic reporting make it difficult to make decisive claims around the transferability of the findings).

While this decision is ultimately a subjective consideration or judgement for rating all facets of the review study, the GRADE-CERQual framework provides a structured and transparent means of reporting and motivating why such a decision has been made. While such reporting would usually be conducted per theme or output category – much of the limiting considerations for the data was in the demographic reporting, and as such was relatively consistent across all themes found.