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The Price Of “Normal”: Masking In The Autistic Community

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THE PRICE OF “NORMAL”: MASKING IN THE AUTISTIC COMMUNITY

BY

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Date: 12/15/2021
THE PRICE OF “NORMAL”: MASKING IN THE AUTISTIC COMMUNITY

BY

PHYLLIS ELIZABETH HOLLOWAY

Submitted to the Faculty of the Graduate School of
Eastern Kentucky University
In partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE IN OCCUPATIONAL THERAPY

2022
DEDICATION

This thesis is dedicated to:

• My biggest supporter and best friend -- mom. Thank you endlessly for teaching me how to make good trouble! I'm so thankful for your wonderful examples growing up. And of course, thank you always helping me brainstorm and formulate the best titles for my papers and presentations. I love you to the moon and back.

• Lucas and Woody, thank you both for listening to my seemingly never-ending rants and always supporting me even when y'all may have no idea what I'm talking about. Grad school has been tough, and you have both have done a great service in keeping me sane. You are both so, so loved.

• Dr. Shirley Peganoff O'Brien, thank you for being my guiding light and weekly thesis therapist. You allowed me to believe in myself and my ability to be a change agent. Thank you for your mentorship and confidence during a year that has been so challenging for all of us.

• Lastly, this is for all those that struggle to be heard. It is my hope that we can one day create a world that better supports ALL. I encourage every person reading this to consider new ways that you may empower and uplift the voices around you.
ABSTRACT

The Autistic community has a rich history that often includes poor mental health outcomes due to the increased stress and anxiety surrounding the push to have “normal” social skills. On Twitter, many autistic people utilize a hashtag to connect with others in the online Autistic community. This qualitative study analyzes the Twitter hashtag, #ActuallyAutistic, to understand masking and camouflaging from the autistic point of view. A qualitative descriptive approach was used to perform this analysis.

The themes found emphasize the need for professionals to increase their understanding of the Autistic community’s value and contributions. By improving the ability of non-autistic professionals to listen directly to the Autistic community’s wants, needs, and desires, strengths of the group are reinforced. The purpose of this research is to increase awareness and understanding of autistic voices. Discussion includes implications for occupational therapists in the use of strengths-based approaches to improve client outcomes in the Autistic community.
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Background

Autistic individuals often use learned behaviors to disguise themselves in a neurotypically-based world. It is noted through literature review that many professionals and researchers show preference for the term “camouflaging” to describe this skill set. Camouflaging may be defined as the use of learned neurotypical mannerisms to disguise discomfort and lack of social skills by autistic individuals when navigating non-autistic spaces (Bargiela et al., 2016; Cage & Troxell-Whitman, 2019; Hull et al., 2017).

However, there is clear preference from the Autistic community to describe this same skill set as “masking”. Masking is a tool that is often used by autistic people to align with the non-autistic standards that have been placed upon them. Masking can be defined as a survival tool and may include the use of scripting that better aligns with skills related to “neuro-normalcy” (Proctor, n.d.-d).

It is unclear why the use of the terminology “camouflaging” is more desirable by researchers while the Autistic community instead prefers “masking”. Upon literature review, it is also noted that these terms are also used inconsistently among professionals. To improve consistency, this document will utilize the term “masking” to denote the tools or actions that autistic individuals use to survive in non-autistic spaces. This choice was made due to the overwhelming amount of autistic people that also utilize this term to describe this phenomenon.

Use of Masking

There seems to be a variety of contexts and reasonings for the use of masking by autistic individuals. Research by Cage & Troxell-Whitman (2019) suggests that these behaviors primarily provide the tools to increase one’s function within the environments
of work or school and secondarily to improve their participation in social interactions and relationships (p. 1904). It is also meaningful to note that through discussions with autistic individuals, a primary theme surrounding this phenomenon was fitting in according to the neurotypically-based rules that are currently in place throughout our society (Cage & Troxell-Whitman, 2019). Thus as autistic individuals mask, they limit their desire and ability to communicate authentically.

**Mental Health Conditions**

Research depicts a high prevalence of mental health comorbidities in autistic individuals, such as anxiety (Cheak-Zamora et al., 2021; Gillott and Standen, 2007; Lai et al., 2020), depression (Cheak Zamora et al., 2021; Stewart et al., 2006; Lai et al., 2020), and suicidal behaviors (Cassidy et al., 2014; Hirvikoski et al., 2016). Masking has shown to correlate with high levels of burnout and increased rates of suicide (Cassidy et al., 2018; Mandy, 2019). Autistic participants have also explained how these behaviors are both physically and mentally exhausting to maintain (Hull et al., 2017). It is critical for us to recognize and be aware of the symptoms related to these comorbidities to improve our capacity for improved interactions and increased client outcomes with this community.

Many Autistic people describe such a high level of masking that it begins to affect their real self and erases who they are. Research suggests that the use of these behaviors can be damaging to well-being and self-identity (Bargiela et al., 2016; Cage et al., 2018; Cassidy et al., 2018; Hull et al., 2017). Through this qualitative study, autistic opinions become the forefront of the discussion related to the push to be “normal” through masking.
Notes on Language Use

Language choices within this research were chosen based upon the opinions noted from our autistic participants. During data compilation, it was clear to the researchers that identity-affirming language was preferred by the autistic profiles being utilized for this research. The majority of the Autistic community has shown preference for this language through a variety of means. Numerous studies have also discussed the use of identity-affirming language over person-first language especially within the Autistic community (Davies, 2016; Dunn & Andrews, 2015; Hahn & Belt, 2004; Kenny et al., 2016). Identity and disability are noted by many to be intrinsically linked and very significant to the majority of the Autistic community (Proctor, 2020-present).

Autism Spectrum Disorders (ASD) currently has diagnostic criteria related to “persistent deficits in social communication and social interaction across multiple contexts” that includes a traditionally deficits-based lens (American Psychiatric Association, 2013, p. 50; Proctor, 2021-d). Some researchers have begun using the term “autism spectrum conditions” because they believe it is a more accurate representation of the diagnosis (Bargiela et al., 2016; Hull et al., 2017). Within this document, ASD will be referred to as “autism”. This language choice is also following the lead related to the preferred language noticed among autistic people during data collection. There is reason to believe that further discussion of the connotations attached with the words “spectrum” and “disorder” may allow for better consistency in terminology among clients and professionals.

As we move our practices forward, it is necessary to affirm the language choices chosen by our client communities through incorporation of these language changes into
our own professional and research practices. It may be helpful to ask clients their preferences related to language choices to help affirm a variety of their identities. Each individual may have varying views or meanings related to language, so it may be valuable to check with each person you are supporting (Proctor, 2021-a). Language is a very personal choice with a high value and meaning to many, so work to improve these practices is increasingly important as we work to improve. It can be difficult to break older language habits, but further work will improve our understanding and appreciation of Autistic culture.

**Research Questions**

This research looks to the online Autistic community utilizing #ActuallyAutistic on the Twitter platform. A better understanding of the terms masking and camouflaging from the autistic perspective is desired. Appreciation of the need for using a strengths-based approach informed by the neurodiversity paradigm to improve support for the Autistic community. The following research questions:

1. What are autistic perspectives about the concepts of masking and camouflaging shared in public twitter feeds?
2. How do these experiences shape autistic individuals’ engagement in a neurotypically driven world?
3. What strategies are needed from the professional community to better support autistic individuals navigate experiences related to masking and camouflaging in daily life experiences?
Significance of the Study

This qualitative study allows current literature to combine with real-time opinions from the online Autistic community. There are few opportunities to study the perspectives of autistic individuals through review of existing literature (Angulo-Jiménez & DeThorne, 2019; DePape & Lindsay, 2016). Sparse literature in this area creates difficulty in understanding the language and perspective in the Autistic community.

Utilization of social media as a research tool is a new and exciting emerging practice. This uncommon method of utilizing social media for qualitative research data allows for professionals to understand a new perspective while considering new ways to improve their practices. This research works to understand how autistic individuals represent their experiences with masking on the Twitter platform. By using publicly available data, this research was not reliant on often unreliable responses to surveys. According to Siegmund (2018), there is an abundance of publicly available data when doing research using social media.

Literature Review

Literature review was approached by determining a list of related keywords. The Eastern Kentucky University (EKU) library search engine was utilized. The following keywords were used: identity first language, autism spectrum disorders (ASD), self-advocacy, disabled activists, trigger words, cultural competence, semantics, acceptance, mental health, suicide, anxiety, stress, camouflaging, masking, aspergers, social communication problems. From the articles gathered, six categories were determined.
Masking and camouflaging have been studied in the literature as they relate to use by autistic individuals (Cage & Troxell-Whitman, 2019; Hull et al., 2021; Livingston et al., 2020). Common themes included that this strategy is damaging to an autistic person’s mental health, increase the possibility of suicide, and can be associated with anxiety and depression. Autistic individuals mask as a strategy to “blend in” with non-autistic individuals particularly in the workplace and describe it as exhausting (Hull et al., 2017). Some research suggests that camouflaging may be related to gender and late-diagnoses (Cassidy et al., 2018). Lai et al. (2017) found that camouflaging in autism may be related to gender and that there are internal and external uses of this strategy. Cage et al. (2018) found that autistic individuals that used camouflaging as strategy reported fewer instances of acceptance and higher symptoms of depression. Camouflaging is shown to be ineffective and harmful as it attempts to change the individual rather than modifying the environment (Mandy, 2019). Thus, masking contributes to a loss of sense of self and isolation within an autistic individual’s lifestyle.

The literature also discusses what acceptance of autism looks like and the concept of “normal” (Davies et al., 2016; Sasson et al., 2017). Common themes included how neurotypical people are pushing ideas of “normal” upon the Autistic community. Madipakkam et al. (2017) discusses the unconscious and involuntary avoidance of eye contact that is common in autistic individuals. Sasson et al. (2017) discussed that public education may be helpful in the awareness and acceptance of autism. It is imperative for society to consider that “normal” looks different for everyone.

It is essential to also discuss the use of social media and Twitter in research as this is an emerging practice. There are several advantages to using social media for
healthcare research due to the abundance of data publicly available (Siegmund, 2018). Social media has had a huge effect on the way that people socialize and utilize technology (Zylstra et al., 2020). Social media use can be considered an occupation and it is therefore important to consider the ways this may change a client’s participation in a variety of contexts (Zylstra et al., 2020).

There is a push for professionals to increase their understanding and appreciation for neurodiversity. A variety of autistic perspectives have been discussed within literature related to their preferred language use and an improved understanding of Disability culture and identity (Angulo-Jiménez & DeThorne, 2019; Dunn & Andrews, 2015; Hahn & Belt, 2004; Kenny et al., 2016). Common themes could include the use of identity-affirming language and the idea that disability is a large part of their identity. Some research notes that it is critical to familiarize oneself with the desires of the Autistic community to decrease bias and improve outcomes (Angulo-Jiménez & DeThorne, 2019; Dunn & Andrews, 2015; Kenny et al., 2016). An improved understanding of barriers and ableism is imperative to ensure that activity participation is possible in all aspects for the Autistic and Disabled communities (Krumpelman & Hord, 2021; Lund & Ayers, 2020).

Autistic individuals unfortunately have difficulties receiving appropriate mental health diagnoses and services (Cheak-Zamora et al., 2021). Frequent mental health diagnoses with autistic adults include anxiety disorder, ADHD, obsessive-compulsive disorder, and depression (Cheak-Zamora et al., 2021; Lai et al., 2020). COVID19 impacts may be perceived differently by the Autistic community due to their social preferences and access needs (Lugo-Marín et al., 2021). Thus, it is essential to
remember how the context and environment may impact the Autistic community differently than is considered “normal”.

Further connection to the field of occupational therapy is critical to help guide clinical applications learned from this research. Occupational therapy is the second most common intervention strategy used with autistic individuals (McLennan et al., 2008, as cited in Bagatell & Mason, 2015, p. 34). Occupational therapists in school-based practice have the opportunity to work collaboratively with a variety of professionals to positively impact autistic students (Bagatell, 2012). Occupational therapists have a unique lens related to occupational engagement due to their understanding of a wide range of client factors (Bagatell, 2012). According to Wang & Berg (2014), autistic adolescents scored significantly lower in social participation than adolescents of other diagnostic groups. Further research in the occupational engagement of social participation from the perspective of autistic individuals would provide occupational therapists with better evidence-based knowledge of how and why autistic individuals may engage in social activities differently.

**Methodology**

Utilization of social media may provide a favorable option to gain better understanding of the Autistic community. Social media has provided many Autistics with access to online communication that they may favor over in-person social interactions (Singer, 1998, as cited in Pinchevski & Peters, 2015).

Research utilizing social media is an emerging field that is rich in data and may provide an advantage to the healthcare community (Salmons, 2016; Siegmund, 2018). However, research within social media is not without its own obstacles and ethical
concerns (Salmons, 2016; Siegmund, 2018). This project was approved by the EKU Institutional Review Board on July 29th, 2021. Approval was received prior to the data collection phase to ensure that participants were being appropriately protected with unobtrusive methods. Twitter data was collected from August 23rd, 2021, through September 8th, 2021. During the time parameter that data was collected, all of this information was publicly available.

Social media is an exceptional choice when performing a qualitative study (Salmons, 2016; Siegmund, 2018). This project utilized a descriptive qualitative design to explore the social media data. Descriptive qualitative design is popular when working to examine health care and nursing related phenomena (Polit & Beck, 2014 as cited in Kim et al., 2017). Salmons (2016) also created a framework to better understand the use of qualitative research through online mediums that helped guide this work.

**Setting**

Social media includes a wide variety of websites, applications, and sources. Social media has become a daily occupation for many people (Siegmund, 2018). For this project, the social media platform of Twitter was used as the research setting. Twitter is a social networking site that promotes conversation among people that want a “free and safe space to talk” (Twitter, n.d.). Twitter hosts a feed of tweets that individuals may choose to post publicly or privately to their followers. Tweets are messages that may contain photos, videos, links, and text that is less than 280 characters (Twitter Help Center, n.d.-a). The content of a tweet cannot currently be edited, but one may choose to change the public or private settings for their Twitter profile at any time (Twitter Help Center, n.d.-a).
While this project only utilized tweets posted within the public domain during the time of study, every precaution was taken to ensure the protection of participants and the information gathered. According to Siegmund (2018), it is the responsibility of the researcher to take care in preventing an ethical dilemma while using social media as a research tool.

Data was collected from a preexisting data set as there was not a tweet created asking for responses. 1,121,779 tweets from twenty randomly sampled public profiles were collected during the data collection date range. Out of the included twenty public profiles, two profiles did not mention camouflaging or masking in any of their tweets.

Due to the COVID-19 pandemic and the increasing number of people speaking about facial covering masks, care was taken to avoid including tweets that included this type of mask. Tweets were reviewed individually to ensure that only the correct “mask” or “masking” behaviors were being captured.

**Identification of Participants**

Twitter, as a social media tool, was used to learn about the perspectives of the online Autistic community and how they used the strategies of masking and/or camouflaging. The public thread, #ActuallyAutistic was selected for analysis. Twitter hashtags exist to allow tweets to be grouped together based on similar topics. (Twitter Help Center, n.d.-b) The hashtag Actually Autistic (#ActuallyAutistic) is used by many people within the online Autistic community.

**Inclusion Criteria**

Many social media platforms have given their users the ability to group their posts or profiles by a topic utilizing a hashtag. The Twitter hashtag #ActuallyAutistic was
utilized to group Twitter profiles to ensure each participant selected was autistic. The use of hashtags in this way allowed for a straightforward gathering of appropriate Twitter profiles that identify as members of the Autistic community. To be included in the random sampling, a Twitter user must have placed the hashtag “#ActuallyAutistic” within their profile’s name or bio during the time of data collection.

Only Twitter accounts that chose to tweet using the “Public” privacy setting during data collection were included in this study. It is a requirement for Twitter users to be 13 years of age to create an account, so it is assumed all profiles included are used by those that are at least 13 years of age. No delineation of Twitter feeds by age, gender, or ethnicity are available for an observational analysis in this study.

**Exclusion Criteria**

All Twitter accounts that at time of data collection chose to tweet using the “Protected” privacy setting were excluded from this study. Twitter users that did not have #ActuallyAutistic within their profile’s bio or name were excluded from this study. All Twitter users that were found to be a caregiver, friend, or family member to an autistic individual were excluded due to the focus of this research being specifically on the autistic perspective.

**Procedures**

Once participants were identified and confirmed for inclusion based on set criteria, the primary investigator used the Twitter search function to collect all tweets including the words mask or camouflage in all verb tenses (ex. masked, masking, camouflaged, camouflage). Each tweet was individually reviewed to ensure that the correct phenomenon was being discussed. Due to COVID-19, there was an excess of
tweets discussing facial covering masks that had to be removed. After review to ensure that the correct phenomenon was being described, the tweets were copied into a data file that appropriately ensured the privacy of the participants through password protection and de-identification.

Further information was also collected about each individual profile. Data collected includes information about when each tweet was tweeted, total number of tweets within a profile, and how many followers they had at the time of collection.

A password protected Excel document was developed to appropriately organize the collected data. Participant numbers were assigned to the twenty profiles to maintain confidentiality of the tweeters by properly de-identifying each randomly sampled profile. Each tweet was recorded, the number of uses of masking and/or camouflaging were tallied, and tweets were coded using the a priori terms camouflaging and masking.

**Results**

Within the Twitter data collected, there were 317 tweets that included the key search words of masking and/or camouflaging on the #ActuallyAutistic thread. Out of these tweets only 8 used the term “camouflage” to describe this phenomenon. 98% of the tweets sampled used masking as the preferred terminology for this phenomenon, which starkly contrasts with the preferred terminology among research articles found.

54 of the tweets were left uncategorized due to a lack of information in them that included relevant lived experience. However, it was immediately recognized that the tweets were far more negative in nature than positive when discussing the phenomenon of masking and its effects. After each data review session, the principal investigator
engaged in reflective journaling and created an audit trail to triangulate data and acknowledge personal bias.

106 tweets noted poor mental health outcomes due to masking including suicide, anxiety, depression, etc. There were 99 additional tweets that specifically discussed how masking has caused them to lose or suppress their own identity. This large amount of negative feedback is disheartening and shows a great need for professionals to gain a better understanding of masking and to work toward an approach better for supporting neurodiversity.

Only 29 tweets were tweets that discussed how they had learned to accept themselves, quit masking, and live life without suppressing their identity. There were also 29 tweets related to misconceptions that many autistic people have encountered through life and when trying to obtain a diagnosis. Many of Autistics discussed how their burnout from masking led to their autism diagnosis. Future research is needed to improve consistent autism diagnoses through assessment, screenings, and understanding. It is vital that work is done to improve educational opportunities related to strengths-based approaches and the neurodiversity model within all professional fields related to autism.

The results of the selected tweets were analyzed, coded, grouped in categories, and themes were constructed. An iterative process was followed to revise and collapse themes. Three main themes emerged: autistic individuals want to communicate without judgement, improved authenticity within safe spaces, and masking as a survival mechanism.
Tweet Themes from Autistic Community

Autistic Individuals Want to Communicate Without Judgement

One of the chief complaints of those in the Autistic community related to masking is how it leads to burnout in the attempt at fitting into non-autistic spaces. Many tweets discussed the burnout and breakdowns that are due to the intense energy that they give to the masking process in their environment. It often is something that builds up over time and eventually causes intense feelings of burnout (Cassidy et al., 2018; Mandy, 2019).

The use of masking may relate to higher rates of depression among autistic individuals (Cage et al., 2018). One twitter user noted masking as a survival mechanism that is simply “soul extinguishing”. Another user described the feeling of masking being similar to pressure building up until an explosion occurs. Masking has shown to correlate with high levels of burnout and increased rates of suicide (Cassidy et al., 2018). A participant described this phenomenon’s attempt at “normal” as being an extreme price for human life.

According to Cage et al. (2018), autistic individuals that use masking strategies reported fewer instances of acceptance and higher symptoms of depression. One user described this as hard, lonely, and suffocating. Masking is damaging to both well-being and self-identity (Bargiela et al., 2016; Cage et al., 2018; Cassidy et al., 2018; Hull et al., 2017). Masking has also been described as physically and mentally exhausting (Hull et al., 2017). One participant noted having several ulcers due to the stress related to the attempt at consistently remaining masked. The results of this study align with previous literature that suggests that masking can produce symptoms of mental and physical
conditions (Cage & Troxell-Whitman, 2019; Cage et al., 2018; Hull et al., 2017). 26% of collected tweets noted poor mental health outcomes of suicide, depression, and anxiety related to the use of masking.

**Improved Authenticity in Safe Spaces**

This idea of inadequate availability of safe spaces correlating to difficulties expressing one’s true identity has also been noted in other qualitative studies (Bargiela et al., 2016; Cage & Troxell-Whitman, 2019; Hull et al., 2017). Research by Cage & Troxell-Whitman (2019) shows how many autistic individuals camouflage because they are ashamed of their Autistic identity (p. 1906). One participant tweeted that they did not look for help or support due to becoming horrified by their autism.

There was some participant discussion surrounding how they masked all day, only to come home to be their authentic self. In order to fit into social mores, autistic individuals have learned to become what society wants versus expressing themselves as they are. This is a noticeably ineffective and harmful attempt at changing the individual rather than modifying the environment (Mandy, 2019).

Key phrases used to describe feelings surrounding inadequate safe spaces for authentic Autistic joy included stress, overstimulation, meltdowns, and erasure of self. One user noted that they had masked to the point of completely destroying their own self-identity. It was noted that it often is not enough to state that it is a safe space, but rather by showing this through the appreciation of true authentic Autistic joy that may be shown.
Masking as a Survival Mechanism

One participant described the use of masking for other's comfort and convenience whether it affected them physically or emotionally. Another participant noted that many autistic people would understand the price of not utilizing a mask when it came to holding stable employment and it often ended in being terminated. Others noted that the mask hides the chaos that they are experiencing in non-autistic spaces, but they must often deal with the effects later on their own.

Among the tweets, there were several discussions related to how different identities may collide and create higher need for masking or the possible privilege of being able to lower the mask due to other “more acceptable” identities. Those from diverse communities have discussed how masking is a trauma response to protect them and provide them safety in some situations. There was one profile that noted their use of masking caused them to take longer in understanding their feelings and desires surrounding their own sexuality.

Implications for Occupational Therapy Practices

Occupational therapists should work to gain the skills to advocate for and communicate authentically with autistic clients in new ways. Collaboration among occupational therapists with teachers and other health service providers is essential for the success of many autistic people (Bagatell, 2012). Improved understanding of new ways to learn from our client populations can allow us to be more effective and informative within our interdisciplinary interactions.

Traditionally, occupational therapy has looked at engagement through focus on client factors, but the profession has more recently begun understanding the
complexities and multidimensionality for engagement (Bagatell, 2012). Observation of
genagement to see what works for each individual can provide very useful information
(Bagatell, 2012) and reinforce the development of self-identity within the occupation of

The occupational therapy profession began returning to a larger commitment to
practice that was occupation-based and evidence-based beginning again in the 1990s
(Bagatell & Mason, 2015). As we continue to commit to improving our practices with
autistic clients, it is imperative that we “commit to the discovery process and to deeply
understand who you are serving -- their needs, aspirations, and motivations” to ensure
that we are able to support them in the best possible way (Proctor, 2021-b). By
addressing social and emotional health, occupational therapists reinforce the value of
neurodiversity within practice.

The context and environment are relevant factors to consider within occupational
therapy to ensure participation of all. It is very concerning that our potential clients are
describing that they are masking to make others happy no matter the effect it may have
on themselves. Working to improve occupational therapy practices to ensure that we
are helping teach these things as tools for their own benefit rather than a forced use to
fit in with neurotypicals is important to improving our practices.

Social media has had a large impact on the way we socialize and utilize
technology (Zylstra et al., 2020). Social media use will continue to shape us as human
beings, and as we move forward research to understand these changes will increase in
importance. Zylstra et al. (2020) states that social media use is an occupation and
therefore it provides the need for understanding of how it impacts participation in a variety of contexts.

When working with an autistic individual, working first toward building a relationship and skills as they are natural may be better than demanding certain interventions or goals based on “neurotypical developmental milestones” that are often unhelpful (Proctor, 2021-b; Proctor, 2021-c). Occupational therapists must leave their safety zone to improve our practices with our autistic clients (Proctor, 2021-b). “You have to be brave and put yourself out there and work towards the therapists that you intended to be” (Proctor, 2021-c). Further, occupational therapists must promote the authenticity of reinforcing the value of a neurodivergent social identity.

Empowering our practices by writing strengths-based goals that improve outcomes for autistic clients is an example of valuing neurodiversity (Proctor, n.d.-d). There is research to suggest that eye contact avoidance is both unconscious and involuntary among autistic individuals (Madipakkam et al., 2017). This research reframes goals surrounding eye contact for this population due to society’s neurotypically-driven standards. Further public education, including with staff within school-based practices, may be helpful for improving awareness and acceptance of autism (Sasson et al., 2017).

As we work to improve the field of occupational therapy, it is critical that we take the time to work toward decreasing bias through the understanding of barriers related to ableism. This work could potentially improve client outcomes in occupational performance. Occupational therapists can advocate for and empower Autistic voices through further acceptance of their culture and identity.
Limitations

It is necessary to consider that those on social media are more likely to have higher income and socioeconomic status due to the tools needed to access the platform (Siegmund, 2018). Therefore, underrepresented populations may not be accurately depicted within this data. It may also be assumed that the inclusion only of those with a public Twitter profile limited this research. After further analysis, it was noted that many autistic individuals have experienced harassment on social media and therefore have moved their profile to more private settings.

Those that participate in discussion on Twitter may have extreme opinions. This is another consideration for further research on social media platforms. Looking forward, the use of social media platforms in this way is something that should be considered by a growing number of professional fields.

The sample size was only twenty Twitter accounts due to limited time and did not focus on representation of diversity among the Autistic community. This study is limited in terms of representation of diverse ethnicities, educational statuses, genders, etc. due to the lack of information that could be found publicly for this study through the chosen platform of Twitter. However, it may be assumed that this work added to the body of knowledge on the experiences and opinions of autistic adults due to the age requirements of Twitter. Researchers should further consider the use of new ways of conducting online research to decrease the limitations found in current literature. There is insufficient research for this group (Cage & Troxell-Whitman, 2019; Pellicano et al., 2014).
Conclusion

It is crucial for all professionals working with autistic individuals to understand and recognize the signs of masking and camouflaging, especially when someone is seeking an autism diagnosis (Cage & Troxell-Whitman, 2019). Improved recognition of these behaviors will increase correct diagnoses that may lead to better outcomes for the Autistic community. Recognition of signs of masking is also crucial due to the research showing a variety of comorbidities that can stem from the use of masking and the stress it can cause. Teaching masking as a tool when asked may be appropriate, but masking should not be a required practice for autistic people to participate in their environment.

Using social media as a way to gain data on the perspectives of individuals that have limited research may be a way to improve our practices and understanding. Social media is a great tool to gain real time perspectives from others that may help us improve outcomes for their community. The use of this publicly available data may be helpful when obtaining survey responses becomes difficult. Social media also tends to allow people to share their true perspectives possibly in a more honest fashion. These opinions can allow us to better understand what we may do to help provide safer spaces for individuals to be their authentic Autistic selves.

Professionals should work toward appreciation and need for strengths-based approaches and neurodiversity affirming practices when interacting with autistic clients. Appreciating neurodiversity through affirmation of Autistic language choices may be a place to start when looking for ways to improve client outcomes.

It is critical for health care workers, and anyone working with autistic individuals to understand the wants, needs and desires of the Autistic community. Adding to one’s
understanding of diversity enhances the cultural competence of health care workers. Non-autistic professionals must expand their awareness of difference, and the value that autistic individuals bring to social relationships using authentic communication. This is important because work can be done for what you think is a good cause or a good meaning behind it. However, sometimes the work done by professionals that excludes the Autistic community’s viewpoints and opinions can end up being very harmful for our autistic clients.

There are some incredible ways to connect with Autistic thoughts that can be easily incorporated into your already daily activities. There are a variety of online and physical sources from Autistic voices that you can use such as social media, podcasts, blogs, and books. This work toward improving understanding of the Autistic perspective will reframe your thoughts and improve the way you interact with autistic individuals.

Further work to reduce stigma related to autism could reduce the amount of masking that the Autistic community participates in by respecting their autonomy. Lowering the need to mask may positively affect this community by lowering the possibility of other mental health comorbidities. Further long-term research with non-autistic people and interventions to improve acceptance is needed to reduce stigma (Cage & Troxell-Whitman, 2019; Gillespie-Lynch et al., 2015; Nevill & White, 2011; White et al., 2016). Another way to reduce stigma may be through increased opportunities for Autistics to join the table for improved representation which is necessary to ensure that the world may see them “as competent, as worthy, [and] as worthwhile” (Proctor, 2021-a).
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