

Yes, masking or camouflaging is **strongly associated with increased mental health difficulties**—including anxiety, depression, stress, burnout, and suicidality—among autistic individuals, with negative effects observed across age, gender, and cultural contexts.

## 1. Introduction

Masking or camouflaging refers to the strategies autistic individuals use to hide or suppress autistic traits and appear more neurotypical in social situations. A robust and growing body of research demonstrates that camouflaging is common among autistic people and is consistently linked to poorer mental health outcomes, including heightened anxiety, depression, stress, burnout, and suicidality (Field et al., 2024; Hull et al., 2021; Ross et al., 2022; Bradley et al., 2021; Beck et al., 2020; Bernardin et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Cremone et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). While some individuals report short-term social or practical benefits from camouflaging, the long-term psychological costs are substantial, with negative impacts on self-esteem, authenticity, and identity. These effects are observed in both adults and youth, across genders, and in diverse cultural settings. The literature also highlights the role of societal stigma and lack of acceptance as key drivers of camouflaging, suggesting that reducing the need to mask could improve mental health outcomes for autistic people (Field et al., 2024; Bradley et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Radulski, 2022; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023).

## 2. Methods

A comprehensive Deep Search was conducted across over 170 million research papers in Consensus, including Semantic Scholar, PubMed, and other databases. The search strategy targeted foundational theories, empirical studies, measurement tools, subgroups, cross-cultural perspectives, and critiques on masking/camouflaging and mental health in autism. In total, 1024 papers were identified, 482 were screened, 310 were deemed eligible, and the top 50 most relevant papers were included in this review.

## Search Strategy

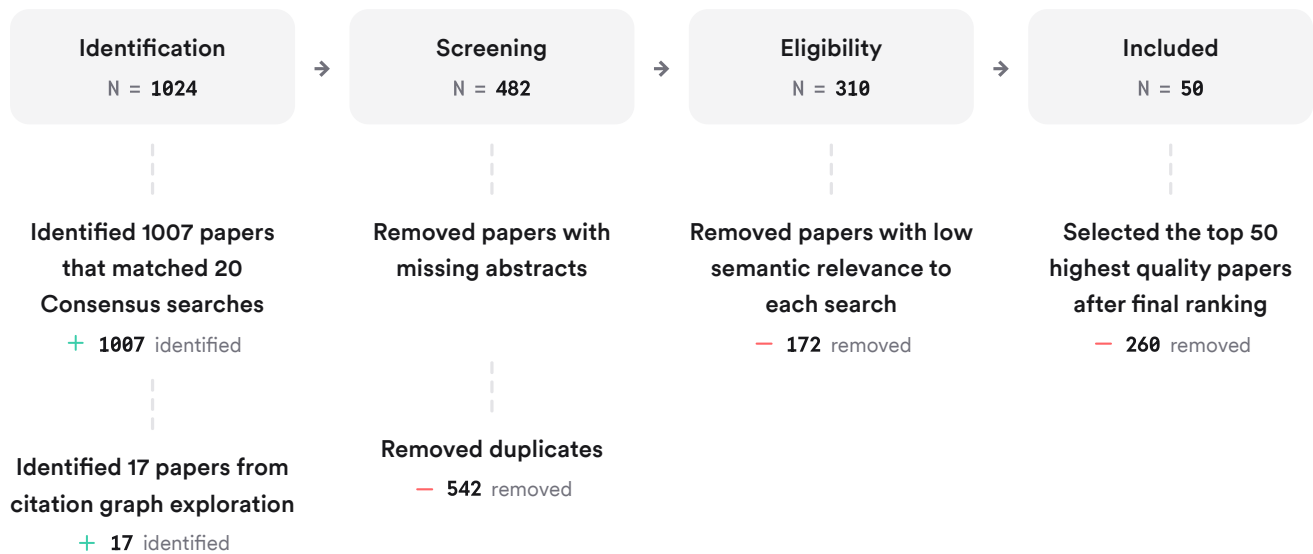


FIGURE 1 Flow of papers through the search and selection process.

Eight unique search groups were used, spanning foundational, mechanistic, developmental, clinical, and cross-cultural perspectives.

## 3. Results

### 3.1 Prevalence and Motivations for Masking

Masking is widely reported among autistic individuals, especially in social or high-stakes environments, and is often motivated by a desire to avoid stigma, fit in, or gain social acceptance (Field et al., 2024; Bradley et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Alaghband-Rad et al., 2023; Rivera & Bennetto, 2023; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Radulski, 2022; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). Females and gender-diverse individuals may camouflage more frequently, partly due to social expectations and gender norms (Cage & Troxell-Whitman, 2019; Milner et al., 2022; Lai et al., 2016; Drapalik et al., 2025).

### 3.2 Mental Health Consequences

A large number of studies, including systematic reviews and meta-analyses, show that higher levels of camouflaging are associated with increased symptoms of anxiety, depression, stress, burnout, and suicidality (Field et al., 2024; Hull et al., 2021; Ross et al., 2022; Bradley et al., 2021; Beck et al., 2020; Bernardin et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Cremone et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). The relationship is observed in both adults and youth, and across cultures (Ross et al., 2022; Beck et al., 2020; Bernardin et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Cremone et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). Some studies suggest that the negative impact is particularly strong for those who camouflage across multiple contexts or do so habitually (Field et al., 2024; Cage & Troxell-Whitman, 2019; Van Der Putten et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Lai et al., 2016; McQuaid et al., 2023; Drapalik et al., 2025; Buchholz, 2023).

### 3.3 Mechanisms and Moderators

The negative effects of masking are mediated by increased stress, emotional exhaustion, loss of authenticity, and identity confusion (Field et al., 2024; Bradley et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Radulski, 2022; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). Stigma, lack of acceptance, and minority stress are key external drivers (Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Radulski, 2022; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). Some individuals report short-term benefits (e.g., social acceptance, employment), but these are often outweighed by long-term psychological costs (Field et al., 2024; Bradley et al., 2021; Cage & Troxell-Whitman, 2019; Van Der Putten et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Lai et al., 2016; McQuaid et al., 2023; Drapalik et al., 2025; Buchholz, 2023). There is some evidence that community connectedness and self-acceptance may buffer negative effects, but these factors do not fully mitigate the risks (Cage et al., 2021; Attaullah, 2023; Cage et al., 2017).

### 3.4 Subgroup and Contextual Differences

While the association between masking and poor mental health is robust, the strength of this relationship varies by individual factors such as gender, age, level of autistic traits, and context (Ross et al., 2022; Beck et al., 2020; Bernardin et al., 2021; Cage & Troxell-Whitman, 2019; Van Der Putten et al., 2023; Khudiakova et al., 2024; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Cremone et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). Some studies note that a small subgroup may not experience negative effects, but for most, camouflaging is a risk factor for mental health difficulties (Van Der Putten et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Lai et al., 2016; McQuaid et al., 2023; Drapalik et al., 2025; Buchholz, 2023).

## Key Papers

Paper	Methodology	Sample/Context	Key Results
(Khudiakova et al., 2024)	Systematic review & meta-analysis	5897 autistic participants	Moderate positive relationships between camouflaging and anxiety, depression, social anxiety; negative with wellbeing
(Field et al., 2024)	Meta-ethnography	13 qualitative studies	Camouflaging linked to increased stress, exhaustion, poor mental health, especially with habitual/high-effort strategies
(Hull et al., 2021)	Large-sample survey	654 autistic adults	Camouflaging associated with greater anxiety, depression, social anxiety; risk factor for mental health problems
(Cage & Troxell-Whitman, 2019)	Survey	262 autistic adults	High or inconsistent camouflaging across contexts linked to poorer mental health
(Bradley et al., 2021)	Qualitative survey	277 autistic adults	Camouflaging leads to exhaustion, isolation, loss of identity, poor mental health; reducing pressure to camouflage may help

FIGURE 2 Comparison of key studies on masking/camouflaging and mental health in autistic individuals.

## Top Contributors

Type	Name	Papers
Author	Laura Hull	(Hull et al., 2021; Cage & Troxell-Whitman, 2019; Cook et al., 2021; Lai et al., 2016; Remnélius & Bölte, 2023)
Author	Sarah A. Cassidy	(Bradley et al., 2021; Cassidy et al., 2019)
Author	E. Cage	(Cage & Troxell-Whitman, 2019; Tamura et al., 2024; Perry et al., 2020; Cage et al., 2021)
Journal	<i>Autism</i>	(Field et al., 2024; Hull et al., 2021; Beck et al., 2020; Bernardin et al., 2021; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Remnélius & Bölte, 2023; Drapalik et al., 2025; Halsall et al., 2021)
Journal	<i>Autism in Adulthood</i>	(Bradley et al., 2021; Evans et al., 2023; Somerville et al., 2023; Cage et al., 2021; McQuaid et al., 2023; Lei et al., 2024; Sedgewick et al., 2022)
Journal	<i>Journal of Autism and Developmental Disorders</i>	(Cage & Troxell-Whitman, 2019; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; Remnélius & Bölte, 2023; Cage et al., 2017; Halsall et al., 2021)






FIGURE 3 Authors & journals that appeared most frequently in the included papers.

## 4. Discussion

The evidence overwhelmingly supports that masking or camouflaging is a significant risk factor for mental health difficulties in autistic individuals. The association is robust across methodologies, age groups, and cultural contexts, with moderate to strong correlations found in meta-analyses and large-scale studies (Field et al., 2024; Hull et al., 2021; Ross et al., 2022; Bradley et al., 2021; Beck et al., 2020; Bernardin et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Cremone et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). The mechanisms involve increased stress, emotional exhaustion, and loss of authenticity, often driven by societal stigma and lack of acceptance (Field et al., 2024; Bradley et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Radulski, 2022; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023). While some individuals report short-term benefits, the long-term psychological costs are substantial. There is a need for interventions that reduce the pressure to camouflage and promote acceptance of neurodiversity.

However, the relationship is not uniform for all autistic people. Some subgroups may experience less negative impact, and a minority may report neutral or even positive effects in specific contexts (Van Der Putten et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Lai et al., 2016; McQuaid et al., 2023; Drapalik et al., 2025; Buchholz, 2023). More research is needed to clarify these differences and to develop individualized supports.

## Claims and Evidence Table

Claim	Evidence Strength	Reasoning	Papers
Masking/camouflaging is associated with increased anxiety, depression, and stress	 Strong	Consistent findings in meta-analyses, systematic reviews, and large-scale studies	(Field et al., 2024; Hull et al., 2021; Ross et al., 2022; Bradley et al., 2021; Beck et al., 2020; Bernardin et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Cremone et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023)
Habitual or high-effort camouflaging leads to exhaustion, burnout, and loss of authenticity	 Strong	Qualitative and quantitative studies, lived experience reports	(Field et al., 2024; Bradley et al., 2021; Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Lei et al., 2024; Van Der Putten et al., 2023; Khudiakova et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Radulski, 2022; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023)
Stigma and lack of acceptance are key drivers of camouflaging	 Strong	Theoretical, qualitative, and cross-cultural studies	(Zhuang et al., 2023; Cage & Troxell-Whitman, 2019; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Radulski, 2022; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023)
Some individuals report short-term benefits, but long-term costs predominate	 Moderate	Mixed-methods and subgroup analyses	(Field et al., 2024; Bradley et al., 2021; Cage & Troxell-Whitman, 2019; Van Der Putten et al., 2023; Moore et al., 2023; Khudiakova et al., 2024; Perry et al., 2020; Lai et al., 2016; McQuaid et al., 2023; Drapalik et al., 2025; Buchholz, 2023)
Subgroup differences exist in the impact of camouflaging on mental health	 Moderate	Moderation by gender, age, context, and autistic traits	(Ross et al., 2022; Beck et al., 2020; Bernardin et al., 2021; Cage & Troxell-Whitman, 2019; Van Der Putten et al., 2023; Khudiakova et al., 2024; Keating et al., 2024; Evans et al., 2023; Moore et al., 2023)

Claim	Evidence Strength	Reasoning	Papers
			2023; Khudiakova et al., 2024; Cremone et al., 2023; Milner et al., 2022; Cook et al., 2021; Perry et al., 2020; Lai et al., 2016; Cassidy et al., 2019; McQuaid et al., 2023; Drapalik et al., 2025; Sedgewick et al., 2022; Buchholz, 2023)
Community connectedness and self-acceptance may buffer negative effects	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Moderate</div>	Some evidence from moderation studies	(Cage et al., 2021; Attaullah, 2023; Cage et al., 2017)

FIGURE Key claims and support evidence identified in these papers.

5. Conclusion

Masking or camouflaging is a widespread phenomenon among autistic individuals and is strongly associated with increased risk of mental health difficulties, including anxiety, depression, stress, burnout, and suicidality. The negative effects are driven by societal stigma and lack of acceptance, and while some may experience short-term benefits, the long-term psychological costs are substantial.

5.1 Research Gaps

Key gaps include the need for more longitudinal and causal studies, research on underrepresented groups (e.g., non-binary, non-Western, intellectually disabled), and interventions to reduce stigma and support authentic self-expression.

Research Gaps Matrix

Topic/Attribute	Adults	Youth/Adolescents	Gender-diverse	Non-Western	Intellectual Disability
Prevalence/Patterns	15	10	6	4	2
Mental Health Impact	14	9	5	3	1
Mechanisms/Moderators	10	6	3	2	1
Interventions/Supports	7	4	2	1	GAP

FIGURE Distribution of research across populations, mental health impact, mechanisms, and interventions.

5.2 Open Research Questions

Future research should clarify causal pathways, develop interventions to reduce stigma and support authentic self-expression, and address gaps in underrepresented populations.



Question	Why
What are the long-term mental health trajectories of autistic individuals who engage in habitual masking or camouflaging?	Longitudinal data are needed to clarify causality and inform prevention.
How do intersectional identities (e.g., gender, culture, intellectual disability) influence the impact of masking on mental health?	Understanding these factors will improve support for diverse autistic populations.
What interventions can effectively reduce the need for masking and promote acceptance and authentic self-expression?	Targeted interventions could improve mental health and quality of life.

FIGURE Key open questions for advancing research on masking/camouflaging and mental health in autism.

In summary, masking or camouflaging is a significant risk factor for mental health difficulties in autistic individuals, and reducing societal stigma and supporting authentic self-expression are critical for improving outcomes.

*These papers were sourced and synthesized using Consensus, an AI-powered search engine for research. Try it at <https://consensus.app>*

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