“Autistic Teenage Girls’ Lived Experiences of Masking”

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Abstract

This research sought to learn about the lived experiences of autistic teenage girls who mask in social interactions and in their daily lives. The aim of the research was to increase understanding of the perspectives and experiences of autistic girls. It is hoped this will help bring additional awareness of the experiences and perspectives of autistic girls and inform Educational Psychologists who are involved in supporting autistic girls in the diagnostic process, in school environments, in interventions, and through therapeutic support.

Two research questions were identified during the Literature Review, namely, “What are the experiences of autistic teenage girls who mask?” and “What sense do autistic teenage girls make of their masking?”. The use of Interpretative Phenomenological Analysis was selected to as an approach in response to these questions.

Semi-structured interviews were completed with four autistic teenage girls who reported, through a screening questionnaire, that they use masking extensively. All participants were teenage girls who are in 5th or 6th year of second level school in Ireland. Participant and parental consent was obtained for all participants. The use of visual supports was offered but not selected by participants.

Following analysis of the interviews, four overarching themes were identified, namely, *‘The Work of Masking’*, *‘The Aftermath of Masking’*, *‘Masking as Essential’*, and *‘Moving Away from Masking’*. Nine superordinate themes were identified from the subordinate themes of each participant; these themes addressed the preparation required for masking, how girls developed and employed strategies, the experience of masking, the recovery and review processes, reasons girls mask, situations where masking was considered essential, friendships, and participants' plans to move away from using masking.

The findings were discussed within the context of current research. Conclusions and suggestions for future research are presented.

Chapter 1. Introduction

1.1 Chapter Overview

Chapter 1 introduces aims of the research, the researcher's position, and the rationale for the research. Topics relevant to autistic masking and autistic girls are also outlined. This chapter considers frameworks which may be useful to understand the unique position of autistic teenage girls within which interpretations of their lived experiences may be understood. Additional contextual information concerning language and terminology relevant to autism and the current research is also outlined.

1.2 Research Aims

The research aim was exploratory. The researcher was interested in understanding and exploring autistic teenage girls' lived experiences of masking and its impact on their lives. The hope was to gain a better understanding of the unique experience and perceptions of autistic teenage girls who use masking strategies. The use of "insider stories" from those who have experienced a phenomenon can be "markedly different" from the perspectives of professionals (Billington, 2013, pp. 175). To avoid a "paternalistic approach", efforts were made to access the views of autistic people to empower the autistic community by including them in conversations about their experiences (as described by Milton, Mills & Pellicano, 2012, pp. 2650).

The lived experience of autistic teenage girls and the processes used to learn, implement, experience and recover from masking have not been explored in research to date although elements of masking and experiences of teenage girls have been explored by Sandland, 2018; Hull et al., 2017; and Tierney, Burns & Kilbey, 2016 (as detailed in the Literature Review, Chapter 2).

1.3 Researcher's Position

The researcher has been an Educational Psychologist for almost 10 years and has a specific interest in recognising and supporting autistic young people, using the 'neurodiversity movement' framework in affirming autistic identity and encouraging acceptance and understanding among individuals, families and supportive adults (Singer, 1998). Within this framework, the inclusion of autistic individuals in research about autism is essential and it places their voices "at the centre of the autism conversation" (Ne'eman, 2011; as cited in Cribb, Kenny & Pellicano, 2019, pp. 1778). A vital part of the Educational Psychologist role is "listening to young people" and this research aims to centre the voices of autistic teenage girls and explore their lived experience as a key contribution to research about them (Mercieca & Mercieca, 2014, pp. 24; as cited in Park & Mortell, 2020, pp. 194). The researcher's ontological position is relativist, and the epistemological position is social and cognitive constructivism (as discussed in Methodology, Chapter 3).

It is acknowledged that there are autistic people of all genders who mask and autistic people of all genders who do not mask (as noted in Hull et al., 2017). This research focused specifically on autistic teenage girls who mask; this focus does not suggest that masking is a feature for all autistic females. It has been found that some autistic girls[1] mask social difficulties both deliberately and unconsciously (Kenyon, 2014) and this is thought to contribute to delays in diagnosis and intervention (Baldwin & Costley, 2015). As a professional working in a service providing diagnosis and intervention, it was essential that an increased understanding of this phenomenon was gained. Little was known about how girls learn these skills, decide when to use them, the impact this has on their perception of themselves, and the impact on their daily

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[1] "Girls" is used in this research to refer to female children and teenagers up to age 18.

functioning. Clinicians can have difficulty recognising when girls are masking social difficulties versus when they are presenting their true personality (Perry, Mandy, Hull, & Cage, 2021). Currently, no guidelines exist concerning how and why girls mask skills and how these should be considered in the diagnostic process as diagnostic measures for children do not assess for masking (Lord et al., 2000; Mandy et al., 2018).

In assessment, awareness of girls' experiences may be useful to increase efficiency. In intervention, this is necessary to safeguard autistic females from vulnerable situations which can occur when masking (Bargiela, Steward, & Mandy, 2016). Autistic women have reported that assertiveness intervention, which was provided following diagnosis, was beneficial in increasing safety (ibid).

Autistic girls who are aware of their diagnosis and are aware they mask have a unique perspective as they have experience interacting with others and may understand the strategies used to cope in social situations and the impact these have on their lives. This research aimed to gain a deeper understanding of the motivation and strategies used by some autistic girls to mask social difficulties and their perception of those experiences.

1.4 Research Rationale

It is recognised that autistic people are the experts on autism (Gillespie-Lynch, Kapp, Brooks, Pickens, & Schwartzman, 2017). The author in this research is not autistic and so a keen awareness of the importance of the statement *"nothing about us without us"* was maintained throughout the work (Charlton, 1998, pp. 1). Shefcyk (2015, pp. 132) argues that such work can only be considered "truly inclusive" when the research and methods are "respectful" of the perspectives and needs of autistic women and girls. Efforts were made to include autistic people's voices and viewpoints at key stages, as follows: within the literature review, studies which had autistic participants were prioritised over others; during research design, autistic board trustees reviewed the screening questionnaire; as noted in the findings chapter, autistic participants were interviewed and an understanding of their lived experiences was sought. The aim of participatory research was considered in incorporating the views of autistic people in the research and recognition was given to the "traditional power imbalance between researcher and participant" when designing the research (Fletcher-Watson et al., 2019, pp. 943; Cornwall & Jewkes, 1995; Nelson & Wright, 1995).

Pellicano, Dinsmore and Charman (2014, pp. 766) asked "what should autism research focus upon?"; one key finding agreed by autistic adults, family members and practitioners was exploring gender differences in autism; including, "why girls/women slip through the net of diagnosis so often?" and noting "the profile of females on the spectrum needs greater research". It has been argued that autism is a "male-centric phenomenon" and this is likely to continue until research is done to increase awareness and understanding of the unique presentation and needs of autistic girls and women (Shefcyk, 2015, pp. 132). Supporting additional research on the perspectives of autistic female participants to help address the queries on their specific presentation (and why they might not be identified as autistic in a diagnostic assessment) was identified as a key area of required research (e.g. Pellicano et al., 2014); this helped form the rationale for the current research.

1.5 Female Focused

There is a body of literature available on the topic of gender differences in autism spectrum disorders but "few robust empirical studies into gender differences" (Tierney et al., 2016, pp. 74). Autistic girls are underrepresented in autism research (Bloss & Courchesne, 2007). Review of the autism literature reveals the significant role gender plays in the diagnosis of autism, with females at "substantially elevated risk" of having differences being mislabelled or undiagnosed (Bargiela et al., 2016, pp. 3281), which suggests "that autistic females are more likely to be missed" (Loomes, Hull & Mandy, 2017; as cited in Ratto et al., 2018, pp. 1698). Currently, there is an imbalance of rates of autism diagnosis in males and females with rates unclear but recorded as ranging from 2:1 up to 16:1 male to female ratio, 4:1 in epidemiological studies, and noted in meta-analysis as 3:1 (Fombonne, 2002, 2003, 2009; Lai et al., 2011; Loomes et al., 2017).

A wide range of hypotheses in relation to this disparity, and potential ascertainment bias, have been suggested in research regarding under-recognition of females (Lai, Baron-Cohen, & Buxbaun, 2015) including the "low validity of current assessment tools in detecting the disorder in girls" (Rivet & Matson, 2011; as cited in Cridland et al., 2014, pp. 1261), and the lens of gendered expectations which leads to overlooking of females' presentations (Kopp & Gillberg, 2011; Loomes et al., 2017). There is a repeated suggestion (found in case studies and systematic observation including Kopp and Gillberg, 1992 and Lord, Schopler & Revicki, 1982) of a female autism phenotype which does not fit the current male-based conceptualisations of autism (e.g. Hiller, Young, & Weber, 2014; Lai et al., 2015b; Mandy et al., 2012, Bargiela, et al., 2016). There is also a hypothesis that autistic traits may be "camouflaged" by females and current diagnostic measures and research have a strong bias towards the male presentation of autism (Kirkovski, Enticott, & Fitzgerald, 2013, pp. 2585; Lai et al. 2016). These hypotheses contrast with the previously held belief that females are less likely to be autistic (Ratto et al., 2018).

There is consensus in literature that the impact of this gender difference is likely to be negative for autistic girls as some autistic individuals report receiving a diagnosis as helpful (e.g. Mogensen & Mason, 2015). When autistic girls are identified they receive intervention and diagnosis later than equivalent males (Giarelli et al., 2010). Delays in diagnosis, and delays in intervention have been linked to negative outcomes for autistic girls and women (e.g. Pellicano et al., 2014). Studies of autistic adults identified common difficulties in internalising pathology such as anxiety and distress (Howlin & Moss, 2012) with higher rates of internalising difficulties found for autistic teenage girls (Lai et al., 2015b; Solomon et al., 2012). The need to identify autistic individuals to provide appropriate support is highlighted in literature on the female-specific manifestation of the autism profile (Bargiela et al., 2016).

This research aimed to aid a deeper understanding of the unique experiences of autistic teenage girls. This understanding may help address the gender gap in diagnoses (Fombonne, 2009; Loomes et al., 2017) and recognise the female presentation of autism that current diagnostic criteria does not readily identify (Kirkovski et al., 2013; Lai et al., 2016; Ratto et al., 2018).

1.6 Frameworks Considered

Several frameworks were considered to aid the contextual understanding of the participants' lived experiences. As discussed in the Methodology Chapter (Chapter 3), a relativist ontology was used which recognises subjective experiences "of reality and multiple truths" (Levers, 2013, pp. 2) and understands that research analyses and processes are socially constructed in broad contexts (Griffin, 2000; as cited in Willig & Stainton-Rogers, 2017). For this position, several potential social constructs and frameworks were reviewed as they can impact on the interpretation of the participants' interpretations of their lived experiences.

1.6.1 Feminist Disability Framework and Intersectionality

Using the framework of feminist disability and the theory of intersectionality gives recognition to the double bias against autistic women and girls (Wendell, 1989). The theory of intersectionality acknowledges that individuals with "several oppressed identities" have different experiences than those with only one (or some) of the oppressed identities (Crenshaw, 1989; as cited in Saxe, 2017, pp. 153). Shefcyk (2015, pp. 132) states that to be an autistic female is "to be twice excluded: once from the neurotypical female population, and once again from the ASD community". Feminist disability framework and intersectionality theory recognises that identities interact with one another and cannot be separated, adding understanding to how social identities and gender identities interact with an autistic identity (Pearson, 2010; Björnsdóttir & Traustadóttir, 2010). The barriers faced by autistic women and girls are multiple "due to the unequal structures inherent in society" which are often sexist and ableist (Liasidou, 2013; as cited in Saxe, 2017, pp. 156).

The exclusion from the autism community can occur in the recognition and diagnosis of autism, in the interventions made available, and in being under-representation in research. The criteria and measures used in diagnostic assessments are argued to be based on autistic boys' presentations (Bargiela et al., 2016; Tierney et al., 2016). Autistic boys are more likely to receive diagnosis and subsequent intervention services (Dean, Harwood & Kasari, 2017). Autistic women are also under-represented in research (Kirkovski et al., 2013; Shefcyk, 2015; Saxe, 2017).

The social training, and expectations, of boys and girls are couched in gendered expectations from infancy (Bargiela et al., 2016). Girls are judged at a more demanding standard where boys may be judged as participating well, even in activities which do not require reciprocal social interaction, such as sports (Dean et al., 2014). Autistic girls are less likely to “instinctively understand” social and gender norms (Jack, 2012; as cited in Saxe, 2017, pp. 166) and are less likely to comfortably identify with neurotypical girls (Davidson, 2007). Autistic girls can therefore have greater difficulty in same-gender peer friendships than autistic boys (Kirkovski et al., 2013, as cited in Shefcyk, 2015).

Interventions relating to social skills and friendships are more likely to be aimed at boys and based on male presentations of autism; this can result in autistic girls not being appropriately supported in addressing specific gender-related social challenges (Dean et al., 2014; Kirkovski at al., 2013; Shefcyk, 2015). Autistic girls can experience social and emotional consequences and risks including being excluded from same-gender friendships with neurotypical peers, as reciprocal friendship plays a significant role in female relationships (Rose & Rudolph, 2006).

The unique perspective and experiences of autistic women must be considered as it is through their inclusion “within research, policy, and community practices that the barriers currently preventing their full inclusion in society will be dismantled” (Saxe, 2017, pp. 154).

1.6.2 Neurodiversity Movement and Models of Disability

The neurodiversity movement was created through online networks by the autistic community (Singer, 1998). It developed alongside “autistic culture, the autistic self-advocacy movement” and the argument that autism is “a difference in neurology” and should be accepted as an important element of human diversity (Kras, 2009; Leadbitter, Buckle, Ellis & Dekker, 2021, pp. 1; Saxe, 2017, pp. 155). Within the neurodiversity movement, lived experiences of autism are emphasised and cherished which has helped develop a sense of community for autistic people (Kapp, 2013).

The neurodiversity movement advocates for the rights of neurodivergent people and is increasing understanding of autism in “academic, clinical and lay” spaces (Leadbitter et al., 2021, pp. 2). Within the neurodiversity movement, neurodivergent people are identified as those with “neurocognitive functioning significantly different from a ‘normal’ range” (Kapp, 2020b, pp. 2). It advocates for “acceptance, understanding, and support” that can positively impact autistic people; aiming to empower autistic individuals and to help non-autistic people to understand and “accommodate autistic differences” (Kapp, 2020b, pp. 5; Landau, 2012, as cited in Kapp, 2013, pp. n/a).

The neurodiversity movement acknowledges both the medical model of disability and the social model of disability (Kapp, 2020b). A key assertion of the movement is that neurodiversity is a “natural human variation” and is therefore not ‘necessarily’ pathological (Jaarsma & Welin, 2012, pp. 20); neurodiversity also intersects with other socially oppressed identities (in the social justice, civil rights, and disability rights movement) (Hughes, 2016). Neurodiversity activists recognise disability as within an individual and between a neurodivergent person and “an unaccommodating environment” (Leadbitter et al., 2021, pp. 2); this acknowledges both the medical model (which is used in diagnostic processes and in acknowledging the “human variation” in neurodivergent people) and also the social model of disability, which recognises that environments can disable people (Leadbitter et al., 2021, pp. 2; Oliver, 1990; Kapp, 2020b, Jaarsma & Welin, 2012, pp. 20). From this position, the movement requests recognition of neuro-variation, acceptance of its value, and equal rights to end discrimination (Runswick-Cole, 2014).

1.7 Terminology and Language

1.7.1 Referring to Autism

If a term, or use of language, in relation to autism is used in research, but not favoured by the autistic community (determined through asking participants, referring to research by autistic researchers or which specifically questions and involves autistic participants, and through working with autistic young people), then the language used by the autistic community was prioritised within this research.

When referring to autism, the use of 'autism' was used in this research in preference over other terms (including ASD: autism spectrum disorder, and ASC: autism spectrum condition) as review of recent research written by autistic researchers and autistic individuals noted use of this term almost exclusively when communicating about autism (e.g. Bottema-Beutel et al., 2021). Additionally, research among autistic adults, family members and professionals found that the "terms 'autism' and 'on the autism spectrum', and to a lesser extent, 'autism spectrum disorder (ASD)', were consistently favoured across all groups"; 60% of autistic adults preferred 'autism' and less than 40% preferred 'autism spectrum disorder' as descriptive terms (Kenny et al, 2016, pp. 453).

Autism is defined by the American Psychiatric Association (2013b, pp. n/a) as a "complex developmental condition that involves persistent challenges in social interaction, speech and nonverbal communication, and restricted and repetitive behaviours". Brown (2011, pp. n/a), an autistic adult, defines autism as follows: it is "a neurological, developmental condition; it is considered a disorder, and it is disabling in many and varied ways." "It is an edifying and meaningful component of a person's identity, and it defines the ways in which an individual experiences and understands the world around him or her".

In relation to person-first and identity-first language, there is no consensus in literature in relation to the preferred use of language but there are clear preferences from autistic people (Vivanti, 2020; Botha, Hanlon & Williams, 2021). The least preferred is “the specific person-first formulation of ‘person with autism’ or ‘person with autism spectrum disorder/condition’” (Bury et al., 2020; Kapp et al., 2013; Kenny et al., 2016; as cited in Botha et al., 2021, pp. 2). Sinclair (1993, pp. n/a) highlights that autism “isn’t something a person has…..autism is a way of being”, noting that “it is not possible to separate the autism from the person” and this viewpoint may inform the preference for identity-first language as it acknowledges that an individual’s autism is not something which can be separated from their identity. Use of the phrase “on the autism spectrum” was found to be the least offensive person-first term but the most preferred are the identity-first terms “autistic” and “autistic person” (Bury et al., 2020; Kapp et al., 2013; Kenny et al., 2016). 75% of the participants in this research favoured using ‘autistic’ over other terms and 100% were comfortable using ‘autistic’ to refer to themselves or others who are autistic.

1.7.2 Masking and Camouflaging

As discussed further in the Literature Review chapter, ‘masking’ and ‘camouflaging’ are the most common terms used in literature describing the phenomenon explored in this research. When reviewing papers which prioritises the voices of autistic participants, “masking” is used to refer to all strategies which autistic people use in an effort to conceal their autism and appear neurotypical (e.g. Sandland, 2018). Masking can include all techniques used to appear neurotypical and/or socially competent (Bargiela et al., 2016).

Hull et al. (2018) defines this phenomenon as 'camouflaging' with specific subcategories, as follows: masking (using strategies to hide one's autism), compensation (using strategies to address specific social difficulties), and assimilation (using strategies to blend-in with others in social situations). Masking was described by Hull et al. (2017, pp. 2525) as encompassing "the aspects of camouflaging that focus on hiding" autistic characteristics and using "personas or characters" in social situations. Tierney et al. (2016, 00. 79-82) quote autistic participants as using the term "masking" while the researchers use the term 'masquerading' (to refer to "peer-imitation/masking"). All participants favoured 'masking' over other terms referring to masking or altering autistic traits used in literature; these choices are recognised and respected within this research. The participants felt 'masking' referred to all efforts and strategies they employed in social situations and discussed the lived experience of masking. Throughout this paper, masking was used to refer to this phenomenon but, when quoting other researchers who used different terminology, they were quoted accurately.

1.7.3 Hiberno-English

The participants and researcher are Irish. Some of the language used within the interviews can be considered Hiberno-English or "Irish English" (Hickey, 2007); this is a form of English which may have variations in "vocabulary, constriction, idiom, and pronunciation" traced, in part, to the Irish language (Dolan, 2020, pp. 24). Some readers may be unfamiliar with the colloquial use of some words and phrases within the interview transcripts; the quotes taken from the interviews have not been altered and, aspects which read as unfamiliar to some, may be influenced by the use of Hiberno-English. For example, one participant, Colette, noted "I'd definitely be masking", using grammar associated with the Irish language (by using one of the two present tenses available in the Irish language often used in Hiberno-English: the habitual present).

End of Chapter 1

Chapter 2. Literature Review

2.1 Chapter Overview

Chapter 2 provides details of the literature review process and outcomes. The structure (recommended by Aveyard, 2014) was adhered to, as follows: establish literature review approach, note key literature review questions, identify inclusion and exclusion criteria for papers included, provide information on databases and search terms used as well as additional citation searches. The process by which literature is appraised and analysed is also provided. The included studies are then presented with critical appraisal according to literature review questions.

2.2 Literature Review Background

2.2.1 Literature Review Approach

The researcher strove for a systematic approach to the literature review in recognition that, given time restrictions, a meta-synthesis was not possible by a single researcher (Aveyard, 2014; Aveyard & Sharp, 2013). Within this review, a systematic approach is defined as one that has a clearly recorded method of how the literature was “searched, critiqued and analysed” (Aveyard, 2014, pp. 115). This approach includes use of literature review questions, inclusion and exclusion criteria, and a critique and summary of included papers.

2.2.2 Literature Review Questions

As a framework, literature review questions, which were not fully answered by materials reviewed in the introduction, were established. The literature review questions are presented in Table 1.

Table 1

Literature Review Questions

#	Literature Review Question
LR#1	What insights does research provide in relation to the experiences of autistic teenage girls who mask?
LR#2	What insights do studies provide regarding the impact of masking on autistic teenage girls?
LR#3	What insights do studies provide in relation to the motivation of autistic teenage girls in relation to their use of masking?
LR#4	What is known about the insights autistic teenage girls have on their use of masking?

2.3 Literature Search

2.3.1 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were developed to identify relevant empirical studies for inclusion in the review. These criteria are shown in Table 2 and highlight the terms used to select quality studies.

As discussed in the Introduction, throughout this study the term autistic is used to refer to autistic individuals as this was the preferred term by the majority of participants and by the majority of autistic respondents when asked about preferences by researchers (Kenny et al., 2016). However, it is acknowledged that person-first language is the preference of most professionals (of which researchers are included) and so the search terms included both person first language (e.g. ‘with autism’, ‘on the autism spectrum’) and identity first language (i.e. ‘autistic’) in an effort to access all relevant research.

There are many research papers on the topic of autism and so (as shown in Table 2) additional specific search criteria were included to narrow the range of papers reviews and identify the most relevant findings.

Table 2

Inclusion and Exclusion Criteria for the Literature Review

Inclusion	Exclusion
Studies which included autistic teenage girls who were 18 or under age 18. Literature focused on the lived experiences of autistic girls. Research articles which explore/examine/discuss /evaluate the experience of autistic girls/women in masking/camouflaging. Quantitative, qualitative or mixed-methods studies. Papers written in English or available in English. Papers published in a peer-reviewed journal. Papers published from 2000-2020	Research articles based on the experience of men / boys / teenage boys identified as autistic/ on the autism spectrum / with diagnosis of autism. Papers which do not relate to the experiences of autistic people. Research articles not written in English or not available in English. Research articles published before 2000.

2.3.2 Databases Accessed

To identify appropriate studies for inclusion, searches for literature using the following relevant databases were undertaken: APA PsycInfo, APA PsycArticles, Psychology and Behavioral Sciences Collection, Education Source, ERIC, SocINDEX with Full Text using the EBSCOhost Research Databases Interface. Additional databases were originally used in the search but were removed as results were not useful (see Appendix G.1 for additional search information). As shown in Figure 1, the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) approach was employed to show the steps in selecting including papers from identification, screening, determining eligibility and inclusion (Moher et al., 2009).

2.3.3 Search Terms Identified

Table 3 contains the search terms used in the literature search for appropriate and quality research papers. A variety of terms was used for each collective name in an effort to capture all relevant papers (see Table 3). Details of the various searches completed (including databases used, search terms, inclusion criteria, limiters applied) are shown in Appendix G.

Relying on auto-searching feature of reference management software (e.g. EndNote) for a systematic review is inadequate when identifying duplicates (Qi et al., 2013) and creates a risk of a valuable article being incorrectly removed from the review. To reduce the potential for incorrectly excluding articles, the Bramer method algorithm in conjunction with hand-searching was employed (Bramer et al., 2016; Kwon, Lemieux, McTavish, & Wathen, 2015).

Table 3

Collective Search Terms

Search	Collective term	Search terms included
S1	‘autism’	‘autism’, ‘autistic’, ‘autistic person’, ‘Autism Spectrum Disorder’, ‘ASD’, ‘has autism’, ‘on the autistic spectrum’, ‘autistic spectrum condition’, ‘autistic spectrum conditions’, ‘ASC’, ‘person with autism’.
S2	‘teenage girl’	‘Teenage girl’, ‘teenage girls’, ‘female teenagers’, ‘adolescent girls’, ‘female adolescents’, ‘female adolescence’, ‘girls’, ‘young women’, ‘young ladies’, ‘female youth’, ‘secondary school girls’, ‘young females’.
S3	‘masking’	‘Masking’, ‘mask’, ‘camouflaging’, ‘camouflage’, ‘hiding’, ‘pretending’, ‘acting’, ‘blending in’, ‘disguise’, ‘masquerade’, ‘social masquerading’.

2.3.4 Citation Searches

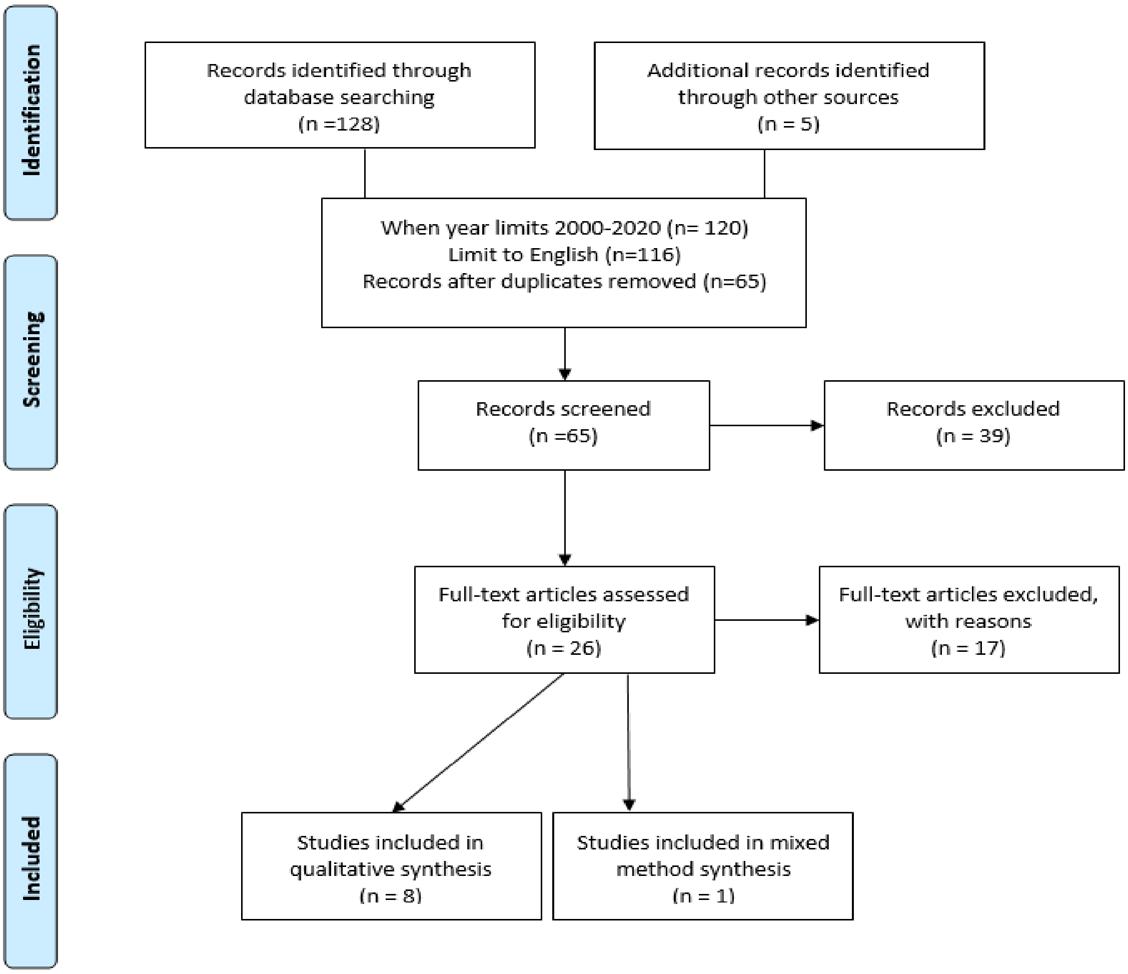
To ensure relevant research was identified, additional searches of references noted in retrieved papers took place. Citation searches on selected included studies took place to ensure additional pertinent research (which were not captured though the literature search) were included.

2.4 Reliability of Literature Review

As shown in Figure 1, records were first identified through searches. They were screened (for specific inclusion criteria) and selected remaining papers (n=65) were then further evaluated.

Figure 1

PRISMA Framework Employed in the Literature Review



Qualitative papers were evaluated using the Critical Appraisal Skills Programme (CASP, 2020); papers using mixed methods or quantitative approaches were evaluated using guidelines outlined by Creswell (2009) and CASP (2020), as appropriate (see Appendix G.2 for full details).

2.4.1 Evaluation of Literature Quality

2.4.1.1 Qualitative Papers

Papers using a qualitative approach were evaluated using CASP (2020) criteria. Quality papers were noted to have clear aims, an appropriate research design to address those aims, clear ethical consideration and appropriate recruitment approach, a data collection approach suitable for addressing the research issue, and a rigorous approach to data analysis; findings were presented and discussed, and the paper had value to the area of research. 14 papers using a qualitative approach were evaluated with eight selected for inclusion in the literature review based on quality and relevance to the research topic and approach (namely, the experience of autistic girls and women). Appendix G.2.2 contains the evaluated papers which were initially considered as relevant and provides information relating to their exclusion and inclusion in the research.

2.4.1.2 Quantitative Papers

Papers which used a quantitative approach were evaluated using guidelines from Creswell (2009) and elements of CASP (2020) as appropriate. Nine papers were evaluated using these guidelines and none were included in the literature review. Some were excluded on the basis of quality but the majority were excluded as they did not meet inclusion criteria in terms of relevance to the lived experience of autistic women (see Appendix G.2.4 for details).

2.4.1.3 Mixed Method Papers

Papers which used a mixed methods approach were evaluated using a combination of Creswell (2009) and CASP (2020) guidelines. This included consideration of their design, data collection approach, ethical considerations, rigour of data analysis, and value of findings. Three papers using mixed methods were evaluated with one chosen for inclusion in the literature review based on its validity and relevance to the research topic. Appendix G.2.3 contains the evaluated papers which were initially considered as relevant and provides information relating to their exclusion and inclusion in the research.

2.4.2 Limitations of the Literature Review

The researcher has attempted to complete a comprehensive and robust literature review. It is acknowledged that research focused on the lived "experience of autistic females remains in its infancy" (Tomlinson, Bond, & Hebron, 2019, pp. 217) and, as such, the depth of literature available for review was limited. The papers identified as of quality and relevance are synthesised and critiqued in the following section.

2.5 Overview of Studies

Following the evaluation of all eligible papers, nine papers were selected as reliable and with some relevance to the current research (see Appendix G.2.5). These papers were found to meet elements of the inclusion criteria and to address some element of the literature review questions (e.g., refers to masking, refers to female autistic experience, refers to teenage autistic girls). All papers were all published between 2015 and 2020, highlighting the room for development in the field of research related to the autistic female experience which has been noted as "in its infancy" (Lai et al., 2015b; as cited in Tint & Weiss, 2018, pp. 935).

Five of the studies were conducted in the UK (Tierney, Burns, & Kilbey, 2016; Sandland, 2018; Leedham, Thompson, Smith, & Freeth, 2020; Cook, Ogden, & Winstone, 2018; Bargiela, Steward, & Mandy, 2016), one was conducted in Finland (Pesonen, Kontu, & Pirttimaa, 2015), one in Canada (Tint & Weiss, 2018), one in Australia (Baldwin & Costley, 2016) and one with a multi-national cohort (Hull, Petrides, Allison, Smith, Baron-Cohen, Lai, & Mandy, 2017). Sample sizes varied significantly and included samples with only adult females (n = 2 to 20); with male, female and other gender participants (n = 92 to 282); girls (n = 6 to 10); and girls and their parents (n = 11). The age range for adults varied from 18-79 and for girls from 11-18.

In terms of approach, one study used a mixed methods approach (combining analysis of open comments, and statistical comparison), one used a focus group, six employed semi-structured interviews (via a variety of modes), and one used a semi-structured online survey.

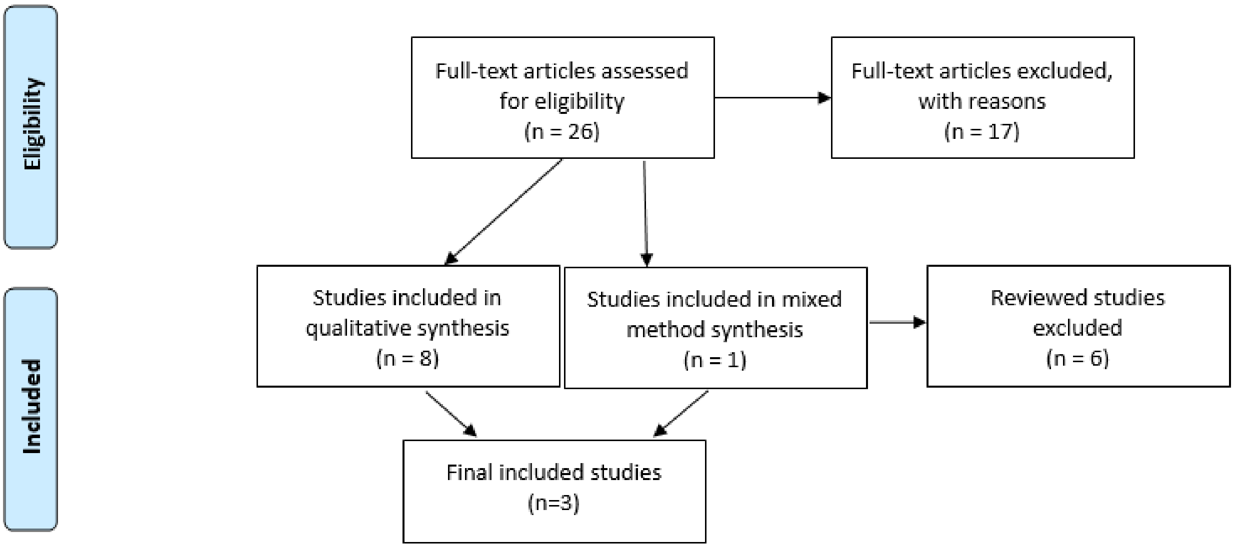
Six studies focused on adult participants and sought to explore a number of areas: one sought to understand life experiences of autistic women "at the 'high-functioning' end" of the spectrum and compare with male experience (Baldwin & Costley, 2016, pp. 484); one explored how women perceive support services (Tint & Weiss, 2018); two sought to explore the experience of late-diagnosed women (Bargiela, Steward, & Mandy, 2016; Leedham, Thompson, Smith, & Freeth, 2020), one attempted to conceptualise camouflaging (Hull, Petrides, Allison, Smith, Baron-Cohen, Lai, Mandy, 2017); and one sought to examine a sense of belonging and various life transition challenges for autistic adults (Pesonen, Kontu, & Pirttimaa, 2015). For the three studies which focused on autistic girls, one focused on the experience of learning, friendship and bullying (Cook, Ogden, & Winstone, 2018); one on social management strategies used to hide socio-communication difficulties (Tierney, Burns, & Kilbey, 2016); and one focused on understanding masking behaviours (Sandland, 2018).

2.6 Critique of Studies

The literature review questions sought to explore the experiences, motivations, insight of, and impact on, autistic teen girls in relation to masking. Although nine papers were found to meet aspects of the inclusion criteria, following critique using critical appraisal tools (as shown in Appendices G.2.2, G.2.3, G.2.4 and G.2.5), some of these were found to refer to only very specific elements of some of the literature review questions (such as including autistic women) or had very little relevance to the topic and are therefore excluded from a full summary and critique within the literature review. The 'included' section of the PRISMA framework was updated to reflect this further refinement (as shown in Figure 2).

Figure 2

PRISMA Framework, 'Included' Section Further Refined



As provided in section 2.4, Reliability of Literature Review (and Appendix G), the nine papers were evaluated using CASP (2020) and/or Creswell (2009) guidelines as appropriate. Of the nine papers, three are selected as having specific relevance to the literature review questions and are summarised and further critiqued below. A summary of the studies including a critique and relevant collective findings which relate to the literature review questions is provided.

2.6.1 Relevant Studies

The three studies which were rated as most relevant to the literature review questions are as follows:

(1) Sandland, B. (2018). Understanding the 'mask' in autism: girls' perspectives and the impact of wearing it. Good Autism Practice, 19(1), 5-13.

(2) Hull, L., Petrides, K.V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M.C., Mandy, W. (2017). “Putting on my best normal”: social camouflaging in adults with autism spectrum conditions. Journal of Autism & Developmental Disorders, 47, 2519–2534.

(3) Tierney, S., Burns, J., & Kilbey, E. (2016). Looking behind the mask: Social coping strategies of girls on the autistic spectrum. Research in Autism Spectrum Disorders, 23, 73-83.

2.6.1.1 Review of Sandland (2018)

Sandland, B. (2018). Understanding the 'mask' in autism: girls' perspectives and the impact of wearing it. Good Autism Practice, 19(1), 5-13.

Overview: In this paper, Sandland (2018) seeks to explore the experience of six autistic girls (aged 11-18) in using masking, asking whether girls make a conscious decision to mask difficulties, and if so, if this has an impact on their emotional and physical wellbeing. A qualitative approach was taken, using semi-structured interviews via online messenger, followed by thematic analysis (using Braun and Clarke, 2006 guidelines) and sharing of the findings with participants. Purposive sampling of participants was outlined, with Sandland (2018, pp. 6) noting they were “recruited from the author’s connections with local schools, past students and professional associations”. One participant (aged 11) was not asked for their input on masking but some of their responses are included under themes of masking in the section on findings and discussion.

Critique: This paper has value in attempting to understand the experience of autistic teen girls who mask. However, it could be argued that the sample of participants are not cohesive in terms of age range as there is a significant difference between 11- and 18-year-old girls in regard to life experiences and social demands. The use of online written questions allows for autistic participants to share their experiences without demand for verbal language however, it is possible that this approach prevented the researcher from determining if a participant was uncomfortable with a line of questioning and may have reduced the degree of rapport established. The paper refers to participants being shown a table of key statements from each participant (to increase reliability) and provides brief references to this during the section on findings and discussion but does not provide comprehensive information on the outcome of this process. Throughout the paper, some statements are made without citing supporting evidence, for example:

- Example 1: *“This might well explain why some autistic pupils appear to be fine at school (due to masking their problems and anxiety) and then have complete meltdowns at home when they can be themselves and release the stress and anxiety they have experienced in school. Such differences are frequently reported by parents of autistic children and can be a huge source of stress for the family and the child concerned.”* (Sandland, 2018, pp. 8).

- Example 2: *"Therefore in terms of the diagnostic process the parent is likely to be in possession of a higher degree of accurate information of their child's difficulties than identified at the diagnostic assessment".* (Sandland, 2018, pp. 9).

Findings: The themes identified were provided in the "findings and discussion" section of the paper, as follows: "*Masking: keeping quiet; Masking - adopting a specific persona; The impact of masking; Not masking; Effect of late diagnosis on parents; Impact of not masking; Masking: changes as they grew older"* (Sandland, 2018, pp. 6-9). The findings will be further critiqued, as they apply to the literature review questions, in section 2.6.2.

Future research: In closing, Sandland (2018, pp. 9) makes suggestions for further research in this area, specifically in regard to further exploring how to "enable autistic girls and women to drop the mask" and suggests this will "reduce their anxiety and enhance their wellbeing".

2.6.1.2 Review of Hull, Petrides, Smith, Baron-Cohen, Lai, Mandy, (2017).

Hull, L., Petrides, K.V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M.C., Mandy, W. (2017). "Putting on my best normal": social camouflaging in adults with autism spectrum conditions. Journal of Autism & Developmental Disorders, 47, 2519–2534.

Overview: In this paper, Hull et al. (2017) attempt to derive a conceptual model of camouflaging to inform future research. The 92 participants were autistic adults of 15 different nationalities. The age profile ranges from 18-68 for the 55 female participants, 22-79 for the 30 male participants, and 27-69 for the 7 other gender participants. A qualitative approach was used, using an online questionnaire (including closed and open questions) with the open question findings analysed using thematic analysis (using Braun and Clarke, 2006 guidelines).

Participants were recruited via the Cambridge Autism Research Database and on social media. The researchers developed a questionnaire about camouflaging (in consultation with clinicians, researchers and autistic adults) and asked autistic participants for their responses in relation to the items on the questionnaire using open and closed questions and providing the option of adding additional information if required by participants.

Critique: this paper sought to conceptualise camouflaging / masking for autistic adults; use of thematic analysis in this regard was beneficial. Coding of themes was identified and checked by additional researchers and member validation was also used with some participants (n=6). A strength of this paper was the gender make-up of participants (including high proportion of female and other gender participants which is an "under-represented population") (Hull et al., 2017, pp. 2531). Practical recommendations to support autistic adults (including allowing for recovery time for autistic adults after 'camouflaging' and to be aware of associated strains) were made. As recognised by Hull et al. (2017), a limitation was the exclusion of those without a confirmed diagnosis as it is possible that those who mask well (and have therefore not met diagnostic criteria) are excluded from the study. It is possible, that without first establishing the lived experiences of autistic adults who mask, the refining of the questionnaire may be missing some key elements. The questionnaire asked about specific elements known in masking but is likely it may have missed common shared aspects of masking for adults – which could arise in discussion with participants in semi-structured interviews or focus groups or a less restricted qualitative approach.

Referring to 'masking' as a subcategory of 'camouflaging' is a choice made by Hull et al. (2017, pp. 2532). Hull et al. (2017, pp. 2521) refer to Tierney et al.'s 2016 paper in relation to masking, but refer to it as "camouflaging", however, Tierney et al. (2016, pp. 79-82) do not use the term ‘camouflage’ and quote autistic participants as saying “masking” while the researchers use the term ‘masquerading’ (to refer to “peer-imitation/masking”). Within Hull et al. (2017), elements of autistic behaviour and presentation, which are referred to as ‘masking’ by other papers and by autistic participants in other research, is referred to as camouflaging (e.g. Baldwin & Costley, 2016; Tierney et al., 2016). As this area of research is in its early stages; it is possible that the term “camouflaging” will become the standard in research but may not reflect the language of the people it is meant to represent; it may be beneficial to ask the autistic community about their preferred terminology (as was done by Kenny et al., 2016 in relation to person-first language versus identity first language; whose findings noted a clear preference by autistic respondents different to the language used by professionals). As noted by Gillespie-Lynch et al. (2017, pp. 10) autistic people should be considered “autism experts” within autism research. It is recognised that Hull et al., 2017 appear to make a distinction between camouflaging (which appears to cover all aspects of the techniques used) and masking (which appears to be techniques used to appear neurotypical, as a subsection of camouflaging).

Findings: Seven themes, comprising 16 subthemes, were clustered into three stages of the camouflaging process: *motivations, what is camouflaging?, the short- and long-term consequences of camouflaging.* The themes identified were provided in the results section of the paper, as follows: *Assimilation: “hide in plain sight”; “To know and be known”; Compensation: “to exceed what nature has given”; Masking: “I’m hiding behind what I want people to see”; “I fall to pieces”; “People have a stereotyped view”; “I’m not my true self*” (Hull et al., 2017). The findings will be further critiqued, as they apply to the literature review questions, in section 2.6.2.

Future research: potential future research was suggested by Hull et al. (2017, pp. 2530) in the areas of ‘camouflaging’ across “the entire ASC population”; this was suggested in relation to gender, demographic characteristics, autism characteristics, and camouflaging behaviours to uncover any gender disparity, influence of societal pressure, impact on access to supports, and uncovering “psychological and interpersonal/contextual processes, and to devise strategies that minimise negative impacts of camouflaging and facilitate the realisation of maximal individual potential” (ibid, pp. 2532). In the discussion, Hull et al. (2017) also suggest examining the goals of masking (i.e. to appear like other people) and compensation (i.e. to compensate for social communication difficulties in order to make better connections) to determine if similar techniques are used for both goals.

2.6.1.3 Review of Tierney, Burns, & Kilbey, (2016).

Tierney, S., Burns, J., & Kilbey, E. (2016). Looking behind the mask: social coping strategies of girls on the autistic spectrum. Research in Autism Spectrum Disorders, 23, 73-83.

Overview: In this paper, Tierney, Burns and Kilbey (2016) sought to explore the experience of 10 adolescent autistic girls (aged 13-16) in using social management strategies, particularly masking / masquerading, to hide socio-communication difficulties to enable them to fit in with peers. A qualitative approach was taken, using semi-structured interviews and IPA analysis (using Smith & Osborn, 2009 procedures). Participants were recruited, using a purposive sampling approach, from CAMHS and autism affiliated charities.

Critique: Tierney, Burns and Kilbey (2016) put autistic participants and their voices at the foreground of this paper by seeking to understand their lived experiences. They created a semi-structured interview schedule from existing literature and piloted this with autistic teens.

Adjustments to accommodate participants with socio-communication difficulties were added and specific effort was noted to establish rapport and understand the social context of each participant. The use of an IPA approach is key in understanding the lived experience of participants and was appropriate for this research. The purposive sampling from CAMHS may have had implications on the findings, as eight participants were referred to CAMHS in relation to mental health difficulties and reported difficulties as a result of masking; future research using a more varied sample may find similar results but may also show individuals who mask without resultant mental health difficulties. The paper makes recommendations in relation to autism diagnostic criteria in relation to female autism presentation and in relation to gendered developmental framework. Recommendations are made for adaptive interventions to increase social accessibility where needed and also for supportive environments which would allow individuals to unmask.

As noted in the critique of Hull et al. (2017), the use of terminology in relation to the masking techniques is inconsistent across papers; Tierney et al. (2016) refer to masking, as do their participants, and they include reference to this in the title of the paper "looking behind the mask"; however, they also refer to masquerading.

Findings: Four key themes were identified, as follows: *"experiences of social environment, desire for friendships, overcoming challenges, developmental tasks".* The findings will be further critiqued, as they apply to the literature review questions, in the next section.

Future Research: The paper refers to the impact of masking in relation to autistic participants as having "negative repercussions on their psychological wellbeing" and suggests further research "may help understand how ability and/or awareness interplay with masquerading strategies" (Tierney et al., 2016, pp. 81-82).

2.6.2 Findings from Studies Relating to Literature Review Questions

The three selected papers were analysed in relation to the four literature review questions and the findings are outlined in the next four subsections of this chapter. The literature review questions (LRQ) are as follows: (LRQ1) what insights does research provide in relation to the experiences of autistic teenage girls who mask?, (LRQ2) what insights do studies provide regarding the impact of masking on autistic teenage girls?, (LRQ3) what insights do studies provide in relation to the motivation of autistic teenage girls in relation to their use of masking?, and (LRQ4) what is known about the insights autistic teenage girls have on their use of masking?

2.6.2.1 Findings from Reviewed Studies for Literature Review Question 1

The three reviewed studies were examined in relation to *LRQ1: What insights does research provide in relation to the* ***experiences*** *of autistic teenage girls who mask?*

Sandland (2018, pp. 6-9) identified themes in the "Findings and discussion" section of the paper which included some findings specifically related to the experience of autistic girls masking, as follows: "*Masking: keeping quiet; Masking - adopting a specific persona; The impact of masking; Not masking; Impact of not masking; Masking: changes as they grew older*". The experience of masking, as reported by participants, included reflections on motivations to mask, impact following masking interactions, and the increased demand for masking as they entered adolescence. Sandland (2018) notes that participants understood the term 'masking' as it applied to them, without the need for clarification or elaboration, and noted that five participants who were questioned about it had experienced masking. Sandland (2018) notes that participants' experience of masking differed, with some reporting putting on an act and others noting the strategy of copying what others did.

Hull et al. (2017)'s participants were not autistic teen girls but autistic adults of all genders. They focused on 'camouflaging' which appears to be used as an umbrella term under which they place 'masking'. Masking was described by Hull et al. (2017, pp. 2525) as encompassing "the aspects of camouflaging that focus on hiding one's ASC characteristics and developing different personas or characters to use during social situations" and makes a distinction between the presentation shown to the world and the 'true' behaviours of an individual. Of the seven themes (and 16 subthemes), one theme specifically addressed masking: "*Masking: I'm hiding behind what I want people to see"* and 69% female, 60% male, and 100% other gender participants reported experiencing masking (ibid, pp. 2524). Participants describe the experience of masking and camouflaging, noting a process of monitoring situations, judging reactions, and focusing on self-monitoring and self-awareness. Descriptions of preparation completed prior to interactions included planning topics of conversation, thinking of questions to ask and responses for others, and planning stories to tell; one young adult female participant noted, "*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 if the conversation 'dries up'*" (Hull et al., 2017, pp. 2527).

Tierney, Burns and Kilbey (2016) do not focus solely on the experience of masking but it is addressed in the "overcoming challenges" theme in their findings. Participants refer to the motivation to, and impact of, masking in social situations, and provide insight into when they feel their use of masking began. The experience of masking included "copying included facial expressions, postures, tone of voice, topic of conversation, [and] choice of interests” and the paper notes the “breadth of imitation was vast” (Tierney, et al., 2016, pp. 79). Participants describe the development and refining of their masking skills, as one participant, Laura notes: *“I see how other people act first then copy them in my own way . . . I change it a little bit so it’s not like I’m really copying them”* (Tierney et al., 2016, pp. 79).

There is little in the research specifically focusing on the experience of autistic teenage girls who use masking; this has led to the development of *Research Question 1: What are the experiences of autistic teenage girls who mask?*

2.6.2.2 Findings from Reviewed Studies for Literature Review Question 2

The three reviewed studies were examined in relation to *LRQ2: What insights do studies provide regarding the* ***impact*** *of masking on autistic teenage girls?*

Sandland (2018, pp. 7) notes four participants felt there were emotional and physical implications of masking, with some noting, “*it’s like it is ripping my heart”* and likened it to a rising panic found in phobias: “*pressure, how I imagine claustrophobia feels”*. Participants reported that the impact of masking included feelings of anxiety and fatigue following masking interactions, noting, it is *“exhausting and anxiety provoking”* (ibid, pp. 7), and leaves autistic girls *“emotionally drained”* (ibid, pp. 8). Sandland (2018, pp. 8) notes emotional and physical consequences of masking, suggests this is linked to anxiety (citing Lai et al., 2011) and queries a potential “vicious circle which may arise through the relationship of masking and emotional or physical ill health” (citing Clements & Zarkowsta, 2000; and Attwood, 2016).

Hull et al. (2017) noted that the most consistent impact of masking and camouflaging for autistic adult participants was exhaustion. Participants described the toll that masking can have on autistic people, noting it is "mentally, physically, and emotionally draining" and reporting needing recovery time to "release" the supressed behaviours (ibid, pp. 2527). Some participants also reported increased anxiety and stress following a 'camouflaging session'; this appears to be related to the pressure to camouflage successfully and includes their own judgements about whether their efforts were effective. One female respondent noted, "*I hate it. I go over and over and over what they said and what I said. Did I understand them correctly, did I respond appropriately, did I make a gaffe? Have I offended anyone?"* (Hull et al., 2017, pp. 2527).

Tierney et al. (2016) noted, within the theme of "overcoming challenges", that most participants referred to imitating and acting; with some referring to sophisticated levels of peer-imitation. As with Hull et al. (2017) and Sandland (2018), Tierney et al. (2016) notes the impact of masking on participants is exhausting. One participant, Gemma, noted, "*it's very hard and when I came home from my primary school I was very exhausted and tired cos I'd acted so much"* (Tierney et al., 2016, pp. 79). The repercussions of masking and coping with social situations were reported as "severe" for many participants, resulting in anxiety and depression and eight of the ten participants becoming involved with CAMHS at some point for mental health difficulties including self-harm, and suicide ideation. An additional negative impact related to identity crisis for some participants and struggling to let others know their true feelings or access support as their masking strategies were so effective: *"[teachers] didn't believe me that I was upset because I was always happy cos I was trying to mask that I was upset"* (ibid, pp. 79). As a result of the challenges of masking and the subsequent negative impact on many participants, several developed secondary mental health difficulties which resulted in referral for support and six participants received a diagnosis of autism arising from this process.

2.6.2.3 Findings from Reviewed Studies for Literature Review Question 3

The three reviewed studies were examined in relation to *LRQ3: What insights do studies provide in relation to the* ***motivation*** *of autistic teenage girls in relation to their use of masking?*

Participants in Sandland (2018) note a range of motivating factors for masking including avoiding negative judgements. A key motivation for one participant was to "hide the autism symptoms". Another participant, Emily, noted the preference to hide true feelings to avoid being "pitied" and noted that girls worry *"that if they share what they are really thinking they might get judged on their opinion. That is why most girls put up a 'wall'"* (Sandland, 2018, pp. 6). Participants reported avoiding talking until in trustworthy company, a degree of nervousness around others, and avoiding stimming around neurotypical people as it would *"confuse and unsettle them"* (ibid, pp. 7).

Similar to Sandland (2018), adult participants in Hull et al. (2017, pp. 2523) reporting using camouflaging to *"blend in with the normals"*, citing social expectations from the general population, and a pressure to change behaviour (in relation to social and communication skills, and unique behaviours and interests), with one female participant noting, *"I don't want to draw attention to myself by appearing to be different"* (Hull et al., 2017, pp. 2523). Motivations of participants including making aspects of their autism "less obvious" to others (including masking their sensory needs) in order to improve employment opportunities, fit in, and reduce the threat of being "ostracised, verbally or emotionally attacked", or assaulted (ibid, pp. 2525). Some participants reported using masking and camouflaging to reduce the "risk of failure" and related anxiety and embarrassment during social interaction (ibid, pp. 2525). Some reflected on the motivation to improve relationships, especially in the early stages of a friendship or relationship, with one female participant noting, *"Connections have to be made initially on neurotypical terms. Then, hopefully, on my terms as well"* (ibid, pp. 2525).

Tierney et al. (2016, pp. 79) note that attempts to imitate peers "were driven by a strong desire to not stand out as different to them". While participants went to great lengths to observe and imitate peers, they were also motivated to disguise their imitation as there was a fear of being "caught out". All 10 participants reported feeling anxious and unhappy in social situations and were motivated to mask these feelings sometimes based on fear of losing a friendship if their "true feelings" were revealed.

2.6.2.4 Findings from Reviewed Studies for Literature Review Question 4

The three reviewed studies were examined in relation to *LRQ4: What is known about the* ***insights*** *autistic teenage girls have on their use of masking?*

Girls in Sandland (2018) provided insight into how they experience their use of masking. One participant noted she masked by adopting a different persona, as she felt it was expected by society, and another participant noted masking caused damage to her sense of self and her identity. Sandland (2018, pp. 7) refers to Attwood (2007) in this area, noting that masking of an autistic girl's personality is done in order to present what is perceived by them as a "socially acceptable" personality. Participants in Sandland (2018) reported remaining quiet when with neurotypical peers and analysing social situations to decide what behaviour was required or expected. Three participants reported not wearing "a mask" with family members and feeling safe to be themselves in the company of family.

Adult participants in Hull et al. (2017) provided detailed insight into their use of camouflaging and masking. Participants described situations which they felt required masking, strategies which they found effective, emotional responses to masking, and reasoning for using masking. Young adult female participants were noted as providing insights including one who noted the process of portraying different characters according to the situation, noting the following: *"I have a repertoire of roles for: cafe work, bar work, uni, various groups of friends, etc. They are all me at the core, but they are edited versions of me, designed to not stand out for the 'wrong' reasons"* (Hull et al., 2017, pp. 2526). Adult participants reported regretting camouflaging as they felt it had altered their perception of themselves through how they presented themselves to others. Some younger adult participants did not appear to have a similar insight and were quoted as feeling exhausted *"constantly having to be something else"* (ibid, pp. 2529), with one female teen participant feeling they would always need to mask, noting, *"I don't think I'll ever completely stop wearing the mask. It's a defence mechanism really"* (ibid, pp. 2525).

Participants in Tierney et al. (2016, pp. 80) noted the insight from participants that adolescence brought about a greater demand for masking and identified the change from primary to secondary school as a time when "difficulties emerged". Participants identified why this period was challenging for them, and how it impacted on their motivation, experience and outcome of masking. Although some participants noted difficulties at a younger age, those became particularly challenging in adolescence and changes in social expectations served as an additional trigger for challenges. Participants recognised the increased demand for socio-communication skills (required in making new friends in a new school) as a particular challenge, with one participating, Emily, noting "*If they just decided "I'm gonna list a giant book of teenage girl etiquette so that . . . every single teenage girl has to live to these standards"*

. . . if only that happened . . . I'd be able to interact with them in the right way" (Tierney et al., 2016, pp. 80).

The available research was sparse in terms of papers which specifically focused on the insights of autistic teen girls who mask which has led to *Research Question 2: What sense do autistic teenage girls make of their masking?*

2.7 Limitations of Previous Research

From viewing the reviewed papers (with a specific focus on the three papers reviewed in more detail within this chapter), it is clear there are gaps in the literature in relation to autistic girls and young women. It was noted on more than one occasion that the research in this area is "in its infancy" (Tomlinson, Bond & Hebron, 2019, pp. 217; and Lai et al., 2015b, as cited in Tint & Weiss, 2018, pp. 935). Tierney et al. (2016, pp. 74) note a gap in research in relation to the "direct experience" of autistic teen girls "specifically focusing on the strategies used to manage their neuro-atypical development". These gaps include lack of exploration of the terminology the autistic community prefer in relation to masking / camouflaging (with papers reviewed using masking, masquerading, and camouflaging); the evidence that encouraging autistic girls to drop their mask would not cause them additional social pressure within their community and peer groups to maintain a neurotypical presentation; an overall limited insight into the lived experience of autistic teen girls and an understanding of their social and emotional experiences in particular; little exploration of how teen girls felt while masking and how this changed (if at all) if they stopped masking; how autistic girls manage new social situations (or experience expectations of managing new social situations) while masking and when not masking; and there was limited exploration of the overlap of sexism, societal expectations of girls and women, and the apparent prevalence of masking among autistic girls and women.

The reviewed studies noted a variety of theoretical perspectives which relate to this research; Tierney et al. (2016) discuss the gendered social expectations across the lifespan which impacts on autistic teen girls (specifically in female adolescent friendships) and the deficit in social skills at this developmental point being under-recognised in screening tools (such as in the ADI-R). Tierney et al. (2016) also note the lack of research designed to focus on gender differences and the underrepresentation of the female presentation of autism in research which impacts on the reduced identification of autism in girls. This study's focus on autistic teen girls and their lived experiences is important in furthering understanding of how autistic teen girls experience their masking and their insights on their use of it.

2.8 Implications for the Current Study

As seen in the Figure 1 and Appendix G.2.5, there are studies which address an element of the female autistic experience, however, these are limited in number and scope. As was evident in the literature review, the lived experience of autistic teen girls from their own perspective is under-researched.

The three studies reviewed used qualitative approaches: online written semi-structured interviews and thematic analysis was used by Sandland (2018); an online questionnaire including closed and open questions and thematic analysis was used by Hull et al. (2017); and semi-structured interviews and IPA analysis was used by Tierney, Burns, & Kilbey (2016). Of the studies reviewed, only one focused on the experience of autistic teen girls masking but did not use an IPA approach (i.e. Sandland, 2018). One used an IPA approach and explored social coping strategies but did not specifically focus on masking (i.e. Tierney, Burns & Kilbey, 2016). If research is to understand the lived experience of participants, an IPA approach is key (Smith, 2015) and so this approach is missing from the literature in relation to the experience of autistic teen girls who mask. There has been limited exploration of the experiences of autistic girls who mask; little is known about their understanding of their experiences of masking, and the sense they make of their masking. A more detailed focus on this experience may contribute towards a greater understanding of their phenomenological experience; this could help increase awareness amongst the professionals and families who aim to support autistic girls, as well as, more importantly, increasing the understanding of this shared experience in the autistic community.

The research questions identified, as a result of the literature review, aim to address gaps in the literature. The questions are, as follows:

- **Research Question 1:** What are the experiences of autistic teenage girls who mask?
- **Research Question 2:** What sense do autistic teenage girls make of their masking?

The following chapter will address the methodology by which the questions will be examined.

End of Chapter 2

Chapter 3. Methodology

3.1 Contents of Methodology Chapter

This chapter outlines the research questions and the epistemological and ontological positioning arising from the key questions. The design of the study, including recruitment of participants, data collection, and data analysis within the context of a qualitative and IPA methodology, will be described. Ethical considerations and methods of supporting validity are also outlined.

3.2 Research Questions

The purpose of the research was to gain insight into the lived experience of autistic girls in situations in which they attempt to mask social differences in various social environments. The research set out to understand and explore the experiences of autistic teenage girls and to establish what sense the girls make of their masking. The research is exploratory and aimed to gain a better understanding of the unique experience and perceptions of autistic girls who use masking strategies. As shown in the Literature Review, their perception of the processes used to learn, implement and experience masking is not yet understood. The questions outlined in Table 4 were used to guide the research.

Table 4

Research Questions (RQs)

RQ1 What are the experiences of autistic teenage girls who mask?
RQ2 What sense do autistic teenage girls make of their masking?

3.3 Philosophical Position and Orientation

The ontological position joins epistemology in informing the theoretical perspective of research as it has influence in relation to methods, analysis and philosophical position. Findings can embody both the researcher's views about what exists (ontology) and how we can come to know about it (epistemology) (Crotty, 1998) and the research paradigm must be congruent with the researcher's beliefs about "the nature of reality" (Levers, 2013, pp. 2, citing Denzin & Lincoln. 2005, pp. 183). Ontology and epistemology are "two distinct concerns" and are outlined separately (Willig, 2016, pp. 3).

3.3.1 Ontology

Ontology is the "study of being", concerned with the creation of reality or "what is" (Crotty, 1998, pp. 43). The ontological position of the researcher plays a key role in informing the theoretical perspective, as it establishes the form of understanding that will support analysis (Crotty, 1998). In this research, a relativist ontology is adopted. This is the belief that reality exists in our thoughts, is a "finite subjective experience", and the subjective experience of reality is reality (Denzin & Lincoln, 2005, as cited in Levers, 2013, pp. 2; Guba & Lincoln, 2005). Willig's (2016, pp. 3) assessment that "ontological relativism is probably not actually compatible with doing research" is acknowledged but it is noted that it was the philosophical aim of the researcher to lean towards a relativist ontology (on the spectrum from realist to relativist) as far as is practicable (despite having beliefs which could be argued to contain some realist assumptions in terms of what exists). The focus of this research, however, notes that individuals have different worlds based on their subjective experience of the world (Stajduhar, Balneaves, & Thorne, 2001); the purpose of research from a relativist ontology is to "understand the subjective experience of reality and multiple truths" (Levers, 2013, pp. 2) and recognises that all research analyses and processes are socially constructed in particular discursive contexts (Griffin, 2000; as cited in Willig & Stainton-Rogers, 2017). A relativist ontology accepts that each individual has a unique perspective and subjective perceptions; the experiences of autistic teenage girls are subjective, and, exploring these allows insight into their personal world of experiences and how they make sense of them.

3.3.2 Epistemology

Epistemology is philosophically linked to ontology and is concerned with how we know what we know or 'the theory of knowledge' (Davis, 1991, pp. 406) and the methods used in relation to gaining an understanding of social reality (Grix, 2010). As with ontology, there is a spectrum of epistemological positioning available, within qualitative psychology from "radical relativist to naïve realist" (Madill, Jordan, & Shirley, 2000; as cited in Willig, 2013, pp. 11). Logically, ontological positions confine epistemological beliefs (Annells, 1996). The epistemological position most closely aligned to responding to the Research Questions is constructivism, referencing both Vygotsky's social constructivism and Piaget's cognitive constructivism in acknowledging that knowledge and learning can be understood as both a social and cognitive process, "not either-or" (Cobb, 1994, pp. 14). Constructivism focuses on how the individual "cognitively engages in the construction of knowledge"; social constructivism focuses on how "knowledge and meaning are historically and culturally constructed through social processes and action" (Young & Collin, 2004, pp. 373). This position is based on a subjective epistemology which has its foundation in relativism; it accepts that meaning of knowledge is individually constructed internally and acknowledges the belief that our understanding and interpretation of our experience is "filtered through" many lenses including "language, gender, social class, race, and ethnicity" (Denzin & Lincoln, 2005, pp. 21). It is the epistemological position that acknowledges "unaffected knowledge of an external reality is not possible beyond individual reflections and interpretations" (Levers, 2013, pp. 3).

3.4 Research Approach

3.4.1 Qualitative Methodologies

A qualitative approach was selected to respond to the Research Questions (RQs). The aim of qualitative research is to explore the “individual experiences, beliefs, and perceptions” of participants (O'Reilly & Parker, 2014, pp. 5). Within qualitative research, Kidder and Fine (1987) distinguish two types of research, namely, big Q and little Q. ‘Big Q’ refers to open ended methodologies and focuses on exploration of meanings; this was the approach selected for this research (Kidder & Fine, 1987; Willig & Stainton-Rogers, 2008). Qualitative research tends to be concerned with the “quality and texture of experiences” rather than a focus on cause-effect relationships (Willig, 2013, pp. 17). Qualitative methodologies, to varying degrees, recognise that the researcher is “implicated in the research process” (Willig & Stainton-Rogers, 2017, pp. 292). As this research aimed to examine lived experience of participants, and the “meanings attributed to events” by participants themselves, it was “process research” in which the research aims transcended outcomes and focused attention on the process itself, to help learn how it feels to experience a phenomenon (Willig, 2013, pp. 8; O'Reilly & Parker, 2014; Rishel, 2007). The use of qualitative research can give insight to professionals working with particular groups; professionals can use the research to gain a clearer understanding of the participants’ experiences and enable them to offer support to that specific population “in a more sensitive way” (Kearney, 2001, pp. 151). The research aimed to better understand the experience of autistic teenage girls; it was focused on a small sample, and sought to generate knowledge about the quality of the experience as well as its meaning within a particular social and cultural context. As noted by Willig and Stainton-Rogers (2017), qualitative researchers aim to create various types of knowledge; this research focused on phenomenological knowledge as most suitable for the RQs.

3.4.2 Phenomenological Knowledge

A phenomenological approach was used as the aim is to understand the subjective experience of the participants. Phenomenology is the study of consciousness (or the study of “phenomena”) (Smith, 2018, pp. 1). A phenomenological approach focuses on “conscious experience as experienced from the subjective or first-person point of view” (Smith, 2018, pp. 2). Phenomenological research aims to understand a participant’s experience, namely, what it feels like to have their experience, which can include reference to various types of experience such as “memory, imagination, emotion […] bodily awareness […] social activity, including linguistic activity” (Smith, 2018, pp. 2). It does not focus on determining if the participant is accurate in their account of an event as the focus is on the “knowledge of the quality and texture of the experience itself” (Willig & Stainton-Rogers, 2017, pp. 355). A phenomenological approach is concerned with the ways we experience things and the meaning of these things in our experience (Smith, 2018). Although this research leans towards a relativist approach, it is acknowledged that there is an attempt to note something ‘real’ within the research, that is, the participants’ experience which is comprised of their thoughts, perceptions and feelings (Willig & Stainton-Rogers, 2017).

Phenomenology allows the researcher to “understand and give voice to the concerns of participants” and, when interpreting the experience, “contextualise and make sense of these claims and concerns from a psychological perspective” (Larkin, Watts, & Clifton, 2006, pp. 102). Phenomenology allows us to note the distinctions between objective and subjective, between internal and external worlds, and acknowledges an understanding that a relationship exists between one’s mind and the world (Howell, 2013).

The aim of research which takes a phenomenological approach is to "get as close as possible" to the participants' experiences by entering "their experiential world by stepping into their shoes and looking at the world through their eyes" (Willig, 2013, pp. 13). IPA allowed the researcher to use a clear and systematic approach that captures something of "the essence of the phenomenon under investigation" (Willig, 2013, pp. 91). Within this research, the phenomenon being explored is the experience of autistic teenage girls and their experience of masking social difficulties. The research does not aim to be generalisable to whole populations but, through using a phenomenological approach, allows illumination of "autistic experiences" not readily available through other qualitative approaches (Howard, Katsos, & Gibson, 2019, pp. 1874).

3.5 Use of IPA

3.5.1 Rationale for Choosing IPA

Interpretative Phenomenological Analysis (IPA) was employed in the research design. IPA is committed to the systematic exploration of personal experience (Brooks & King, 2017). It allows a focus on the experiences in a homogeneous sample on a specific topic and acknowledges the convergence and divergence within a participant group's experience of a phenomenon and individual comparisons within the group (Hefferon & Gil-Rodriguez, 2011; Smith, 1996; Smith, Jarman, & Osborn, 1999). The aim of the method is to explore the participant's personal meaning and experience of a phenomena rather than provide objective explanations. It is acknowledged that the meanings assigned by the participants to their respective experiences are subjective constructions emerging from their interactions with others (Brooks & King, 2017). This is in line with the epistemological position of the research, as constructivism acknowledges that, although the meaning of knowledge is internally constructed, this interpretation of our experience is “filtered through the lenses of language, gender, social class, race, and ethnicity” (Denzin & Lincoln, 2005, pp. 21).

By using IPA, the researcher was able to gain a greater understanding of the participant’s psychological worlds while also acknowledging that this insight is achieved indirectly (Smith et al., 1999). This approach allowed each participant to be acknowledged as the expert of their lived experiences, as well as allowing the researcher to identify shared experiences and diversities of experiences among the participants through the data analysis process (Cridland et al., 2014). IPA has an important role in EP research (Hefferon & Gil-Rodriguez, 2011) and draws upon the fundamental principles of phenomenology, hermeneutics, and idiography; these are outlined below to highlight how they relate to this research study (Pietkiewicz & Smith, 2014).

3.5.2 Hermeneutics

IPA acknowledges that researchers are dependent on their own conceptions to make sense of the participant’s personal world through a process of interpretation, namely, the hermeneutics of meaning-recollection (Smith & Osborn, 2015). IPA study is a dynamic process with an active role of the researcher using interpretative activity, which influences the extent to which participant’s experiences were understood and the sense made of the participants’ personal world (Pietkiewicz & Smith, 2014).

The combining of the hermeneutics of empathy with a hermeneutics of questioning (during which the researcher attempted to understand and illuminate the experiences of the participant) was appropriate in exploring the experiences of autistic participants (MacLeod et al., 2018). Through the “process of intersubjective meaning-making” (Larkin & Thompson, 2012, pp. 99), participants interpreted their experiences through their individual lenses (related to background, lived experience, etc.) and these were then further interpreted by the researcher through her own lenses (related to lived experience, language, culture, etc.). The use of IPA with autistic participants allows the experience of participants to be explored and includes a process during which sense making can require acknowledging an “externally imposed identity or aspect thereof” (MacLeod et al., 2018, pp. 685). A dual interpretation process (or double hermeneutic process) was used in analysis which involved the participants making meaning of their world and the researcher attempting to decode that meaning (Smith & Osborn, 2007). Although participants had different lenses, their interpretations were all interpreted through the lens of the researcher which allowed for the hermeneutic circle (whereby one can move from “parts and whole” between participants’ data and within their individual interviews) to be honoured and held in mind by the researcher (Montague, Phillip, Holland, & Archer, 2020, pp. 25).

3.5.3 Idiography

Idiography, or the focus on the particular rather than the universal, is a key principle of IPA (Smith, 1995). The idiographic approach involves in-depth examinations of single cases and individual perspectives in unique contexts. While not avoiding making generalisations, single cases are explored in detail which allows understanding of ‘the particular’ and may give insight to the ‘universal’ (Smith, Flowers & Larkin, 2009). The use of idiography and deep individualised analysis allows a more informed learning and greater understanding of participants’ “thoughts, beliefs and behaviours” (Noon, 2018, pp. 76). The researcher examined the experiences of the participants and highlighted shared themes, generated in analysis, and exemplified them with individual narratives (Pietkiewicz & Smith, 2014).

Idiography’s concern for individuality is supported by meticulous “finely-textured analysis of contingent, unique and often subjective phenomena” (Moses & Knutsen, 2012, as cited by Noon, 2018, pp. 76). IPA allowed for an inductive approach and a higher level of interpretation (Smith, 2004). It provided opportunity within the research to undertake a thorough and synthesised analysis of the participants’ attempts to make sense of their unique experiences of masking and view this with an understanding of context and against a range of theoretical perspectives (Sewell & Hulusi, 2016). The use of IPA and idiography allowed for a greater focus on specific reflections and experiences of a small group of participants “as opposed to the general insights of many” (Charlick et al., 2015, as cited in Gauntlett et al., 2017, pp. 70).

3.5.4 Phenomenology in IPA

As outlined in sections 3.4.2 and 3.5.1, a phenomenological approach was used in this research as the aim was to understand the subjective experience of the participants. IPA is phenomenological in that it aims to explore and understand the lived experience of a specific phenomenon, in this case, the lived experience of autistic girls who mask (Gauntlett et al., 2017; Smith, 2018; Smith, 2004).

IPA is phenomenological as it attempts to explore personal experiences and is concerned with the participants’ personal perception of an event or experience as opposed to an attempt to produce an objective account of the same event or state (Smith & Osborn, 2015). IPA aims to investigate how individuals make sense of their experiences and assumes that individuals are ‘self-interpreting beings’ who actively interpret the events and objects in their lives (Taylor, 1985, pp. 45). Phenomenology is concerned with focusing on the way things appear to individuals in experience and IPA attempts to recognise the “essential components of phenomena or experiences" which make a given phenomenon unique (Pietkiewicz & Smith, 2014, pp. 8).

The aim of research which takes a phenomenological approach is to "get as close as possible" to the experiences of the participants, and to understand the participants' experiential world by attempting to step "into their shoes" and look at "the world through their eyes" (Willig, 2013, pp. 13). Within this research, the phenomenon that was explored is the experience of autistic teenage girls and their experience of masking. The research did not aim to be generalisable to whole populations but, through using a phenomenological approach, "may illuminate autistic experiences in a way that other qualitative approaches do not" (Howard et al., 2019, pp. 1874).

3.5.5 Limitations of IPA

Willig (2013) suggests areas of criticism in relation to the use of IPA. The limitations relate to the role of language and its impact on the suitability of accounts, and the focus on descriptive accounts.

In relation to the role of language in IPA, it is noted that language is the means by which the participants attempt to communicate their lived experiences. This process assumes that participants have the language skills necessary to capture their experiences and the subsequent analysis relies on the "representational validity of language" (Willig, 2013, pp. 94). It is noted, however, that language 'constructs' rather than 'describes' reality (ibid); it is acknowledged that meaning is added to the description of the experience by the words chosen. Through this, the interview transcript can provide a greater insight into how the participants talk about a phenomenon (within a given context) than the experience itself. The availability of a way of talking provides the "categories of experience" and in this way, "language precedes and therefore shapes experiences" (Willig, 2013, pp. 94). In this understanding, language specifies what "we can think and feel" rather than being the means by which we express our experiences alone (Willig, 2013, pp. 94). This is interpreted through use of the double hermeneutic process and understood based on the language and understanding available to the researcher (reliant on culture, education, native language, etc). As this will vary for all participants and all researchers, language can be unreliable for gaining understanding of an individual's experience (Willig & Stainton-Rogers, 2008).

The aim of IPA is to explore the experience of a given phenomenon to create a clearer understanding of it. It attempts to capture both the experience of, and meanings associated with, a phenomenon. Phenomenology relies on "participants' descriptions of their experiences" and not a philosophical introspective mediation by the researcher on a given experience (Willig, 2013, pp. 95). Smith et al (1999) note that IPA can be explanatory and exploratory as the analysis allows for comparison of themes emerging across participants' accounts and notes theories can be generated in discussion. As such, the suitability of participants' accounts, can depend on their ability to communicate the richness of their experience; although this can limit some participants, use of visual supports make this method accessible for a wider group (Willig, 2013).

Within IPA, the focus is on perception and how the world and specific phenomena are experienced by participants (O'Connor & Hallam, 2000; as cited by Willig, 2013). 'Reality', in IPA, is what participants "perceive it to be" (Kvale, 1996, pp. 52, as cited in Willig, 2013, pp. 95). The findings are descriptive but not explanatory in relation to the differences in participants' phenomenological representations. To understand the differences, and move beyond descriptive accounts, understanding and awareness is required in respect of the conditions that gave rise to the experiences. These conditions can include “past events, histories or the social and material structures” within the participants’ lived experiences (Willig, 1999, as cited in Willig, 2013, pp. 95).

3.6 Research Design

3.6.1 Participant Recruitment Process

Participants were recruited because of their lived experiences of masking. Participants were self-selecting, having seen a request for participants through autism support services or posts on social media. Autistic teenage girls, who are aware of their diagnosis, indicated that they mask social differences and are comfortable with an interview were asked to participate in a semi-structured interview. Exclusion criteria applied to girls who reported never masking or who were previously known to the researcher. Some autistic girls may have difficulties in using verbal language, or have preferences to communicate nonverbally, but participants were not excluded on the basis of their communication style. The study used a purposive sample of participants who met the outlined inclusion and exclusion criteria (Willig & Stainton-Rogers, 2017). As recommended, the sample size was small and reasonably homogenous but also broad enough to capture facets of the phenomenon of the lived experience of masking features of autism (Smith, Flowers, & Larkin, 2009; Willig & Stainton-Rogers, 2017).

3.6.2 Context of the Study

Links to a screening survey were advertised by a number of Irish Autism support groups (screening survey in Appendix D). Autistic teenage girls who completed the survey online, who lived in Ireland, indicated that they masked, and provided personal and parental consent were included. Each participant gave consent prior to the survey, at the end of the survey in relation to the interview, and again via video link for the interview. Prior to the interview, all participants and their parents/guardians were sent information sheets (written and with visual support) and consent forms. Links to the screening survey remained in place until all interviews were completed and consent was not withdrawn by participants (see Appendix B and Appendix C for information sheets and consent information).

Table 5

The Recruitment Process

- Autism support charities were emailed in relation to advertising for participants.
- Screening questionnaire and the language used in questionnaire were approved by autistic board trustees of a charity.
- Charities advertised to their members (by email or by posting a link to information sheets on their websites).
- Posts linking to the survey were made on social media.
- Participants read the information about the research, noted parental consent to complete the online survey, and provided contact information for interviews.
- More detailed information sheets and consent sheets were sent to potential participants prior to their interview.
- The participants and their parent/guardians gave written and verbal consent (by email or text and by phone).
- Potential participants who did not wish to participate in the data collection process were excluded.
- Interviews were arranged based on participant preferences for time and date.
- Participants were advised of the topics likely to be discussed during interviews.
- Participants (and a supportive adult, if preferred by the participant) were met online and consent information was reviewed.
- Information about the study was discussed.
- Interviews were completed via video link and audio recorded.

3.6.3 Sample Size

The sample size was, in part, determined by the number of participants who identified as using masking strategies in the screening questionnaire, provided their parent/guardian details for consent, were available for interview, and did not withdraw consent throughout the process. Ten potential participants were contacted regarding participation and four were recruited. The remaining six did not meet inclusion criteria or did not wish to participate during the data collection phase. The sample was reviewed as each interview was transcribed.

Sample size was deliberately kept between four and six participants (as recommended for professional doctorates by Clarke, 2010). As discussed by Smith et al. (2009, pp. 56), there is no "right answer" to the question of sample size and, it is somewhat defined by who was "prepared to be included" (Smith, 2007) but, to allow the idiographic commitment of IPA to be fully adopted, a smaller sample size was chosen (Noon, 2018).

3.6.4 Overview of Participants

As agreed during the consent process, the data gathered during interviews was anonymised. Names of participants were replaced with pseudonyms and the data was reviewed to remove identifying anecdotes or specific information (relating to specific location or people). The participates are summarised in Table 6.

Table 6

Overview of Participants

Pseudonym	Age	Age at diagnosis	Reference to therapeutic input	Current education placement and year group
Róisín*	18	13	CAMHS briefly for assessment. Private therapist for several years	Home school for last academic year (previously in second level school). Leaving Certificate Year** (6th Year)
Michelle	15y11m	13	Private assessment following mental health difficulties	Second level school. Pre-Leaving Certificate Year (5th Year)
Emily	16y10m	4	No	Second level school. Pre-Leaving Certificate Year (5th Year)
Colette*	17	17	Private assessment after sibling’s diagnosis	Second level school. Pre-Leaving Certificate Year (5th Year)

* Mother attended interview. ** Leaving Certificate Year (6th Year) is the final year of second level school in Ireland. Leaving Certificate examinations are equivalent to A-Levels in the UK school system.

3.7 Data Collection Method: Semi-Structured Interviews

3.7.1 Semi-Structured Interviews

Semi-structured interviews were used for data gathering in this study. Semi-structured interviews are recommended for IPA data collection as they facilitate rapport which allows greater insight into the “psychological and social world” of participants, allows flexibility of topics covered, allows the interviewer to explore novel areas, and is noted to “produce richer data” (Smith & Osborn, 2009, pp. 57-59). Smith & Osborn (2009) note the advantages and disadvantages of semi-structured interviews in IPA research, summarised in Table 7.

Table 7

Advantages and Disadvantages of Semi-Structured Interviews

Advantages	Disadvantages
Facilitates rapport and empathy	Reduces the control the investigator has over the situation
Allows a greater flexibility of coverage	
Allows the interview to go into novel areas	Takes longer to carry out
Tends to produce richer data	Is harder to analyse

Semi-structured interviews are a flexible data collection instrument which allow the researcher and participant to engage in a dialogue once rapport has been established, respond to initial questions, modify interview schedule or questions in response to participants' leads, and probe interesting areas which arise which the researcher may not have previously identified when preparing the schedule (Smith & Osborn, 2009). The researcher has an interest in a specific area and has questions on this area, however, they are guided by a wish to try to enter, as far as possible, the psychological and social world of the respondent and so it is the participant who ultimately guides the direction of the interview by introducing new ideas. It is the role of the researcher to facilitate a space in which the participant will be asked to reflect on aspects of their experiences that are most likely to be relevant to understanding the specific phenomena being explored (Spiers & Smith, 2017). The participants are the experts on their own experience and their own telling of that experience and are allowed "maximum opportunity to tell their own story" (Smith & Osborn, 2009, pp. 59). It is vital that the researcher listens and responds to the participant and follows up on points she raises to allow discovery of participant-led rich data that that is required in IPA (Spiers & Smith, 2017).

Semi-structured interviews provide an opportunity for an expert on the specific topic (in this research, the lived experience of being an autistic teenage girl who masks) to share their thoughts on, and experiences of, the specific topic. The researcher was not passive in this interaction but supported the participant in sharing their experiences; the findings of the research included knowledge that was “constructed in the interaction between the interviewer and interviewee” (Kvale, 2007, pp. 1). To reduce potential researcher bias, the use of some structure in the interview process (as opposed to no structure) was used (Norwich & Kelly, 2004). This allowed for some specific topics to be addressed and also for new directions to be examined when brought up by the participant (King & Horrocks, 2010).

Use of this flexible data gathering approach gives a “much needed voice to autistic individuals” by seeking insider perspectives and recognising autistic participants as experts in sharing their own experiences (Humphrey & Lewis, 2008, as cited in Howard et al., 2019, pp. 1872). One-to-one interviews were used, which are recommended for gaining a deeper insight into the personal narratives of participants (Reid, Flowers, & Larkin, 2005). Face-to-face, in person interviews were not possible due to pandemic restrictions and a video link was used to allow for a similar opportunity to establish rapport in real time for participants discussing sensitive or personal information (Cridland et al., 2013; MacLeod et al., 2018).

The lived experience of autistic girls is valuable and it is important to understand their perception of their experiences. Research using IPA has been successfully carried out with autistic participants (e.g. Petalas, Hastings, Nash, & Duff, 2015) and making an assumption of verbal language difficulties, and of verbal language difficulties rendering IPA an unsuitable method is not appropriate (Norbury, 2005). Use of semi-structured interviews with autistic teen girls allowed participants, who could be considered a vulnerable population, more control in terms of the speed and direction of the interview (Huws & Jones, 2008).

Some adaptations which were recommended for use of semi-structured interviews with autistic participants were included in this research. Participants were offered visual support which would be reviewed at the outset of the interviews to aid their safe participation (as recommended by Humphrey & Lewis, 2008); none of the participants chose to use visual supports during interviews so these were not reviewed but they were provided with non-verbal methods to stop the interview if needed (e.g. to hold up their hand or leave if they wished). Use of concrete examples were also included in some of the questions to allow autistic participants to give greater detail in their responses (see appendix F.1 and F.2); these were sometimes based on participants' responses in the screening survey and were prepared prior to interview (Tierney et al., 2016).

Throughout the interviews, the researcher referred to the interview schedule to review if specific topics were addressed. When a participant's responses suggested a new area of discussion, this was followed by the researcher using gentle prompts or, if that was not supportive of the participants style of communication, direct questions. If it appeared the participant was reluctant to discuss a specific area or if they felt another area was more pertinent when discussing their experiences, the participant's lead was respected.

3.7.2 Interview Procedures

The researcher had a strong awareness of the vulnerability of the participants who, by their responses on a screening questionnaire, identify as keen to appear socially appropriate or meet expectations of others in social situations. The researcher was aware the participants may be swayed to talk about a topic in greater depth than is their wish if the researcher gave a suggestion that it was an area of interest and if they wanted to appear socially compliant or avoid conflict (as recognised in Bargiela et al., 2016, as a trait for some autistic women). With this vulnerability in mind, as well as best practice in relation to working with autistic young people, the guidelines provided in Table 8 (some of which were suggested by Robson, 2011; Tierney et al. 2016; and Howard et al., 2019) were developed and used during interviews.

Table 8

Considerations for Working with Autistic Teenage Girls

Practicalities:

- Allow the participants to have a supportive person with them during the interview*.
- Schedule the interview at a time chosen by the participant.
- Complete interview via video-call platform.
- Audio record on two devices to avoid loss of data.
- Use time markers to keep track of use of non-verbal aids.
- Keep interviews to one hour maximum (unless a participant is keen to finish discussing a point which is important to them).
- Ask participants during the interview if they would like to continue.

Interactions:

- Using neutral verbal responses when responding to participants to dissuade responses that are aimed to please the researcher.
- Allow participants to request repetition of a question (verbally or by indicating using a provided visual aid).
- Do not interrupt participants unless they appeared uncomfortable with same (i.e. if they are talking at length potentially because of uncertainty with the social expectations and may be uncomfortable with the situation, ask if they'd like to continue on that topic or move on).
- Ask participants to clarify if meaning of utterances are unclear.
- Allow participants to take time to respond to a question or to remain silent if needed.
- Include concrete examples in questions.

*Participants were free to have a supportive person with them during the interview. Two participants chose to have their mothers present. Two had no person with them. As noted in Tierney et al. (2016), it is possible participants may have been influenced by the presence of their parent, but the presence of a parent may have "also facilitated a richer, more accurate dialogue for those who preferred this option". The decision to forgo consistency in favour of allowing the participant to make a situation more comfortable was taken. If the parent contributed to the interview, participants' perspectives were prioritised.

3.7.2.1 Interview Schedule

The interview process in IPA allows for the participant to lead and for the researcher to follow their flow when new areas or insights are given. Despite this, an interview schedule is prepared in advance to ensure the key areas of the topic are thought of and to think of any challenges which may arise, for example, wording for sensitive topics (Smith & Osborn, 2009). When developing an interview schedule, open-ended interview questions are suggested for good quality data for IPA which maintains a balance "between guiding and being led" (Hefferon & Gil-Rodriguez, 2011, pp. 757). As is common in IPA, the development of the schedule was not linear but rather an iterative process (Wu et al., 2016); the broad questions and the possible prompts within each area changed and developed as the schedule was formed (Smith & Osborn, 2009). The schedule, or guide, was developed, which allowed for some specific questions but also provided space for the researcher to freely follow individual participant's line of response "maximising the changes of collecting valid, in-depth data from people with atypical social communication" (Smith, 1995, as cited by Bargiela et al., 2016, pp. 3284; MacLeod et al., 2018).

Following guidance from previous IPA research completed with autistic participants, participants were given advance notice of the areas likely to be covered in the interview (Griffith et al., 2012; Huws & Jones, 2008; MacLeod et al., 2018). This included questions and discussion relating to their responses on the screening survey as a means of providing concrete examples or a reference point to autistic participants (Tierney et al., 2016). The screening survey was developed based on findings of the Bargiela et al. (2016), Hull et al. (2017) and Tierney et al. (2016) who noted social camouflaging or masking as a feature for some female autistic research participants. The survey was then reviewed by autistic board trustees from an autism support service who made recommendations on preferred language when discussing autistic individuals. Participants were asked to discuss some of the masking strategies they had indicated they used on the screening survey but their lead was then followed. The aim was to facilitate comfortable interactions with participants and researcher to enable participants to "provide detailed examinations" of their "personal lived experiences" of masking (Smith & Osborn, 2015, pp. 41).

The interview schedule contained 7 broad questions to help the researcher understand the RQs (as recommended by Smith, Flowers, & Larkin, 2009). Prompts or examples were also developed to support discussion of the broad questions as recommended by Smith and Osborn (2009). The order of questioning was designed to funnel from broad to specific but participants were not interrupted to re-direct to questions and the schedule was not followed rigidly; at the end of the interviews, participants were offered the opportunity to offer any additional information that was not covered during interview (as recommended by Kvale, 2007). Appendix F contains the interview schedule, Appendix F.2 contains the additional prompts and concrete examples, Appendix D contains the survey questions, and Appendix D.3 shows the individual survey responses for each participant which were also referred to in the interviews.

3.7.2.2 Interview Briefing and Debriefing

Prior to the interview, information (in visual and written format) was sent to the participants to review with their parent/guardians (see Appendix E for visual aids). At the outset of the interview, these written and visual aids were briefly reviewed again with the participants to ensure clarity. Each participant was then given a brief verbal introduction to the research; this introduction included the background to the research (i.e. why it was being done), background of the researcher, the aims of the research and how the information would be used (e.g. shared with researchers, professionals, autistic people). Consent information was reviewed in relation to audio recording, transcription, storage and dissemination of the interview material. The option of withdrawing consent without explanation was again highlighted (and visual cue cards were offered if participants wanted to non-verbally withdraw). Participants and their parent/s discussed consent information prior to the interview. At a mid-way point in the interview, participants were asked if they would like to continue. After the interview, participants were reminded of the option to withdraw consent if they wished to do so. They were reminded of where this information would be used. They were thanked for their input.

3.7.2.3 Interview Transcription

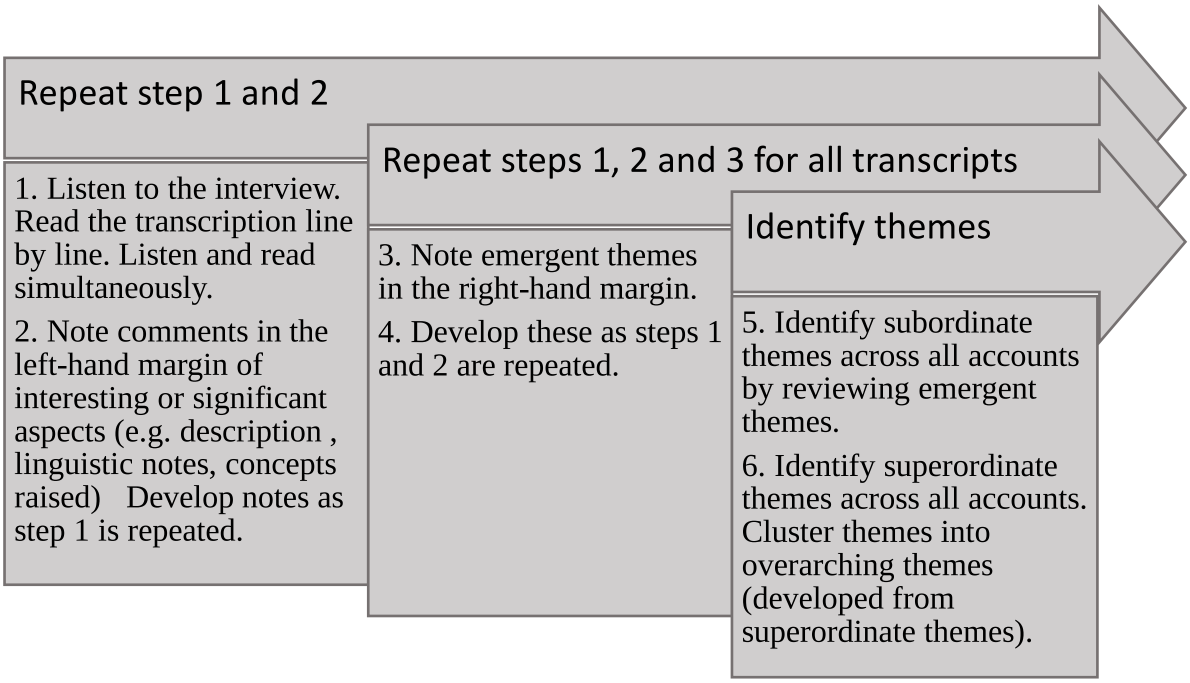
All four interviews were converted to text by the researcher. The text was then re-checked by the researcher to ensure that all utterances (including verbal fillers, performance additions, self-repairs and elements of speech dysfluency) were accurately included as these are viewed as "worthy of study" "as genuine parts of language" (Clark & Fox Tree, 2002, pp. 73; Clarke, 2010).

3.8 Procedures for Data Analysis

When using semi-structured interviews, the process typically involves voice recording interviews, transcribing each interview, analysing interviews individually and then as a group (Pietkiewicz & Smith, 2014; Smith et al., 2009; Gaffney, 2020). The process of analysing interviews is iterative; the format of this process used in this research is detailed in Figure 3.

Figure 3

Steps in IPA Data Analysis (as described in Smith, Flowers & Larkin, 2009).



There are several approaches to IPA analysis and the wider process. The analysis process, detailed below, sits within a larger IPA process based on the work of Smith et al. (2009):

- Develop research questions based on understanding how individuals are perceiving a particular situation, how they make sense of their personal and social world. Acknowledge researcher's subjective perspectives.
- Use purposive sampling to find a fairly homogenous small sample who have experience of the phenomenon.
- Develop an interview schedule to guide the interview. Conduct semi-structured interviews with participants.
- Complete analysis (as described in Figure 3). Appendix H contains the IPA data trail process and table of the frequency of the findings of the research.

- Produce a narrative account of experiential themes using excerpts of participants' own words to exemplify their attitudes and experiences.
- Link identified themes back to existing research and re-acknowledge researcher's subjective perspectives.

3.9 Ethical Considerations

3.9.1 Respect

3.9.1.1 General Respect

Respect was key in all interactions with the participants. Identifying and using the individual participant's preferences of language used in relation to autism was a key area in respecting the young person's identity and personal preferences in relation to their autism. Other key areas which the researcher was careful to keep in mind include those listed in the Equal Status Act (ISB, 2000) referring to gender, family status, sexual orientation, religion, age, disability, race or membership of the Traveller community. The participants' rights, preferences, values and beliefs were respected.

3.9.1.2 Privacy and Confidentiality

Guidance from the University of Essex in relation to data protection in research activity was followed (UoE, 2007). As participants were based in Ireland but the research was conducted as part of a University of Essex course, legislation relating to data protection in both UK and Ireland was followed (Data Protection Act, 2018; ISB, 2018). All data collected whilst undertaking this research is held in accordance with guidelines issued by the British Psychological Society and the Psychological Society of Ireland (BPS, 2014, 2018; PSI, 2019). The Data Protection Act (ISB, 2018) notes eight data protection principles as follows: data is to be used fairly, for specific purposes, limited to only what is necessary, accurate, not kept for longer than necessary, processed in accordance with participants' rights, kept safe, not transferred outside EEA.

In line with guidance, the data gathered is kept confidentially and no part of the data has been shared prior to anonymisation. Data was anonymised by removing potentially identifying information from transcripts and findings. The data is stored on an encrypted laptop and memory card which is securely stored and paper documents are stored under double-lock (to which only the researcher has access); all data will be deleted or shredded in accordance with the Data Protection Act, 2018 (ISB, 2018).

The Data Protection Act (2018) notes exceptions for data obtained for research purposes, notably, that it may be held indefinitely and may be processed for purposes other than those for which it was originally obtained; however, the researcher does not plan to store it indefinitely as the relevant data was reported in the findings and so, there is no benefit noted to holding the data for longer than the duration of the research process.

There are additional safeguards for personal or sensitive data including race, ethnic background, political opinions, religious beliefs, genetics, biometrics (where used for identification), health, sex life or orientation. Participants were provided with an information sheet prior to interview which noted the limits to confidentiality, namely, child protection concerns and sharing of information with supervisor, as needed. At all points in research, the data had been kept confidential and anonymised. Online surveys (which held name and contact details) were deleted once participants were selected. When participant interviews were completed, they were transcribed and anonymised. During transcription and analysis, efforts were made to ensure identifiers (such as location, membership of organisations) were removed. Digital recordings of the interviews were deleted following transcription.

3.9.1.3 Informed Consent

For consent to be ‘informed’ and ‘valid’ it needs to be given on the “basis of adequate information” (Loyd, 2012, pp. 134). For informed consent to be considered valid for use with autistic participants, consideration was given to potential communication preferences. Providing “accessible and understandable information” is an essential component of the “recruitment and consent process” (Cameron & Murphy, 2007, pp. 116). Information was provided in text, visual and verbal formats to allow for greater understanding and recognition of individualised communication needs (Cambridge & Forrester-Jones, 2003; Preece, 2002; Preece & Jordan, 2010). Parental consent was required as participants were under 18.

Consent sheets were emailed to participants’ parents/guardians and verbal consent was then gained from participants and their parent/guardians at the outset of the data gathering through an online video-call platform. Consent information recorded included the name and age of participants, their consent, and their parents/guardians’ consent. Participants were made aware that they could withdraw their consent even if parents had given consent. Consent was considered a continuous process and was re-confirmed during interviews (Marchant et al., 2001). Interviews were conducted with participants and requests for parent/guardians to be available to them was also made; this allowed for participants to be withdrawn from participation if parent/guardian felt they were distressed (as recommended by Huws & Jones, 2015).

The researcher reminded participants and their parent/guardian that non-verbal and verbal indications of withdrawn consent would be recognised at any stage during participation. One potential participant withdrew consent prior to the interview, and although their parent was keen for them to participate, the participant's individual right to withdraw was respected and they did not take part in the interview. Another potential participant withdrew from the video call as they were only comfortable with face-to-face meeting (which was not possible due to Covid-19 restrictions).

Participants were briefed about the nature of the questions likely to be asked, the purpose of the research, the procedure for participation and the dissemination of the findings.

3.9.1.4 Agency

Participants were verbally reminded of their right to withdraw consent at several stages (prior to interview date, start of interview, mid-way, and after interview). They were also provided with non-verbal means of withdrawing consent for use at any stage in the process.

Ethical guidelines set out by the BPS (2014) and the PSI (2019) in relation to research were followed. These included taking "all reasonable steps to confirm or re-establish freedom of consent" and to respect the right of participants "to safeguard their own dignity" (PSI, 2019, pp. 9). The right of participants to fully withdraw was made available until a month after the interview. The right to withdraw specific comments was made available until a month prior to submission of thesis. The participants had the right to listen to their audio recording.

3.9.2 Competence

3.9.2.1 Awareness of Professional Ethics

The British Psychological Society's Code of Ethics and Conduct and the Psychological Society of Ireland's Code of Professional Ethics (BPS, 2018; PSI, 2019) were followed. Additional attention was given to the BPS's Code of Human Research Ethics (BPS, 2014). These guidelines were followed for all stages of the research. It is acknowledged that such codes must be general for adaptation by a range of researchers and, as such, they represent the minimum standards to which psychologist should adhere (Knapp, VandeCreek, & Fingerhut, 2017).

3.9.2.2 Ethical Decision-Making

In addition to the guidelines, supervision was sought from the research supervisor where decision making had ethical implications (e.g. in relation to consent for participants). The ethical decision-making model CORE OPT (Bush, 2018) was also available to support decision making, where needed. This model uses steps including clarification of issue, consideration of obligations, use of ethical resources, examination of personal beliefs, consideration of options, planning, and taking stock (Bush, 2019). Ethical principles that are aspirational were used to hold the researcher to a "higher standard of practice" and allowed the research to be conducted in a manner consistent with the researcher's ethical ideals (Bush, 2019, pp. 1156).

3.9.2.3 Recognising Limits of Competence

Supervision was sought to ensure adherence to ethical principles and to ensure the researcher was not acting beyond professional competence (as defined by Epstein & Hundert, 2002). External feedback is useful in reducing the potential of overclaiming and this feedback was sought during all stages of research including developing the proposal, executing the research, completing data analysis, and reviewing the discussion of findings (Atir, Rosenzweig, & Dunning, 2015).

3.9.3 Responsibility

3.9.3.1 General Responsibility

Prior to, and during, work with participants, the researcher was mindful of reducing potential risks to participants as their safe participation was a key responsibility of the researcher. Participation took place via video link and prior to this, parents/guardians were asked to be available to support participants if needed. Information for support services was also available, if needed.

3.9.3.2 Protection of Research Participants

Key responsibilities for the researcher in relation to participants was ensuring that there was no threat to their psychological or physical health. This involved consideration of factors which could impact their emotional, social, and psychological wellbeing including being mindful of personal preferences and values. Participants were asked at the beginning of the interview for their preferences in relation to terminology when discussing autism and were reminded that they could choose to ‘pass’ on any question or topic during the interview. The potential impact on participants of discussing information that could include sensitive information was considered and participants were given contact information for support following the interview, if they felt distressed following the interview.

3.9.3.3 Debriefing of Research Participants

Prior to interview participation, participants were given contact information for support if needed after the interview and efforts were also made to ensure parent(s)/guardian(s) were available during and following the interview if needed to support debriefing. These efforts were made as the researcher was mindful that, although participants could choose not to respond to questions or to withdraw consent, their participation may give rise to anxiety or distress.

3.9.4 Integrity

3.9.4.1 Honesty and Accuracy

Information sheets and consent information provided to autism support services when recruiting participants, and to participants and their parent/guardians, were accurate and honest. They included information on the academic affiliations and professional qualifications of the researcher as well as information required to gain informed consent on the nature of the research (as outlined in previous sections).

3.9.4.2 Avoiding Exploitation and Conflicts of Interest

The researcher did not extend an invitation to participate or allow participation from any individual who knew the researcher from a private or professional setting (including individuals who may have received psychological assessment or intervention). This was considered an important exclusion criterion as without it there may have been an implied power structure between researcher and potential participants and may have impacted participants' willingness to withdraw consent. Those sharing the request for participants were made aware of this criterion.

3.9.5 Ethical Approval

Ethical approval for this research was granted by the Trust Research Ethics Committee (see Appendix A.1). Original approval was granted in 2018; this was updated, to accommodate Covid-19 restrictions, in 2020 (see Appendix A.2).

3.10 Reliability of the Study

There are many papers published discussing the elements required in a qualitative study to produce valid and useful knowledge carried out to a high standard (Yardley, 2017). There is some agreement on the key principles required and those elements provide a basis for good qualitative research which enhance and demonstrates the quality of a study (Cohen & Crabtree, 2008). Cohen and Crabtree (2008, pp. 333) outline seven criteria for good qualitative research, namely, "carrying out ethical research, importance of the research, clarity and coherence of the research report, use of appropriate and rigorous methods, importance of reflexivity or attending to researcher bias, importance of establishing validity or credibility" and "importance of verification or reliability". Yardley (2008) also outlined key dimensions required for reliability and validity within IPA research (which were further noted by Smith et al, 2009 as appropriate for IPA). The dimensions followed within this research to support its reliability are based on the convergence of the principles outlined by Yardley (2008, as cited in Yardley, 2017) and are as follows: sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance.

3.10.1. Sensitivity to Context

The design of the research considered sensitivity to context at all stages. This included identifying current research on the area, establishing RQs which were not answered by current research, selecting a methodology which allowed participants to speak freely about their own experiences and self-select the aspects which they deem important from that experience (Wilkinson, Joffe, & Yardley, 2004). The design also ensured that during analysis, sensitivity to the socio-cultural positioning and context of participants was considered (including the influence of the researcher on participants' accounts) to ensure a good quality of hermeneutic interpretation (Yardley, 2008; Gauntlett et al., 2017). Showing sensitivity to the data, by not allowing the researcher’s preoccupations or expectations to influence the categories established, and by being open to alternative meanings, was key in ensuring that the meanings that were generated by the participants were most carefully considered (Yardley, 2008, 2017). In the presentation of the research, participant accounts remain central to the findings and are included through use of direct quotation.

3.10.2 Commitment and Rigour

There is some debate in relation to the terminology used to strengthen rigour in qualitative research (Morse, 2015; Whittemore, Chase, & Mandle, 2001), but within this study, the term ‘rigour’ refers to the commitment to seeking understanding of the “knowledge of the participants’ conception of reality” (Polanyi, 1958; as cited in Wu et al, 2016, pp. 495). Commitment and rigour were demonstrated by engaging in an in-depth exploration of the topic and completing a thorough data collection. As it is acknowledged that a clear explanation of the strategies used within research is important to support commitment to rigour, details of the research method employed and demonstration of knowledge of its benefits and limitations were also provided (Wu et al., 2016). Commitment and rigour also require the researcher to undertake a detailed in-depth analysis of the data (Yardley, 2017). To strengthen credibility, and the plausibility of data analysis and interpretation, for an IPA study, detailed notes are included in the analysis; codes and data analysis are shared in Appendix H to increase reliability (Wu et al, 2016).

3.10.3 Coherence and Transparency

Transparency within qualitative research refers to the clarity with which the reader can see how findings were drawn from the data (Yardley, 2017). Transparency was promoted by providing sufficient detail (see Appendices) for the reader to outline what was done and the reasons for these steps; this includes discussion of the RQs, recruitment process, and data analysis processes (Dixon-Woods et al., 2004; Ritchie & Lewis, 2003). The robustness of the study was supported by the use of a coherent method and transparency about the research design (Tobin & Begley, 2004); this also provided a clear context for “understanding the findings and their implications” (Wu et al., 2016, pp. 497).

Reflexivity is required by the researcher in the process of transparency (Yardley, 2008). Reflexivity, or engaging with one’s own experiences and preconceptions, allows the researcher to acknowledge the potential of the ‘double empathy problem’ on their research (Howard et al., 2019, pp. 1871). Reflexivity can be “tricky” and “time-consuming” (Engward & Goldspink, 2020, pp. 41). Within this process, the researcher’s experience and reflexivity becomes a “shared analytic space” which is shared metaphorically with the participants (ibid, pp. 41).

3.10.4 Impact and Importance

The impact and importance of a research study can be judged by its generation of useful knowledge (Yardley, 2017). The knowledge generated by this research is outlined in the Findings chapter and the usefulness of the findings (in terms of adding to the understanding of the experience of autistic girls) is outlined in the Discussion chapter.

3.11 Robustness of Design

Yardley (2008, pp. 235) notes validity in qualitative research refers to the degree to which the research can be accepted as “sound, legitimate and authoritative by people interested in your research findings”. Credibility, dependability and transferability are key features of valid and trustworthy research (Robson, 2011); with these key areas in mind, and to support the validity of the research, additional information is noted below in respect of the audit trail and reflexivity of the researcher during the research process. In relation to transferability, it is noted that the girls questioned shared their experiences and perception of masking and this is likely to represent, not objective truth but, interesting viewpoints and experiences. As is common in qualitative research, the purpose was not to provide generalisable findings but to focus on discovery using an iterative approach (Wu et al., 2016). The research, in this regard, has transferability not generalisability. It will help inform others about the lived experience of autistic teenage girls which is a useful and applicable finding (Biggerstaff, 2012).

3.11.1 Audit Trail

The audit trail of each stage of the research is given to maintain transparency in relation to the development of findings of the study, provide evidence for overarching themes, and increase validity (Smith et al., 2009). The audit trail includes initial notes, emergent themes, subordinate themes, superordinate themes, and overarching concepts; elements of this are provided in the Appendix H (as noted in Table 9). All themes or concepts created are grounded in, and clearly drawn from, the transcripts and original data.

Table 9

List of Appendices to Support Audit Trail

Provided in Appendix H are the following:
• Thematic Findings Table (see Appendix H.2)
• An excerpt of an analysed interview with emergent themes (see Appendix H.8)
• Table of subordinate and superordinate themes for all participants (see Appendix H.3)
• Table of emergent, subordinate, superordinate and overarching themes for all four participants provided with quotations from interviews (see Appendices H.4, H.5, H.6 and H.7).

3.11.2 Reflexivity

The inclusion of reflexivity as an active process throughout the research is essential in quality and credible qualitative research (Banister et al., 2012; Frost, 2011). Using reflexivity requires researchers to be “aware of their own positions and interests and to explicitly situate themselves within the research” (Finlay, 2008, pp. 5). The starting point for the IPA researcher is to “reflect upon their own preconceptions” (Gaffney, 2020, pp. 139). Reflexivity can be challenging but is an “essential component” for the researcher to become self-aware and thereby recognise potential biases or influences that could affect data collection and analysis (Biggerstaff, 2012, pp. 184). It is acknowledged that it is not possible to ‘bracket’ or eliminate pre-understanding (Koch, 1995) but, through using reflexivity, the researcher can unearth potential influences that could impact data collection and analysis. Such factors included reflection on the methodology selected, the research design, possible improvements in relation to the study, further research required, understanding and interpretation of the data, and the specific language used when discussing autism and autistic people (Biggerstaff, 2012; Robson, 2011).

The research is positioned within a social and cognitive constructivist framework (acknowledging the knowledge in individually constructed and filtered through various lenses), and a relativist ontology (that accepts each individual has their own unique perspective); the participants selected their preferred language when describing autism and this is accepted and reflected in the language of the researcher. The use of reflexivity increased understanding of the topic and allowed for a more rigorous approach when analysing and interpreting data (Biggerstaff, 2012).

END of Chapter 3.

Chapter 4. Findings

4.1 Chapter Overview

Chapter 4 outlines the findings of the study in relation to Research Questions 1 and 2: what are the experiences of autistic teenage girls who mask, and what sense do autistic teenage girls make of their masking? The data from interviews were examined using IPA analysis at both an individual and group level, as described in the Methodology Chapter (3.8 Procedures for Data Analysis). The chapter includes an overview of the findings from the group (see Table 11) with reference to the overarching and superordinate themes. The findings from each individual participant are then presented. Verbatim quotations are provided to illustrate and evidence the interpretations of the researcher, key to the phenomenological approach of the research. Table 10 may be useful in interpreting the quoted elements of the data. Cross case findings are presented in Table 12 at the end of the chapter. The audit trail is provided in Appendix H.

Table 10

Typographical Key

[pause]	pause in speech
[…]	elements of quotation have been removed for clarity and/or relevance
(P#, 000-000)	Participant number, line numbers from transcript
Em Like	Filler words common in participant transcripts
Cos	“Because” (note: words spelled as participants used them)

4.2 Findings

The findings for each participant are detailed in this chapter through a process of interpreting the participants’ individual viewpoints and experiences within the double hermeneutic. Their experiences were viewed through “a process of intersubjective meaning-making” (Larkin &

Thompson, 2012, pp. 99) whereby they interpreted their experiences and these were further interpreted by the researcher. The use of the hermeneutic circle was used to move “between parts and whole” both within individual transcripts and between transcripts (Smith, 2007; Montague, Phillip, Holland, & Archer, 2020, pp. 25) allowing for individual ‘parts’ to be honoured and joining the ‘whole’ to a wider context of “culture, customs, [and] discourse” where the researcher and participants are placed (Tomkins & Eatough, 2018, pp. 4).

The individual findings are presented under the overarching and superordinate themes and it is acknowledged that elements of these themes overlap, at times. As shown in Table 11, four overarching themes and nine superordinate themes were developed from the analysis of participants’ emergent and subordinate themes.

Table 11

Frequency of Subordinate Themes for Individual Participants

Research Questions	**Overarching Themes**	**Superordinate Themes**	**Subordinate Themes**				
				Róisín	**Michelle**	**Emily**	**Colette**
1. What are the experiences of autistic teenage girls who mask?	A. The Work of Masking	1. Preparing for Masking	11	2	3	3	3
		2. Developing and Employing Masking Strategies	18	3	4	4	7
		3. How Masking Feels	15	3	3	3	6
	B. The Aftermath of Masking	4. Recovering from Masking	11	4	2	1	4
		5. Reviewing Performance	12	3	3	2	4
2. What sense do autistic teenage girls make of their masking?	C. Masking as Essential	6. Reasons for Masking	17	5	3	4	5
		7. Masking Situations	13	2	3	4	4
	D. Moving Away from Masking	8. Not Masking	12	3	4	1	4
		9. Friendships	14	3	4	4	3

4.3 Róisín's Experiences and Understanding

Róisín (Participant 1) shared her experience of using masking and her understanding of this process. A key focus from Róisín is the recovery necessary after masking and the process of reviewing her performance that follows a masking experience. Róisín's preferred terminology relevant to this research include *'autistic'* and *'masking'*.

4.3.1 Overarching Theme A: The Work of Masking

4.3.1.1. Superordinate Theme 1: Preparing for Masking

For Róisín, preparing for a social interaction where she will mask involves planning an 'exit strategy' (P1, 171) which allows her to manage challenging social environments. This includes planning how to take a break alone, selecting 'safe' people to go to when she needs support, and thinking of how to leave a conversation. Róisín was more likely to feel safe and able to attend an event or school when she was aware of how she can take breaks when needed so her anxiety and distress do not build up: *"ways to get out of conversations [...] get to people I feel safe around [...] so I can like get a moment to kind of debrief, de-stress for a moment"* (P1, 173-175).

Róisín used this preparation when attending school to balance protecting her mental health and engaging in social interactions expected in school. More recently, *"debrief"* (P1, 364) space was not available to Róisín and she withdrew from school (and moved to home-school): *"it gave me space [...] debrief during the school days, which was helpful to me [...] it meant I had a place where I could de-stress, think by myself, and then get back into the rhythm of school"* (P1, 363-366).

4.3.1.2 Superordinate Theme 2: Developing and Employing Masking Strategies

Róisín had a range of masking strategies that she developed, particularly since her early teen years. Róisín used these strategies to change her outward presenting personality and body language and to mask anxieties. She wanted to appear "*less like myself*" in social settings (P1, 31). She was not fully conscious of the individual aspects of her masking but rather focused on a general aim of not being herself.

Róisín modelled her masking style on neurotypical family members or specific peers. She mimicked them to hide her true personality in the presence of others. She aimed to be perceived as *"polite"* (P1, 28). Elements of neurotypical behaviours that Róisín mimicked included *"body language", "eye contact"* and *"tone"* of voice (P1, 28-29, 144). Róisín planned conversational topics and mentally rehearsed her approach before interactions. She also developed masking methods to hide anxiety and behaviours that brought her comfort (including physical soothing behaviours): *"conversation in my head [...] working out if something I said would work in certain contexts or it just like sounds really obtuse or blunt"* (P1, 138-139); *"if I get really anxious I'll start like messing with my fingernails and like I try work out ways to like, hide my hands and stuff"* (P1 149-150).

For the first few years of second level school, Róisín used masking strategies in all her peer interactions at great personal cost. She prioritised fitting in with neurotypical peers over developing her true personality or maintaining good mental health (P1, 573). She relied on copying *"how they were interacting",* mannerisms, behaviour and interests from peers that she wanted to join (P1, 388). This impacted her sense of self and affected many areas of her personality: *"they all knew each other so it would be easier to, like, talk to them if I kind of* *copied how they were"* (P1, 392-393); "*it was something I had no interest in but was talking about it as if I did"* (P1, 397-398).

4.3.1.3 Superordinate Theme 3: How Masking Feels

When Róisín masked, she focused on the interaction from a masking perspective and not a socialising perspective. She experiences a *"shut down"* and a *"kind of freeze"* (P1, 11). Róisín felt masking was akin to being present without being truly present: *"like I'm in a different skin […] I'm not really in myself […] like if you put oil into water […] It's separate but in it at the same time […] like not really properly in the situation"* (P1, 206-213).

Róisín used *"most"* of her masking strategies automatically (e.g. eye contact, tone of voice, hiding physical movements) but, due to her fear of being *"spotted",* she consciously monitored reactions (P1, 42-49, 492-495). Her energy was divided between presenting a neurotypical façade, monitoring responses, and actively ignoring her anxiety (P1, 545, 493, 500). Róisín prioritised perceived social demands of neurotypical peers over her mental health: *"looking around trying to like see […] if they've spotted that I'm different […] and like try hide it any way I can"* (P1, 492-494)

Róisín described masking as damaging to her mental health and contributing towards *"two nervous breakdowns"* (P1, 661). Róisín found masking less stressful with *"one of my friends or my sister"* nearby (P1, 195). When she was unsupported, or in a situation that was not going well, her anxiety rose and she could *"get close to panic attacks"* (P1, 221-224). Róisín experienced a buildup of anxiety and distress from prolonged periods of daily masking; this came largely from her masked interactions in school and not having sufficient opportunity to debrief during the day, particularly in First Year (as she was not yet diagnosed as autistic) (P1, 312-316): *"that every day for months, just didn't, didn't exactly go well for me [small laugh]"* (P1, 378-379).

4.3.2 Overarching Theme B: The Aftermath of Masking

4.3.2.1 Superordinate Theme 4: Recovering from Masking

Róisín needed recovery time after masking. During recovery time, she looked *"back on an exchange",* analysed and critiqued her masking, and tried to de-stress (P1, 45).

Róisín described previously not getting time to *"debrief"* and *"get out of the masking"* as contributing to two breakdowns (P1, 341-344, 348-352). The first breakdown was in 1st Year of second level school; she was not aware she was autistic, had a busy schedule, new demands, and evening activities and *"a long time to try and handle everything in my head"* (P1, 352). The second breakdown was in 6th Year when she *"no longer felt safe in"* her school resource room[2] and stopped using it for daily debriefing (P1, 620). Róisín only permitted demasking once she was home or when she was fully away from the view of others (P1, 174-175). If Róisín felt anxiety rising in a situation where debriefing was not an option, she tried to *"mask it [...] push it down and try ignore it"* (P1, 232-233).

There are several activities that aided Róisín's recovery from masking (including sleep, *"relaxing, and tears and blankets and cuddles"* with her family) but the key method was time alone, or time which did not require any masking or socialising, as this allowed her to debrief and reset (P1, 289-290). Róisín used recovery time to reduce the impact of masking building up, *"de-stress, think by myself, and then get back into the rhythm"* (P1, 365-366). The amount

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[2] Resource room: a room which may only be used by students with identified needs for resource or learning support at specific times; less busy than a mainstream class.

of time needed could depend on time spent masking or Róisín's perception of her success in masking (e.g. P1, 250-255, 274, 287, 354, 374) with more recovery needed if she had *"done something that like kind of exposes me"* (P1, 254-255)

A consistent space where Róisín could *"unload"* was at home (P1, 233), as she felt safe, did not mask, and felt well supported by her family (P1, 223-224, 226, 294). The recovery allowed Róisín to stop masking, let out the stress of maintaining her presentation, and return to her genuine personality: *"it'll take maybe twenty minutes to, like, stop the tears and everything [...] and just like, get back to like normal breathing"* (P1, 236-239).

To recover from her use of masking in general, Róisín cites *"Lots of therapy"* (P1, 633) and a plan to stop masking (as explored in 'Superordinate Theme 8: Not Masking') as her key recovery strategies.

4.3.2.2 Superordinate Theme 5: Reviewing Performance

Róisín reviewed her performance to identify *"something I've accidently done wrong"* in her masking or her interactions in general (P1, 505). Róisín mentally ran through the interaction and critiqued her masking to refine masking strategies and to process feelings and responses brought up by meeting specific individuals (P1, 497). Róisín only permitted herself to review when she was alone (P1, 509-513). At times, this review is planned by Róisín, other times this review is intrusive and unwanted: *"I try to put it aside, but that doesn't always work"* (P1, 516).

Certain interactions or elements of an interaction could *"haunt"* Róisín and she experienced distress when those thoughts came back to her when she was *"trying to get to sleep"* (P1, 54-

55). If Róisín was comfortable with specific people she masked less and was less likely to review her performance after the interaction (P1, 474, 476). The interactions that came back to her repeatedly are ones she felt *"were not very successful"* and the review was sometimes *"slightly distressing"* and from *"just that day"* or *"years ago"* (P1, 75-76, 60-61).

Róisín felt anxiety, stress, embarrassment, distress, and fear when reviewing and criticising her masking performances. When she felt a challenging emotion, she tried to push it aside and typically viewed this as an indication that she made an 'error' in masking, feeling *"I could do that differently, I could try to change that"* (P1, 70). A key 'error' that caused *"stress"* is *"accidentally"* revealing to others that she is autistic (P1, 263-265). When she found an 'error' in her masking (that others may notice), she was on alert in future interactions for similar errors to help improve her strategies (P1, 92): *"someone would say something rhetorical and I'll answer cos I think they're being genuine, so stuff that would embarrass me usually comes back"* (P1, 80-82).

4.3.3 Overarching Theme C: Masking as Essential

4.3.3.1 Superordinate Theme 6: Reasons for Masking

Róisín had several reasons for masking including *"to mask the anxieties",* and *"make the social interactions smoother"* with new people or people with whom she is less comfortable (P1, 98). Róisín felt she would not be well received by others initially without her deliberate effort to be *"less like"* herself (P1, 31).

Róisín used masking to present a curated version of her personality to increase her social success with people, including peers and healthcare professionals, and notes *"I don't think they got to see the real me"* (P1, 431-432). Róisín used masking to both hide her real self and to present the version of herself she wanted others to meet. She was most confident in presenting the masked version of herself to others: *"I'm worried about [...] coming across wrong and like coming across as a misrepresentation of myself"* (P1, 104-105).

A key use of masking for Róisín in the past was making friends when she first moved to second level school, as *"I knew no one so, if I didn't do it, I would have stuck out like a sore thumb"* (P1, 559-560). Róisín tried to *"come across neurotypical"* but joked about allowing herself to stop masking in front of friends so they can *"see the real weirdo underneath [small laugh]!"* (P1, 545, 113).

Based on prior experience, Róisín was also motivated by a fear that if people know she is autistic, they may *"treat me differently or think of me as weird or like judge me"* (P1, 552-553). Róisín *"sometimes"* used masking to deliberately hide her autism (P1, 267), noting *"I personally try to hide it [...] unless I'm 100% sure they won't, like, leave [...] or treat me differently"* (P1, 523-531). Róisín's use of masking to hide her autism increased her fear and anxiety in social settings as she had to monitor herself and the reactions of others to feel confident that she had not exposed her true self (P1, 260-265, 492-495, 528).

4.3.3.2 Superordinate Theme 7: Masking Situations

Róisín felt masking was needed in new situations, *"going to school",* in social settings in which she was uncomfortable, *"with people I don't know, large groups"* and at a *"big event"* (P1, 161-163, 19, 446-448). In these situations, Róisín had *"to think a lot about it beforehand",* and consciously planned to mask while in attendance to help *"try and fit into social situations that I hadn't been in before"* (P1, 166, 308-309). Róisín felt masking had become automatic for her *"when I meet new people"*, or in new social situations (P1, 564).

Róisín felt masking increased in her transition to second level school, noting *"it was so much more in first year"* (P1, 312). She noted masking *"probably destroyed my mental health"* but felt it was *"worth it"* and *"probably the best situation for me at the time"* (P1, 573-574, 558). Róisín felt masking was required as she wanted friends and felt her real self would not be successful (P1, 299-306). She felt she *"started doing it a lot more in my teenage years"* which had negative outcomes but Róisín felt that her mental health challenges *"would have happened faster",* due to social isolation, had she not masked (P1, 282, 584-585): *"I didn't really handle masking well, I was doing a lot of it, like, all the time, cos I was trying to find people to be friends with"* (P1, 314-316).

Róisín no longer consciously masks with her friends. There are situations where it may have benefited Róisín to not mask but she was unable to do this while getting to know new people and a new environment: *"therapists and counsellors [...] cos it's so natural to us and we just always are doing it, like it will take a while for us to stop masking in front of new people"* (P1, 426-428).

4.3.4 Overarching Theme D: Moving Away from Masking

4.3.4.1 Superordinate Theme 8: Not Masking

Róisín had decided to stop masking and was hopeful about her plan, noting, *"I think it's a good thing, cos it means I'm more able to be me [...] and explore who I am rather than who I think society wants me to be"* (P1, 666-668). Her goal was to *"become more comfortable"* and to *"accept it a bit more"* if she did not meet other people's expectations (P1, 657-659).

Róisín did not mask at home *"at all"* and with some close friends (P1, 292). Róisín unmasks or masks less as she built comfort with people: *"when I get comfortable around people I tend* *to mask less"* (P1, 111). The instinct to mask was automatic for Róisín and so, realising that she had not masked, or masked less, in a situation was a signal to her about her feelings of safety and comfort with specific people: *"afterwards I notice that like I masked less in a situation, and then it gets to the point where [...] when I'm with certain people I don't mask"* (P1, 121-123).

For Róisín, being *"really comfortable around someone"* and feeling safe not masking made her more interested in spending time with them as they were not a drain on her social and mental energy (P1, 470). Róisín did not examine or review her unmasked 'performance' after such interactions (P1, 474). Róisín's increased unmasking was supported by her realisations about the benefits of interactions in which she does not mask (P1, 465-466).

The development of comfort in someone's company was not necessarily related to the amount of time Róisín knew them but rather *"it depends person to person, [...] if I meet someone and we instantly click or something, masking stops much quicker"* (P1, 455-458).

Róisín felt her lack of comfort with some people, and therefore her increased masking in their company, hindered her from fully benefitting from some mental health support services, while noting a significant benefit from support when she was comfortable in someone's presence, noting, *"there was only a few weeks with CAMHS and it wasn't enough to, you know, feel comfortable with it"* (P1, 434-435).

4.3.4.2 Superordinate Theme 9: Friendships

The move to second level school was significant for Róisín as she struggled to make friends. Róisín relied heavily on masking strategies which led to a rapid deterioration in her mental health and resulted in *"having to take two months off school at the end of the year because I just, I couldn't handle it anymore"* (P1, 586-587). Róisín's attempts to make friends while masking had a negative impact on her mental health but ultimately led to her autism diagnosis: *"I was diagnosed during first year cos I had a nervous breakdown during it, so I didn't really handle masking well, I was doing a lot of it, like, all the time, cos I was trying to find people to be friends with, cos I hadn't had to do that since I was very little"* (P1, 313-316).

To feel secure in not masking, Róisín needed a safe space to present as autistic rather than mask as neurotypical (P1, 121-123, 470-471, 474-476). There was less pressure on Róisín to mask in her close group of friends as they knew she is autistic and accepted her (P1, 257-258). Róisín chose friends who are *"mental health conscious"* (P1, 125), who fulfilled the role of a supportive presence for Róisín in an uncomfortable social setting (P1, 195) and understood that, at times, she benefited from additional support or understanding (P1, 541-543). Róisín felt comfortable in the group and acted like her real self (P1, 113, 545). Róisín's group of close friends were *"very tightknit at this stage"* (P1, 407) and she recognised the difference in having true friends over friendships made while masking. In relation to her current friends, Róisín noted *"I like them a lot"* (P1, 128).

4.4 Michelle's Experiences and Understanding

Michelle (Participant 2) focused on the strategies she used for masking and the dissatisfaction she felt in relationships built on masking. Michelle's preferred terminology relevant to this research include *'masking'* and *'autistic'* (although she is comfortable using both *'with autism'* and *'autistic'*). Some of Michelle's masking was in the past and some in the present; tenses are used accordingly to reflect Michelle's experiences.

4.4.1 Overarching Theme A: The Work of Masking

4.4.1.1 Superordinate Theme 1: Preparing for Masking

Michelle's engaged in detailed planning for social interactions. She was a sports fan and likened preparation to *"planning out a football game"* (P2, 359). Her goal was to *"plan out every move that you're doing, or every person you're trying to talk to"* as she could be unsettled if something unexpected happened such as *"a surprise conversation"* (P2, 360-361).

Michelle's strategies included rehearsing 'lines' for conversation for the purpose of initiating and maintaining conversation noting, *"there'd be like basic lines that I'd use on everyone […] and then there'd be ones that would work with certain people"* (P3, 363-365). Through her social research, she was aware of what topics were most useful (e.g. *"I'd ask about music, I'd ask about their sports"* P2, 369) and researched interests mentioned by someone in order to bring these up and appear to have shared interests (e.g. P2, 378-384, 554-556): *"look up all the interests she was talking about so I'd actually be able to talk to her the next day"* (P2, 111-112).

Michelle dedicated time to masking preparation following specific conversations and also researched topics, shows, and YouTubers she felt appealed to her peers in general. Michelle prioritised her masking performance over her enjoyment of free time: *"I just watch whatever's popular […] I couldn't find interest in the show, but I'd still watch it, just so I could talk about it"* (P2, 547-553).

Michelle also rehearsed facial expressions to make sure she was communicating "*positive"* or fun emotions that *"attract people" or "keep someone interested"*; (P2, 396-397). This was an extension of Michelle's *"pretend to have the same interests"* (P2, 108) strategy whereby she pretended to have similar emotional responses: *"in front of the mirror […] examining myself or making facial expressions and seeing how realistic they look […] if someone was like, "Oh I love this band", I'd be like 'really [big facial expression] I absolutely love them too' […]* or *shocked, like, "I didn't know you liked them too!"* (P2, 394-402).

4.4.1.2 Superordinate Theme 2: Developing and Employing Masking Strategies

When masking, Michelle actively ignored her own preferences and altered her hands, her walk, and the interests she expressed (P2, 107-108, 410-411, 439-441). Michelle focused on hiding autistic traits: *"I try to keep that to a minimum"* (P2, 410-411). Michelle incorporated aspects of her natural communication, for example, she attempted to not move her hands 'too much' but has found that peers accept *"like little symbols that everybody knows, like everybody's like 'oh' [gesture- peace sign]"* (P2, 413-414).

Michelle tried to become interested in topics or activities of interest to her peers, noting, *"that is also a masking thing, where you pretend to have the same interests as people"* (P2, 107-108). She dedicated time to *"research the things they were interested".* She did not allow herself to ask for clarity, for help, or show any sign of confusion for fear this would signal to others that her interest was not *"legit"* (P2, 317-319): *"I was like, I don't even know what this is but I'll play, and I was lost, I didn't know how to play"* (P2, 483-484).

When masking, Michelle preferred others to *"lead the conversation"*, so she could *"just listen"* or *"join in"* with prepared information (P2, 177, 160, 516). She held back in an effort to disguise her perceived social communication difficulties: *"I don't want them to know that I cannot communicate properly [laugh]!"* (P2, 165-166). Michelle rated her masking success on keeping a conversation going, not being identified as a fake fan, and not being identified as *"weird"* (P2, 172, 412): *"I didn't like it, but, I pretend to […] it would just be easier to keep the conversation flowing […] that way"* (P2, 148-151).

Michelle selected and copied peers who were *"popular and good at interacting"* (P2, 426) and who *"won't mind"* Michelle mirroring them (P2, 426, 459). She selected them based on different social demands: *"if I copy her and he doesn't pick on her then why would he pick on me […]?"* (P2, 478-479). When she wanted to hang out with specific peers, she copied their *"body gestures and their behaviour",* noting*, "let me just completely switch my personality"* (P2, 501, 511-512). Michelle aimed to present *"a carbon copy for them to talk to"* (P2, 237).

Some aspects of neurotypical mannerisms (such as walking style) that were a conscious effort to adopt have now become a part of Michelle's daily presentation: *"it just feels so wrong […] "I don't even mean to […] I walk on my feet if I see people"* (P2, 431-440).

4.4.1.3 Superordinate Theme 3: How Masking Feels

Michelle experienced masking as *"not really a good thing", "sad and quite lonely"*, tiring and *"pretty boring"* (P2, 689, 232, 242, 689). She felt isolated as her peers did not get to know her genuine personality and so, she *"didn't have any true friends when masking"*: *"masking is showing a fake front, it's like it's trying to hide what you truly like and what you truly feel with someone else's feelings and someone else's interests"* (P2, 232, 234-236).

Michelle had significant levels of dissatisfaction in relationships established through masking, calling them *"fake and unfulfilling"* (P2, 680-681) and explaining why they were unsuccessful: *"the point of friendship is to share everything […] like, how you feel, your interests and time*

[…] I don't have any interests or anything in common with the person" (P2, 683-685). Michelle sacrificed energy in developing relationships but, once they were established, she realised they were not enjoyable to her: *"that friendship fell out. I wasn't sad about it because she wasn't my friend"* (P2, 203-204).

Michelle recognised the damage of masking in relationships, noting *"it's not beneficial, because you're hiding your actual personality and hiding the great things about yourself"* (P2, 672-673).

Michelle masked from age 7, it involved focusing on *"other people's interests"* which *"diluted my own personality"* but, through researching her peers' interests *"they kind of created my interests"* and she saw this as a positive side effect of masking (P2, 527, 528, 529-530). As an additional *"benefit"*, Michelle felt she had developed skills in presenting as neurotypical and used this skill to help her leave uncomfortable situations (P2, 673, 644-646): *"I'd pretend to be normal, and then I ran away"* (P2, 665-666).

4.4.2 Overarching Theme B: The Aftermath of Masking

4.4.2.1 Superordinate Theme 4: Recovering from Masking

Michelle's recovery from masking was intermingled with her recovery from dealing with *"sensory overload"* (P2, 249). Michelle had experienced *"three panic attacks in school"* (P2, 254-255) to which she felt masking was a direct contributing factor: *"I'd have a sensory overload and […] if I was masking that day […] and if I was interacting too much I'd also get stressed, so that's three different sources of stress, so then I'd just combust"* (P2, 248-251).

When Michelle was *"overloaded"* she waited until she was at home and *"when I don't have something to distract me, I just lie in my bed and I just cry"* (P2, 258- 260). Michelle's recovery in relation to her sensory needs was planned and she made sure she was able to address these needs: *"can't stay over at their house [...] I've a trampoline [...] really helps me like with stimming"* (P2, 275-277). Michelle's masking recovery was not a controlled process; thoughts and feelings flooded her mind when she was at rest: *"all these emotions that are coming [...] not thinking of anything specific [...] it's a million small things"* (P2, 270-272).

Michelle set aside time so there was space in her schedule to debrief from her day. She felt the impact of masking and sensory needs, and therefore the need to recover from both, was *"fairly fifty-fifty"* (P2, 287). Michelle's recovery impacted on her rest and her sleep. At times, Michelle could not put words on her distress and often cried for long periods: *"cry until my head is aching", "eventually I'd just fall asleep because that's how tired I was from crying"* (P2, 267, 280-283)

4.4.2.2 Superordinate Theme 5: Reviewing Performance

Michelle judged herself *"harshly at everything"* (P2, 325, 303) including masking. Michelle could have word-finding difficulties and noted it's *"fifty-fifty"* if she would *"laugh"* or *"cry"* at this but would *"bully"* herself if this occurred *"with people I'm not comfortable with"* (P2, 338, 332-333).

If Michelle passed as neurotypical or was not detected using masking strategies, she felt pleased: *"I did pretty well!"* (P2, 460). If Michelle made a social error in a public setting, she was overly critical of herself and could find it challenging to move on, noting, *"I'd always feel so awkward and if I'd stumble I'd feel horrible [...] building up all this anxiety [...] 'what is* *wrong with me that I stumbled that many times' […] I'd be thinking that […] throughout the day"* (P2, 294-299). She also scolded herself if she *"forgot certain things"* related to a peer's interests that she had planned to discuss (P2, 318).

The criticism of herself stemmed from masking and experiencing social challenges but once Michelle was in a critical mindset, she could *"mentally attack"* other aspects of her personality including her talents: *"typically really late at night […] all the processing will have kicked in, and I'll be looking at my drawing, like, this is the most disgusting thing I have even seen"* (P2, 309, 305-307).

4.4.3 Overarching Theme C: Masking as Essential

4.4.3.1 Superordinate Theme 6: Reasons for Masking

Michelle used masking from early childhood for a variety of reasons including avoiding bullying, avoiding judgement, forming friendships, and hiding autistic traits (P2, 478-480). Michelle used masking as *"kind of a defence mechanism"* (P2, 480) to avoid the attention of a bully in primary school and, following this success, masked very regularly in an attempt to not *"show any of my actual personality"* (P2, 495).

Michelle felt her communication skills were not fluently developed (P2, 169-171). To avoid judgement, Michelle mirrored communication styles of others and did not contribute as much as she would like in conversation. She used *"masking because I don't want them to know that I cannot communicate properly"* (P2, 165-166).

Michelle had considered social norms and observed that *"when things aren't common, people will find them weird"* (P2,171-172), so tried to reduce any traits or habits which are less common: *“people think that autism is weird […] because they don’t know about it and then they don’t understand it”* (P2, 174-176). Michelle often masked if she was uncomfortable in someone’s company (P2, 120-121): *“I’d pretend to be normal, and then I ran away. I literally got out of there as fast as possible”* (P2, 665-666). Michelle was proud of her use of masking to *“get out of situations” “without getting […] picked on”* (P2, 662, 655) which she felt was one of the best benefits of masking (P2, 693). She relied on judgemental responses of neurotypical peers to help her leave a situation: *“if I’m highly autistic they’d probably run away and if I’m normal I can run away, so like it’s [gesture - balancing hands]”* (P2, 651-653).

Michelle used masking to help form friendships but often found that these relationships were not genuine and recognised the cost-benefit of using masking in friendships: *“It wouldn’t be a proper friendship […] but it’d be easier”* (P2, 176-179).

4.4.3.2 Superordinate Theme 7: Masking Situations

Michelle masked in situations where she was uncomfortable, when she was trying to fit in with neurotypical peers, in new environments, and in school. Michelle found talking with *“a new person or person I’m not exactly comfortable with”* stressful (P2, 157-158).

Michelle described using masking strategies since primary school because she was *“isolated […] and […] used to get picked on for like no reason”* (P2, 473-474). She continued to use masking throughout primary school describing *“masking so hard from multiple people”* including friends and feels that *“masking with five-year-olds is easy”* compared to teenagers which is *“a lot more difficult”* (P2, 498, 344-345, 347).

When Michelle moved to second level school, she *"was struggling" "because of the transitions"* and change to her daily schedule noting, *"we had to change classes every forty minutes and we had to like converse every forty minutes"* (P2, 100, 96, 32-33). Michelle noted she had *"mental health issues"* during 1st Year and received her autism diagnosis towards the end of the academic year (P2, 96). Michelle avoided school and interactions when possible *"because interaction makes me very stressed"* (P2, 102-103).

Michelle felt her peers were *"really different"* when they moved to second level as some were *"more mature and then some of them act like six-year-olds [small laugh]"* (P2, 38-40). She had *"one friend"* going into second level and felt teenage friendships required more effort, noting she struggled *"more than primary, because you're forced to be friends in primary school [small laugh]"* (P2, 43, 16-17).

Michelle *"didn't have any interest in making more friends"* but was brought into a group by a peer and used masking strategies to help her *"fit in with them"* which required masking preparation and research of their interests (P2, 78, 85, 110, 105-107). Michelle established specific strategies for masking with teenagers such as establishing their hidden interests: *"every teenager has something […] like literally the most basic thing […] if you can figure out what that is"* (348-352).

4.4.4 Overarching Theme D: Moving Away from Masking

4.4.4.1 Superordinate Theme 8: Not Masking

Michelle noted *"I don't mask at all anymore"* (P2, 222). Once she had established good friendships, she revaluated her use of masking and felt confident to stop masking: *"I have a good group of friends, you know, I was set"* (P2, 627-628).

Michelle's decision was reinforced when she attempted to turn a 'fake' friendship into something more genuine and it was not well received by her peer: *"and that's when I realised that I shouldn't be masking, especially with people who don't deserve my friendship"* (P2, 608-610).

Michelle realised that the effort of masking was not worth the cost to her, and she cultivated friendships by revealing her true personality: *"trying to mask, but then I gave up [...] and now she's one of my good friends"* (P2, 217-219). She stopped trying to appeal to all peers and focused on meaningful friendships noting, *"those people are close friends"* (P2, 228).

Seeing an autistic friend be proud to be autistic and not change for others provided some inspiration for her decision to stop masking, as did a teacher's encouragement to focus on close friendships (P2, 612-618, 226-229): *"I was like, I am done, I am autistic, who cares, like, the people who actually care about me won't care"* (P2, 615-617).

Michelle noted that she did not attempt to mask during the interview for this research: *"right now you're seeing more than any of my primary school mates would have seen"* (P2, 495-496). She no longer hides that she is autistic and does not hide her interests, sensory responses or anxiety. Responding honestly to her peers has not always helped her gain friends but she is happier and less stressed being herself (P2, 618-625).

Michelle still likes to use masking if she needs to *"quickly get away from someone"* but, in general, planned to continue interacting and pursuing her interests while not masking (P2, 645). Michelle sometimes used unplanned masking strategies as she used them for several years and finds it challenging to break the habit (P2, 429-434, 439-441). She feels masking is a childhood or teenage strategy and thinks that adults won't be expected to mask: *"if I was a Professor, I'd be talking to a large group of people and they wouldn't care if I had autism like cos they'd be like adults at that point"* (P2, 642-643).

4.4.4.2 Superordinate Theme 9: Friendships

Michelle felt it was easier to establish relationships in primary school because peers' interests were easier to recognise and there were more allowances for differences in presentations as *"every child is weird in primary school"* (P2, 19). In primary school, relationships with *"guy-friends"* were easier to maintain for Michelle because the dynamics were clearer (P2, 45).

As a teenager, Michelle developed several *"good friendships"* (P2, 194) and she felt they were possible *"because I didn't start it off by masking"* (P2, 195). She sometimes used masking strategies to help start relationships and then reduced her masking explaining, *"that would be how you could create a proper friendship using masking"* (P2, 354-355).

Michelle was most comfortable not masking with friends who share common interests, noting *"The two girls I'm friends with are me [small laugh]"* (P2, 71) as they share many common interests *"like, video games and anime"* (P2, 68).

Michelle's friends included peers who are neurodiverse or who are accepting of Michelle's genuine personality (P2, 208-219). Interacting in a style that felt natural to Michelle included quickly *"switching subjects, and we'd go back and forth with thing to thing"* (P2, 156-157). Not having to use neurotypical standards of socialising allowed Michelle to participate in the interaction without considering how she was presenting: *"I made a good few good friends, one* *was also autistic [...] it was a big difference, because I'd be talking more"* (P2, 51-53). Michelle was initially *"shocked and confused"* when she was accepted by a peer (P2, 81-82).

Michelle was confident in her friendships and less stressed compared to relationships where she was overly focused on how she would be perceived: *"I have four really really close friends who know absolutely everything about me [...] and who I can have three*-hour long *conversations with and we could keep going"* (P2, 188-190). Michelle's sense of acceptance in her group is mirrored in her acceptance of others as she identifies that what she needs in peer friendships (i.e. fun and acceptance) and was open to being friends with neurotypical peers and neurodiverse peers if they don't require a masked version of Michelle's personality in order to accept her: *"my best friend isn't autistic [...] she is the funniest, most random person ever, but she wouldn't be that way like that without her ADHD and I wouldn't be who I am without my autism so, like, it's part of our personality"* (P2, 594-601).

4.5 Emily's Experiences and Understanding

Emily (Participant 3) had experience preparing for masking, developing and employing masking strategies, and identifying situations she felt required masking. Emily focused on not offending others and not drawing unwanted attention to herself. Emily's preferred terminology for others to use includes *'masking'* and *'person with autism'* (but she feels comfortable using both *'with autism'* and *'autistic'*).

4.5.1 Overarching Theme A: The Work of Masking

4.5.1.1 Superordinate Theme 1: Preparing for Masking

Emily engaged in masking rehearsal at home. She described mimicking others, noting "*I do tend to do this a lot",* and rehearsed their *"hand gestures"*, *"how they move with their body"* and copied their *"speaking"* (P3, 196-198, 647). Emily's goal was to be able to use these copied mannerisms in her *"own way"* (P3, 204). An ongoing concern for Emily was offending others as you *"don't know what to expect from people"* and so she attempted to change the mannerisms somewhat and *"not copy it completely like I'm copying off someone else"* (P3, 161-162, 202-203).

Emily rehearsed speaking quieter and termed her natural volume as *"a problem"* (P3, 772) as she has been told by others to *"lower"* her voice (P3, 774). She attempted to monitor her voice, so that, even when she was not masking with a particular individual, she was generally masking *"especially when you're in public"* (P3, 777).

The concern that others are *"going to misjudge you"* means Emily liked to *"practice what to say"* (P3, 162, 163) in preparation for interactions. Emily liked *"a lot of tv, reading novels"* or listening *"to music"* (P3, 674) and watching American tv shows. She liked to *"copy their accents"* and rehearsed what to say using characters' accents (P3, 648). Emily's rehearsal of accents was related to managing how she presents to others - she copied accents from characters who were socially successful in a specific situation to use if she found herself in a similar situation (P3, 680).

Emily asked her parents for clarification or guidance about social requirements or situations that she had seen on screen (P3, 717-721) or experienced or *"when there's a new situation coming up"* (P3, 854-855). When she asked for advice, her focus was on not offending others, getting into trouble, or drawing attention to herself in a social setting (P3, 853-859).

4.5.1.2 Superordinate Theme 2: Developing and Employing Masking Strategies

Emily had a range of techniques that she used when masking. She tried to hold back in conversation, focused on not interrupting, and speaking slower and quieter. She did not want to copy others but wanted to suppress her natural preferences in social situations. Emily *"would try and force myself to change"* her outward presentation and suppress her emotions, noting *"I try not to get verbally upset"* as she felt that was better received (P3, 233, 234).

When in a new space, Emily altered her pace of speaking (*"slower"* and *"calmer")* based on a fear that others will *"misunderstand my language"* (P3, 171, 175, 165). This was a conscious effort for Emily as she preferred *"to talk very fast"* (P3, 166). Emily ignored her own preferences and prioritised the preferences of others.

Emily allowed others to speak first to judge when she *"would start talking"* (P3, 729). Emily often held herself back in conversation, noting *"I'd probably wait until their probably interest is over"* and waited for her conversational partner to bring up her interest so she could *"start talking about my interests"* (P3, 743-745). Emily preferred this approach as it allowed her peers to fully discuss their interests without interruption, noting *"I don't want to be rude, I want to let them finish before I can start a new conversation"* (P3, 751-752). Emily worried that a reciprocal conversation might be perceived as talking over someone and so waited for a break in conversation to join in (P3, 738-743).

Emily looked for visual clues to peers' interests displayed on their possessions, noting *"I would check the bag and the back of their phone case"* (P3, 356). Emily found this strategy useful for making connections with peers and she also displayed visual cues to others, so they know her interests (P3, 345-347). Emily judged her success on the reactions of her peers noting, *"if they're excited that means that [...] I'm talking what they like"* (P3, 539-540). Her view of success was not based on making genuine connections but rather noticing a peer was interested in the conversation and was responding positively (P3, 534-540).

Emily used masking strategies (including conversation starters and looking for visual cues) to help her make genuine connections with others, choosing locations where shared interests were common to *"meet people that I would like"* (P3, 362-363). Emily found discussing interests the easiest conversation with peers and employed this for the transition to second level school (P3, 477-482). She had a number of questions (such as *"what music do you like?"*) and discussion points she used to help change the topic to something she had rehearsed (P3, 544-547). She has rehearsed specific lines or topics that help *"start a conversation"* (including school *"subjects"*, *"music"*, and popular culture) (P3, 49-54, 350-351).

4.5.1.3 Superordinate Theme 3: How Masking Feels

When Emily interacted in social situations and used masking strategies, she monitored her presentation and felt anxious if she had not presented 'correctly' (e.g. by *"speaking too loud")* (P3, 788-791). If Emily forgot to implement the strategies she had prepared, she corrected herself and tried to revert to her strategies (P3, 797-799).

Emily's interactions were monitored by family members when she was with them and this provided some relief to her as she did not feel pressure to monitor herself (P3, 835-840). She did not permit herself to not use masking strategies and was grateful to others when they gave her *"guidance"* (P3, 844).

Emily described preferring to *"wait for someone"* to lead the conversation but noted that her parents wanted her to initiate interactions more frequently (P3, 628-629). Emily feared being rude towards others if she spoke first, and *"would probably get very anxious"* when deciding when she should join a conversation, balancing her parents request and her fear of judgement (P3, 636).

Emily was conscious of how she presented to peers but also to people she passed in public (P3, 779-782). She was concerned about the volume and pace of her speech and did not want to attract others *"especially when you're in a small space with a group of people, and you're talking"* (P3, 799-800). When she used masking strategies in public, it was for the purpose of not drawing attention from strangers and her attention in a public or social setting was often on altering her natural voice and her natural preferences (thinking *"my voice shouldn't be that high […] I wouldn't go too low"* (P3, 804-806).

4.5.2 Overarching Theme B: The Aftermath of Masking

4.5.2.1 Superordinate Theme 4: Recovering from Masking

Emily did not like to share her evaluation of her interactions with others (including family) if the experience has not gone well as she wanted *"to make a good impression of myself"* (P3, 824). If *"something good happened"* she told her mother (P3, 818-819).

4.5.2.2 Superordinate Theme 5: Reviewing Performance

Emily's evaluation of her masking typically occurred in the moment (P3, 793-795). She had judged her voice (volume and pace), how she responded to jokes, and if she had joined a conversation at the correct moment (P3, 568-572, 799-800). Emily tended to view her performance negatively; several times she referred to situations where she felt her voice was too loud, for example, *“put my volume up or just to tone it down a bit”* feeling *“my voice shouldn’t be that high, so I would tell myself just to tone it down”* (P3, 799, 804-805).

When Emily was planning an interaction, she would consider how she presented in situations and asked for advice from others about her preferences: *“questions like “should I do this, should I do that?”* (P3, 853-854)

Emily reflected on some social situations as they occurred. She found some jokes confusing and would consider them in the moment before responding *“I would probably think about what they’re saying before I actually laughed”* (P3, 574-575). Emily felt people *“get mad”* (P3, 576) with her when she had a delayed response to a joke but did not want to be dishonest in her responses so would not laugh if she was unsure (P3, 576-583). Emily’s review of her responses presumed other people in the situations had the correct responses and her responses (if they were different) needed to be altered; for example, she assumed she had not understood a joke and did not consider the possibility that the joke was not funny.

4.5.3 Overarching Theme C: Masking as Essential

4.5.3.1 Superordinate Theme 6: Reasons for Masking

Emily had several reasons for masking but the key theme was avoiding negative judgement. Emily was concerned with how people *“react”* to her, often felt *“different than everybody else”*, felt others would judge her negatively and so rehearsed social interaction strategies for things she *“would struggle with”* to limit this judgement (P3, 183, 185, 187).

Emily had several instances (e.g. P3, 83-94, 276-278) where she has been excluded or mistreated by peers, or *“misjudged because of my autism”* and tried to avoid those peers noting, *"I didn't want to, you know, hurt, the way I was"* (P3, 61, 286). She was overly cautious in her interactions, based on a fear that if she offended peers, they would judge her negatively. Emily attempted to mask her responses but, at times, responded unmasked and although she tried to *"ignore"* situations where she felt provoked by peers, she had said things she *"shouldn't have said"* when not masking (P3, 264, 251).

Emily had a fear of authority and often considered how she was presenting *"so I don't get in trouble"* (P3, 123). She altered her behaviour, who she associated with, and, as much as possible, how she may be perceived to avoid getting *"into trouble"* (P3, 121). She considered if new people were trustworthy as she had *"trust issues with people"* and had *"played it safe"* by physically avoiding peers who drew attention (P3, 209, 137). Emily was vigilant to the behaviours of people around her and checked how she would be seen by others, noting she considered *"new people"* in terms of *"are they suitable to hang out with, are they not like troublemakers"* (P3, 143-145).

Emily was concerned with not offending others and was careful in her language to explain that she was supportive of all: *"saying that I would not understand [...] the LGBT community, because of my autism. But I do"* (P3, 97-99). Emily corrected her language often because *"I don't want to cause harm"* (P3, 152). Emily had experienced prejudice and was careful to not hurt others so would use masking, noting she did not want to mask when she was accepted *"if people accept me for who I am, I don't want to change anything"* (P3, 221-222).

This fear also impacted Emily's conversations with others as she was careful to not say anything that may offend or *"get them mad"* (P3, 563) including saying only positive things about their interests (e.g. 549-552, 555-563). She worked hard to try to understand jokes and challenging social interactions, in an effort to appease peers as *"for me, it counts as manners"* (P3,763).

4.5.3.2 Superordinate Theme 7: Masking Situations

Emily noted that she used masking strategies with new people and new situations. One significant situation was her move to second level school which made her *"a bit nervous"* and "*took me like a while to fit in"* (P3, 39, 470). Emily found "*trying to meet new people"* and trying to make new friends *"a bit awkward"* and used strategies to her to make it easier (P3, 42-43).

Emily was starting her sixth (and final) year of second level school; she was keen to look out for new students as she recognised the move as daunting. Emily paid attention to 1st Year students, students *"who have disabilities"* and those *"struggling to actually fit in"* as *"that's the struggle that I found when I first went into First Year*" (P3, 461-463). To help others feel comfortable and less "*scared"* (P3, 466), Emily had prepared topics for talking to the younger students *"like how is their day going, and do they feel comfortable, have you made any friends yet"* (P3, 449-450).

Emily's doubt in relation to her presentation, and her fear of offending others, meant she struggled with initiating conversations with new peers; this motivated some of her masking preparation and use of masking when meeting new people: *"trying to meet new people and trying to talk to them [...] it's a bit awkward [...] I don't know what to say to the person in case I offend them or they're not going to like me"* (P3, 42-44). Emily used masking strategies until she was comfortable: *"for, like, like a while, because it's in a new situation and you're meeting new people [...] Especially because, since you're in a new place and they don't know* *you very well"* (P3, 761-765). Emily assessed new environments, by doing *"more looking than anything like talking"* and considered her presentation with the goals of not drawing negative attention and fitting in (P3, 875).

She preferred to hold back in new situations, let others speak to her first, mirror their interaction style, and use prepared conversations starters. Emily will move to third level education in the next year and plans to continue using the strategies she has developed as *"you pretty much don't know what to expect from people, like, when they look at you"* and wants to make a good impression (P3, 161-162).

4.5.4 Overarching Theme D: Moving Away from Masking

4.5.4.1 Superordinate Theme 8: Not Masking

Emily was less likely to use masking or be overly concerned with how she was presenting if people were accepting of her: *"if people accept me for who I am, I don't want to change anything"* (P3, 221-222).

4.5.4.2 Superordinate Theme 9: Friendships

Emily attended groups and out-of-school classes with the same peers *"for about eleven years"* but did not feel that she had genuine friendships, noting, *"I didn't really get into it"* (P3, 391-394). As is common in Emily's interview, she placed blame with herself and not with her peers, feeling her *"social"* skills may be at fault (P3, 394). She felt that by not masking and using the strategies she had developed from the outset of a relationships, it was *"very difficult"* to form connections (P3, 406).

Emily had lost friends over the years. Several of these were related to misunderstanding in relationships and some were Emily's choice because she felt disrespected and not valued in the friendship (P3, 266-273): *"she didn't really wanted to talk to me [...] is she starting to pretty much get fed up with me"*; *"I'm not friends with her now because, like, there's no point"* (P3, 65-71, 282).

Using planned interactions, Emily had met several friends with similar interests and had *"great conversations"* with *"people that I would like"* (P3, 361-363). Emily did not feel this new group *"didn't like me"* and had more fun going to *"different places and stuff"* than with peers with whom she shared less interests (P3, 380-383). Emily also described making friends with an autistic peer and feeling more at ease in this relationship: *"I didn't know she was autistic, but when she told me I was pretty much happy"* (P3, 424-425). Emily felt understood, accepted and comfortable in her friend's company: *"she understands completely because she is autistic [...] so she understands my problems and stuff"* (P3, 423-424).

Emily felt at ease with others when she was accepted and when there was mutual trust in a peer relationship. She tried to be a safe space for others and to understand different perspectives, noting *"people do tend to trust me a lot, cos I understand them"* (P3, 210-211).

4.6 Colette's Experiences and Understanding

Colette's (Participant 4) focus was on moving on from masking and managing her related anxiety. Colette's preferred terminology relevant to this research include *'autistic'* and *'masking'*: *"I'd say masking, yeah, because it's like wearing a mask"* (P4, 49).

4.6.1 Overarching Theme A: The Work of Masking

4.6.1.1 Superordinate Theme 1: Preparing for Masking

Colette prepared for masking by rehearsing elements of her social-interaction skills. This has reduced over-time, but she still did this *"a good few times a week"* (P4, 282-283). She rehearsed areas that take effort to 'blend in' with her neurotypical peers including facial expressions, tone of voice and gestures.

Colette felt her anxiety impacted the way she held her hands in social situations. Colette would *"often practice [...] hand gestures" "where I'm just like, ok, is this right?"* (P4, 283-284) to not attract attention or be perceived as distressed: *"keep my hands very like stiff and close to my body [...] people see that and they're like, ok, is something wrong [...] I'm anxious in the situation [...] it's just, I'm autistic and I'm uncomfortable [...] there's nothing wrong with me at the moment, so I don't want to appear like there is"* (P4, 284-289).

Colette researched social requirements or unwritten social rules to help not draw attention to herself and understand confusing situations, for example, *"if something does happen where I'm not really sure [...] why someone has a reaction in that way, then I will [...] look it up"* (P4, 314-316). Colette's research was *"definitely ongoing"* (P4, 310) and included understanding implied social requirements and people's motivations: *"I find it hard to learn things about people from being around people, I prefer like, reading about it, and then going, ok, that makes sense now"* (P4, 308-309).

4.6.1.2 Superordinate Theme 2: Developing and Employing Masking Strategies

Colette had key masking strategies including copying others, ignoring her own preferences, and pretending to be interested in others' interests. The physical and mental effort involved in Colette's masking was substantial.

Colette selected socially confident peers and mirrored some of their social skills. She selected *"the most confident person in the group"* whose *"body language is very loose and [...] they have a loud presence"* and studied them to incorporate their mannerisms into her masking (P4, 231, 239-242). Colette copied *"what they're doing like, physically", "their facial expressions"* and their use of words or phrases (P4, 232-233). Colette's rehearsal or repetition of this at home was not always deliberate: *"I often pick up words [...] and I'll just start saying them, just out of nowhere [...] it will be my like 'word of the month'"* (P4, 232-235).

Colette's masking involved superficial mirroring of socially successful peers without understanding their motivations: *"I'll do it, even though I don't know why they're doing it"* (P4, 249-249). This often led her to display behaviours she did not understand or which were not natural to her *"like mouth movements that they'd make"* (P4, 247): *"I don't understand why you're really happy but I'll pretend that I'm really happy too [small laugh]" "I'd just completely pretend"* (P4, 98-99; 109-110).

Colette *"wanted to fit in a lot"* and did not want to show uncertainty which resulted in her being vulnerable to persuasion when younger: *"just kind of accepting everything that I was asked, I think that was definitely a part of masking"* (P4, 593-595). She described going along with peers' suggestions and requests without fully understanding them, to blend with a peer group.

Colette tried *"really hard"* to alter her facial expressions to *"do the right ones"* and *"make it seem like I know what I'm doing with emotions and stuff"* but when she was with family she allowed her face to *"do what it wants to do"* (P4, 472-475). Colette also supressed her physical needs and consciously replaced or hid some physical movements: *"I have to like move to soothe myself, but if I'm with people […] I try to like hide that"* (P4, 466-467).

Colette actively masked features she felt could be identified as autistic including the tone of one's voice; *"when I'm with people I try to make my voice a little bit more bouncier so that I don't come off as monotone […] I try extra hard to not have a flat voice*" (P4, 470-472, 488-489). She hid her real thoughts to go along with peers: *"when I'm with my family […] I have very strong opinions and like, I know how I feel […] with other people […] it's different versions of me, but it's still me […] I'm hiding my autistic traits"* (P4, 462-465).

4.6.1.3 Superordinate Theme 3: How Masking Feels

Colette felt masking was required to join neurotypical peers but this was often a superficial joining as she felt separated from them by focusing on masking: *"it's kind of like, em, being in a bubble"* (P4, 9). Colette felt masking took a lot of mental energy (P4, 440), was pressurising to maintain (P4, 358-359), was exhausting (P4, 175), *"mentally draining"* (P4, 170), and involved paying attention to many elements of one's own presentation and that of others (P4, 479).

When Colette took on the outward characteristics of a peer who seemed *"like they're having no difficulties at all"* she noted she didn't *"really feel like myself"* because *"I'm copying someone else and I'm more like them"* (P4, 12-14). Colette's personality at home was more *"carefree"* and she had a *"very different personality"* when masked, particularly when she was younger and was first aware of social demands: *"like in primary school [..] I barely talked to anyone"* (P4, 150-155).

For Colette, her use of masking was so frequent that it often *"just kind of happens"* (P4, 19). It is a habit that is hard to break, or even notice: *"over time, it gets easier to mask [...] it almost becomes habitual"* (P4, 525-527).

During Covid-19 restrictions, there were fewer opportunities to meet peers. Colette liked to be *"with my friends even if I do like hide parts of me with them"* but also felt relief that she did not have to engage in masked interactions (P4, 443-457): *"in one way I have liked it, because I haven't like, had to manage myself as much, but [...]I feel a lot less, like trapped in myself, now that I'm away from people"* (P4, 443-447).

4.6.2 Overarching Theme B: The Aftermath of Masking

4.6.2.1 Superordinate Theme 4: Recovering from Masking

A period of rest and recovery was necessary for Colette after masking as she found it *"mentally draining"* (P4, 170). If Colette has been *"masking all day"* with only limited breaks she needed time alone from everyone, *"even from my family for a while after school"* noting, *"I'd have to like, go to bed [...] or something for an hour, just to like, recuperate"* (P4, 171-173, 179). *"Some days it's worse"* and Colette needed a total break from interaction: *"I'd even eat dinner* *away from my family just because […] I feel like very socially drained […] and like talking and stuff is very tiring"* (P4, 180-183).

The impact of masking and the recuperation needed varied for Colette depended on the amount or duration of masking required. If she had *"a very long day"* or an *"emotionally draining day"* her recovery could *"take a good few hours"* (P4, 191, 207-208). In recovery, Colette might *"start crying, for like no reason at all"* (P4, 191-192). She required some degree of recuperation when she returned home even on *"a normal day"* and included recovery time in her typical daily schedule: *"usually I'm kind of back to myself after about half an hour to an hour"* (P4, 210-211).

Interacting with some individuals, with whom Colette constantly masked, was more tiring than interacting for longer periods with good friends where she *"wouldn't have to mask as much"* (P4, 432). Colette's assessment of which people required masking was often determined by how she felt following interactions with them: *"where I'm like, ok I can't do anything around them"* (P4, 433-434). Colette's recovery time was less if she has spent time with just close friends as she would *"feel less tired after that"* (P4, 432-433). Colette balanced her desire to interact with her friends and engage in teenage activities with an acceptance that this would require a longer recovery: *"I've been to a few sleepovers […] the next day I was completely just, exhausted, and I spent most of the day just in bed […] it was a longer socialising with a lot of different people"* (P4, 214-217).

Although Colette was less drained and more relaxed with less interaction, she viewed her recovery from masking as a necessary cost for interacting with her peers and the outside world in general: *"I like being outside and I like being with my friends, even if I do like hide parts of me with them"* (P4, 444-445).

4.6.2.2 Superordinate Theme 5: Reviewing Performance

During her recovery time, Colette critiqued her performance and conducted research to help improve her future use of masking. Colette's criticisms of her masking were less frequent and less harsh than her criticisms of her true personality in social situations and so masking led to a shorter recovery period as there were fewer interactions to review: *"I feel more like comfortable in myself […] I don't want to like go over situations where I'm like 'do they think that I was being, like weird?', in a situation"* (P4, 404-406).

Although Colette had an awareness that people make mistakes in their interactions, she held herself to a high standard and criticised her performance from interactions: *"making sure I did it right […] if someone kind of reacted in a way that I wasn't 100% sure […] what I said was good or bad, then I'd, I'd replay that a lot, over while I'm recuperating"* (P4, 221-226).

Colette conducted social research following masking; she asked some *"close friends"*, her mother, or Google why people acted in certain ways in social situations to improve her masking and future interactions (P4, 104). Colette masked her social uncertainty even in her recovery period and preferred to figure out her social query by herself as a first step: *"I'd Google it first, and if I couldn't find an answer then I'd ask someone* (P4, 126-127).

Colette assumed social competence from her peers (for example, if someone has made a joke that she doesn't get, she blamed herself and not the joker): *"I'll ask them like, "why was that funny?"* (P4, 105). If others use *"abbreviations of words"* Colette assumes she was the only one unsure and did not want to draw attention to her confusion (P4, 116): *"not really think about it, cos it's only once or twice, and then once it's happened a couple of times I think like it's too late to ask then, because they've said it so many times [small laugh]"* (P4, 142-144).

The social research led Colette to an interest in psychology which she explored in her *"free time as an interest"* (P4, 314).

4.6.3 Overarching Theme C: Masking as Essential

4.6.3.1 Superordinate Theme 6: Reasons for Masking

There were many factors which influenced Colette's motivation to mask. In general, Colette's level of comfort, uncertainty in relation to requirements, or closeness with people motivated her masking. This area was *"kind of mentally difficult"* for Colette as she decided when she masked, and therefore, she caused herself distress; she found it *"a little bit frustrating"* to know that *"I don't have to do it, but feeling like I have to do it"* (P4, 296-298).

Colette masked with people who are not family or close friends, or if she was uncomfortable with them. There were *"certain people"* she would *"mask with them forever";* this related to the level of comfort and not *"the amount of time"* she spent with them (P4, 422-423). Colette's masking was usually automatic but she chose to mask when she wanted to present as neurotypical or more socially competent than she felt: *"I can feel that I'm uncomfortable […] if I'm feeling it very strongly, then I'm like, ok, […] I need to look normal now, so then I choose it at that point"* (P4, 257-259).

From *"a very early age"* Colette felt she was *"not quite the same as everyone else"* and was *"very conscious of that"* so worked hard to make herself similar presenting to her peers (P4, 157-161). Colette did not want others to *"pity"* or judge her (P4, 64) and recalled conversations, from several years ago, following which she decided to mask her personality to avoid judgement from socially successful peers: *"the first day in secondary school, the only girl that I had known from primary school became very good friends with like a popular group, so I just kind of went with her […] and they'd like look at other people, who I would have considered like, "oh, you know, they look fun and nice", and they'd be like, "they're actually weird", and I'm like, ok, I won't act like that then"* (P4, 348-353).

Colette used masking to *"feel more like comfortable"* and reduce analysis of her interactions, noting *"I don't want to like go over situations where I'm like do they think that I was being, like weird, in a situation"* (P4, 404-406). Colette felt she was good at masking but she didn't *"necessarily consider that, like, a good thing"* (P4, 498). Colette felt she had to mask in order to avoid judgement: *"I feel like I have to, so that I don't get like, you know, pointed out for being weird or different […] I don't want people to be like […] 'she's not good enough because she's autistic' […] so I try to like, hide that"* (P4, 501-510).

Colette actively masked her autism and anxiety. She didn't want people to *"see me as an alarmist because I'm extremely anxious"* (P4, 71-73) and if someone were to guess she was autistic, this would increase her reviewing of her performance: *"I'd be like […] what was I doing that made me look autistic"* (P4, 263-264). This was not drawn from negative feelings about autism but rather a desire to show that she was coping: *"there's nothing wrong with me […] so I don't want to appear like there is."* (P4, 288-289).

Colette had a positive view of autism and, in relation to her diagnosis, felt that *"it's been a lot easier to understand myself since I got it"* (P4, 32-33). Colette found her diagnosis *"quite* *relieving"* (P4, 378) and *"it wasn't actually difficult to come to terms with"* (P4, 380); this relief was, in part, related to knowing that her masking and related feelings had an explanation. Colette sought a diagnosis when her new friends learned of her masking: *"they'd be like, 'that's, that's not normal' and like, they weren't saying it in a bad way [...] I definitely kind of looked into it more and understood then that it was autism rather than everyone does this"* (P4 370-376).

4.6.3.2 Superordinate Theme 7: Masking Situations

Colette didn't mask with *"close friends and my family"* but masked *"a lot more"* with *"anyone outside of that"* (P4, 86-87). Most of Colette's interactions outside of home were school based.

Colette's use of masking in second level, and decision to show an outwardly socially engaged appearance, was a change in approach, as in primary school she *"was always like really, really quiet and I barely talked to anyone"* (P4, 154-155) but she *"definitely"* masked *"more"* at *"the start of secondary school"* (P4, 280-281). Colette's observation of her peers was the basis for her use of masking; in primary school it was acceptable to act *"childish"* (P4, 324) and this *"wasn't really looked at as weird"* (P4, 325) but she noticed a marked difference in how her peers presented themselves in the early teen years: *"everyone was like, more mature, and they were like, doing a lot of things that I didn't want to do [...] so I was definitely like, okay, I need to, I need to change myself now for these people"* (P4, 326-330). Colette felt masking was a protective measure she would have used even if she knew she was autistic: *"first to third year anyways, it was very difficult but I think it was definitely needed for me to mask [...] it was easier for me at that time to mask"* (P4, 584-586).

Colette relied on masking *"especially if it's a new situation"*, as she felt *"very nervous in new situations"* (P4, 55, 63). Colette would *"actively choose"* to mask to *"try to come off as more confident"* as *"I don't want to come off as nervous [...] I don't want people to sort of like pity me"* (P4, 52, 63-65). Colette's masking also impacted her interactions with her close friends, as if someone new joined the group, Colette would revert to a masked presentation. A change to a familiar peer group would override Colette's established comfort with her close friends: *"I'd definitely, kind of, shut and off and [...] kind of copy my friends"* (P4, 90-91).

4.6.4 Overarching Theme D: Moving away from Masking

4.6.4.1 Superordinate Theme 8: Not Masking

Colette wanted to *"break the habit"* of masking where possible but found this *"really difficult"* (P4, 26). Colette felt masking was a hard habit to break as it is *"difficult enough for neurotypical people"* to be themselves but implied added challenges for an autistic teen girl to be her real self; *"which is really difficult"* (P4, 538, 536).

She had some experience of *"unmasking"* (P4, 396) with family and *"two friends"* (P4, 390) but was hesitant to expand this to others: *"very close friends would know me unmasking, but the other friend group wouldn't"* (P4, 395-396). Colette was trying to *"get rid"* (P4, 535) of the mask and had some success with her close peer group: *"I've been trying to like get rid of it, of the mask altogether, and like, just try to be myself more"* (P4, 533-536).

Colette did not want to be judged, bullied or discriminated against for presenting as autistic and so felt it was safer (although damaging to her self-perception and energy) to mask. Until people proved themselves to be allies, Colette struggled to imagine safely not masking in their company: *"I don't want to mask, I don't want to like be someone else around different people,* *but I just, I feel like I have to"* (P4, 500-501). Colette accurately predicted that neurotypical people would question her behaviour and presentation when unmasked and this would continue if she stopped masking: *"it's very difficult because some of the people have been like, 'oh why are you doing this?' and then I'm like, 'oh it's because I'm autistic'"* (P4, 549-550).

Colette planned to build her confidence and safely practice not masking before she did this in her general interactions: *"with my closer friends and then, kind of, as I get older, try, try to be more myself around everyone"* (P4, 564-565). She had an awareness that some people would never provide a safe space for her and she would mask with them *"forever"* (P4, 422). If people *"take the time to know"* her and show that they are not a threat she would stop masking: *"letting my walls down, I guess"* (P4, 567, 426).

Colette felt she could establish genuine friendships if she were to stop masking and wanted to have the confidence to be 'unmasked' with others and to filter out unsuitable friendships earlier: *"over time I'd, I'd mask less with you, so there's no point in me masking in the first place, [...] I want to get to a point where it's take me as I am, rather than, I have to pretend who I am until you know me [laugh]"* (P4 567-570).

Although Colette's process of attempting to unmask was not complete, her awareness of her autism and her subsequent decision to try to stop masking allowed her to reexamine her masking and eliminate some strategies that made her vulnerable. She felt she was vulnerable when she was younger and, since her diagnosis, was trying to adapt her social responses to protect herself: *"I was very, like, easy to persuade, and I think that if I had known when I was younger, I would have been more, like, sure of myself, and like, sure that I needed those boundaries"* (P4, 580-583); *"I've definitely learned to say no now that I understand what* *masking is, and I understand that I can be different, I don't need to fit these people's, like, view of me"* (P4, 598-600).

4.6.4.2 Superordinate Theme 9: Friendships

Colette's recent friendships were the most supportive she has experienced. She was familiar with her primary school classmates, was associated with a group of girls in early second level with whom she masked continuously, and as an older teen had a group of friends who were very close friends and she felt *"more comfortable around them"* (P4, 370).

Colette's closest friends *"kind of pick up on"* her masking and used this as a signal to check in with her and make sure she was ok (P4, 80). Her friends were aware she is autistic and has anxiety. Colette recognised the benefit to her mental health in having a group where she could discuss her lived experience and show her true personality (P4, 137).

Colette did not generally mask with her two closest friends but would if there are others in the group. Colette had a sense of guilt (*"like I'm lying to them sometimes";* P4, 408) that she had not stopped masking with her friends, seeing it as it is a form of deception that presented an inaccurate representation: *"it's kind of like I have a different personality for them [...] it's still me, but it's just tweaked in a way"* (P4, 391-392). To mix with her close friends, Colette attended activities where a wider friend group were also present (P4, 214-217).

Her successes with her friends influenced her decision to stop masking: *"with my closer friends and then, kind of, as I get older, try, try to be more myself around everyone"* (P4, 564-565).

4.7 Cross-Case Findings

The cross-case findings highlighted the commonalities and differences among the participants' lived experiences. The findings were developed from the superordinate and overarching themes A, B, C and D, in response to RQ1 and RQ2, and are further presented in Appendix H.

Table 12

Cross-Case Findings

Overarching Theme A: The Work of Masking
Superordinate Theme 1: Preparing for Masking Participants thought about social interactions, rehearsed masking strategies, and engaged in research at home in preparation for social interactions. • Róisín prepared an exit plan, identified where to take breaks, and planned how to leave conversations. She planned conversational topics and identified people with whom she felt safe. • Michelle rehearsed lines and topics for conversation and facial expressions that would appeal to others. She researched topics of interest to others. • Emily rehearsed hand gestures, body movements, speaking quieter, and accents. She researched topics of interest for others and asked family for guidance about social situations. • Colette rehearsed facial expressions, tone of voice, gestures, and how she held her hands. She also researched social rules and people's reactions.
Superordinate Theme 2: Developing and Employing Masking Strategies Participants used a range of strategies to appear neurotypical or blend in with neurotypical peers. • Róisín mimicked body language, eye contact, tone of voice, mannerisms and interests of others. She used specific conversational topics and planned how to hide physically soothing behaviours. • Michelle tried to not move her hands too much and stopped walking on her toes. She pretended to be interested in topics, researched topics of interest to others, held back in conversation, mirrored socially successful peers, and copied body language and behaviour. • Emily focused on holding back in conversation and not interrupting, speaking slower and quieter, hiding emotional responses, copying others, checking others for visual clues of their interests, and using specific conversation starters. • Colette copied several aspects of socially successful peers (including body language, facial expressions, use of words and phrases), ignored her own preferences, pretended to be interested in others' interests, went along with suggestions of others, thought carefully about facial expressions, hid physical movements, and altered the tone of her voice.

Superordinate Theme 3: How Masking Feels

Participants experienced masking as anxiety provoking, hard work, exhausting, isolating and habitual.

- Róisín felt separated from others when she masked in social situations, she used strategies automatically, monitored herself (and others' reactions to her) constantly and deliberately, felt fear of being caught and on alert for same, and felt anxiety and a desire to escape.
- Michelle felt sad and lonely when masking, she found it tiring and isolating, she felt she had to hide her real personality and interests, and felt masked relationships were fake and unfulfilling.
- Emily monitored her presentation when masking and felt anxiety if she felt it was not going well, she relaxed a little if others monitored her presentation for her, she felt judged and anxious when trying to meet social demands.
- Colette felt a superficial connection with others when masking, she found it exhausting, isolating, habitual, and felt it took a lot of mental energy and required a lot of monitoring, she felt not like herself when masking.

Overarching Theme B: The Aftermath of Masking

Superordinate Theme 4: Recovering from Masking

Participants required recovery time to stop masking, rest from the effects of masking, process thoughts and feelings, and feel able to interact with others as themselves.

- Róisín used recovery time to de-stress, analyse and critique her masking, and to 'get out' of the masking mindset. She used sleep, crying, cuddles, blankets, and time alone time in her usual recovery. She also uses therapy to recover from masking in general.
- Michelle used recovery time following interactions to deal with sensory overload, masking and interacting. She would often have thoughts and feelings come up when she was alone and undistracted. Michelle required specific recovery time at home to lie in bed and cry.
- Emily told others if interactions had gone well and did not share her review if it had not gone well.
- Colette needed time alone to lie down once home. She sometimes needed a complete break from everyone (including family) for several hours if she had a draining day with a lot of masking but usually required half an hour.

Superordinate Theme 5: Reviewing Performance

Participants were harsh critics of their masking. The review could overlap, or delay, recovery time.

- Róisín focused on identifying mistakes by mentally replaying interactions and looking for areas of improvement. This was planned, or unplanned and intrusive. It was distressing, and caused anxiety, stress, embarrassment and fear.
- Michelle was critical of herself and found it hard to move on when she identified a social mistake. Her reviews were intrusive and stressful.
- Emily often reviewed her interactions as they occurred. She viewed her performance negatively and would try to alter her masking during interactions. She assumed others were more socially skilled. She engaged in research to improve her strategies.
- Colette critiqued her performance and conducted research to improve her masking. She was highly critical of herself and replayed any errors or any aspects of an interaction of which she was unsure. She assumed her peers were more socially skilled.

Overarching Theme C: Masking as Essential

Superordinate Theme 6: Reasons for Masking

Participants were aware of several reasons why they felt masking was essential in some situations.

- Róisín masked to hide her anxieties, help social interactions, increase her confidence, make friends in new environments, and avoid prejudice.
- Michelle used masking to avoid bullying, avoid judgement, form friendships easier, and hide autistic traits.
- Emily used masking to avoid negative judgement, make social interactions easier, appease peers, avoid isolation and exclusion by peers, and cope with her fear of authority.
- Colette masked when unsure of social requirements, to appear more socially skilled, blend in with peers, avoid judgement, hide autism and anxiety, and reduce her review time.

Superordinate Theme 7: Masking Situations

All participants had specific situations in which they masked.

- Róisín felt masking was needed in new situations, going to school, social settings, with large groups, at big events and with people she didn't know. A consistently challenging time for Róisín was the transition to second level school.
- Michelle used masking in situations where she was uncomfortable, when she was trying to fit in with neurotypical peers, in new environments, and in school. Michelle tried to avoid bullying, and wanted to present like other teenagers when she moved school.
- Emily used masking with new people and in new situations. She noted the move to second level school as a significant transition and used masking to make new friends.
- Colette felt masking was required in second level school, in new situations, with people who are not close friends or family, and with new people.

Overarching Theme D: Moving Away from Masking

Superordinate Theme 8: Not Masking

Three participants decided to stop masking or reduce their use of masking in some situations.

- Róisín did not mask at home and with close friends. She wanted to stop masking with others as she felt better after some unmasked interactions, and spent less time reviewing her presentation.
- Michelle no longer masked with family and friends but did some strategies automatically. She decided to stop masking when she found friendships unfulfilling. She was encouraged by autistic friends and a supportive teacher.
- Emily didn't mask if she was accepted by others but planned to continue masking in social interactions.
- Colette wanted to stop masking but found this challenging. She didn't mask with friends and very close friends and, as she got older, wanted to expand this to others if they were allies to autistic people.

Superordinate Theme 9: Friendships

All participants felt more confident in friendships where masking was not required and where peers indicated clear acceptance.

- Róisín struggled to make friends in her early teens but did so in later teen years. Her friends were supportive allies. Róisín felt comfortable in the group and did not mask.
- Michelle felt it was easier to make ‘fake’ friends when younger. Michelle did not mask with her true friends and was happier in those relationships.
- Emily had experienced exclusion from peers. She preferred friends who shared genuine interests and who were autistic or accepting of her genuine personality.
- Colette’s relationships when she was younger were somewhat superficial. She developed good friendships in recent years. She was more confident being unmasked with her close friends.

End of Chapter 4.

Chapter 5. Discussion

5.1 Chapter Overview

Chapter 5 discusses the researcher's interpretations of the findings from all participants and highlights links to literature (specifically research referenced in the literature review). Existing theories and concepts are used to provide context in the discussion of the girls' experiences of masking, masking situations, impact, recovery, and plans in relation to continuing masking. The chapter also provides an outline of the implications for Educational Psychologists and their practice, possible future research, the limitations of this research and the researcher's conclusion to the research.

5.2 Discussion of Research Question 1

Research Question 1 asked "what are the experiences of autistic teenage girls who mask?" Two overarching themes are discussed in relation to RQ1; these are "The Work of Masking" and "The Aftermath of Masking". The superordinate themes within these overarching themes are discussed following Table 13.

Table 13

Research Question 1: Themes

Overarching Themes	**Superordinate Themes**
A. The Work of Masking	1. Preparing for Masking
	2. Developing and Employing Masking Strategies
	3. How Masking Feels
B. The Aftermath of Masking	4. Recovering from Masking
	5. Reviewing Performance

5.2.1 The Work of Masking: Preparing for Masking

Preparation was essential for all participants in relation to masking and planning social interactions. It was a time-consuming and mentally draining process which required rehearsal of aspects of their masking at home. This overlapped with reviewing their performance (Superordinate Theme 5) as they incorporated feedback of strategies that were not successful into planning and rehearsing.

Jorgensen et al. (2020) suggested overlap between masking and impression management, however, Hull et al. (2017) argued that reputation management for neurotypical people does not require the effort (and challenge to one's own identity) as it does for autistic people. The participants in this research described significant effort in preparing for social interactions and situations where they would mask which involved planning *"every move that you're doing, or every person you're trying to talk to"* (P2, 359) and involved rehearsing elements of social-interaction skills *"a good few times a week"* (P4, 282). The preparation was detailed and extensive; participants felt many aspects of their presentation needed to be changed to be acceptable to others. The rehearsal focused on areas that take effort to 'blend in' with neurotypical peers including facial expressions, tone of voice, and gestures.

Participants planned conversational topics, researched topics of interest to others to support conversations, rehearsed tone and speaking volume, and planned how to leave conversations – this was time consuming and mentally taxing. This preparation included thinking of possible paths available in a conversation and was a planned strategy designed to make friends, appeal to the interests of others, and present a specific version of oneself to specific people (with different topics planned for different people). Similar strategies were used by autistic respondents in Hull et al. (2017) who reported spending time before interactions preparing topics of conversation, questions to ask, specific anecdotes to tell, and responses for others.

To assist in conversations, participants spent time researching the interests of others and trying to present them as their own interests. They used their free time to work on masking strategies which meant masking had a significant impact on their lives even when away from people. This research included watching tv shows that were not of interest, asking family members for guidance for social situations, and researching social rules to help inform responses to situations and avoid additional attention.

Participants assumed their natural preferences were unacceptable or incorrect and so altered themselves to appeal to others. They rehearsed facial expressions designed to appeal to others and planned conversations to match expressions. Participants in Tierney et al. (2016, pp. 79) also copied "facial expressions, postures, tone of voice, topic of conversation, [and] choice of interests" from peers. Similar strategies were reported by adult respondents in Hull et al. (2017) who kept note of which facial expressions were necessary for different situations. Preparation of strategies was described by participants since childhood with an increase in demands in teen years.

5.2.2 The Work of Masking: Developing and Employing Masking Strategies

Participants had developed masking strategies to hide their *"autistic traits"* (P4, 462-465). The goal of these strategies was to blend in with peers, not be socially excluded, and not identified as different to others. There was an extensive range of strategies that they would work on at home and monitor when using with in social interactions. This included mimicking peers (e.g. body language, gesture, behaviour, eye contact, facial expressions, choice of words and phrases), hiding their physical needs (e.g. not moving hands, not self-soothing), ignoring their preferred communication style (e.g. holding back in conversation), and deliberately altering their natural instincts in a range of areas perceptible to others (e.g. change tone of voice, walk on flat feet).

Participants worked hard to mask and were concerned with making mistakes or being caught masking. One participant in Tierney et al. (2016, pp. 79), Laura, noted *"I see how other people act first then copy them in my own way . . . I change it a little bit so it's not like I'm really copying them"* – this is very similar to Emily (P3, 204-205) who noted that *"I want to do it my own way, not copy it completely like I'm copying off someone else. But like I want to do it in my own way"*. For Emily, this was related to not wanting to cheat or be dishonest but also copy some social mannerisms to aid in masking. The similarities in experience across the participants in these papers, for this specific area of experience, suggest a generalisability of this experience and also suggests a shared moral code whereby 'copying' is something to avoid.

One strategy, also identified by Attwood (2006) and Sandland (2018), was the use of a passive personality in some social settings. Presenting as passive allowed participants to be near, or in, a social group without drawing attention from the group. Passive participation meant allowing others to lead the conversation, not expressing personal preferences, and hiding emotional responses.

Róisín noted that the goal was to be *"less like myself"* (P1, 31) and similar sentiments were echoed by all participants. There was a sense that by being yourself you are likely to be excluded, ostracised, or criticised for being rude. This fear of being excluded is a real threat for girls as they are more likely to be bullied by subtle methods such as exclusion or ignoring

(Card, Stucky, Sawalani & Little, 2008). All participants attended mainstream school; masking was suggested to be more common in this setting as it allowed girls to avoid "being singled out by their peers" (Cook et al., 2018, pp. 310). Participants policed themselves to make sure they were presenting as polite, did not criticise or disagree with peers, and did not express an opinion that was not popular; their focus was on blending in with neurotypical peers and not on expressing themselves or maintaining good mental health.

As well as exhaustion being associated with self-monitoring and masking (e.g. Hull et al., 2017; Suckle, 2021), it also led to a vulnerability for the girls in relation to being manipulated by others (Cook et al., 2018). Participants did not allow themselves to ask for clarity or help if confused and so would go along with games and activities that they did not understand; one participant noted a vulnerability to persuasion as she also wanted to fit in by not showing any uncertainty and accepting her peers' suggestions without question.

Societal norms for girls influenced participants' suppression of their natural characteristics and, potentially, others' perception of their presentation (Kreiser & White, 2014). As suggested by social cognitive theories of gender expectations, participants learned expectations by modelling females in their lives (Cook et al., 2018). They selected neurotypical females to model and this included mothers, sisters, classmates, and other females they viewed as socially successful. They deliberately (and then habitually) hid autistic traits by mimicking others and developing strategies to avoid negative reactions to behaviour which social group norms may view as non-conforming (Krreiser & White, 2014).

5.2.3 The Work of Masking: How Masking Feels

Participants felt very different than their outer appearance would suggest when masking. They described feeling like being *"in a different skin"* (P1, 209), like putting *"oil into water"* (P1, 210), like *"being in a bubble"* (P4, 9) and noted *"masking is showing a fake front, it's like it's trying to hide what you truly like and what you truly feel with someone else's feelings and someone else's interests"* (P2, 232-237). The overall feelings experienced during masking were anxiety, sadness, stress, fear, vigilance, loneliness, and tiredness. There was also evidence of internalised ableism from most participants (highlighted through the use of 'normal' to describe neurotypical peers and 'weird' to describe themselves).

A distinction between belonging and acceptance was felt among participants. The desire for social belonging in neurotypical groups has been previously recognised for autistic people (Espelöer et al., 2021). When masking, they were accepted by peer groups and society in general, but they did not feel that their real selves belonged. Indicators of belonging with an in-group allow a sense of security but if this belonginess is not evident, people will pursue it by modelling behaviours "perceived as in-group syntonic" (Oyserman et al., 2006, pp. 854). Participants felt they did not truly belong and so they continued to pursue belonging through masking; this was similar to participants in Tierney et al. (2016, pp. 79), their masking strategies were "driven by a strong desire to not stand out as different" to peers.

Masking can have negative consequences for psychological constructions like identity (Cage & Troxell-Whitman, 2019). By having difficulty in matching the social norms of a desired social group in adolescence, external behavioural reinforcement is not received and this impacts negatively on developing a favourable self-identity (Brechwald & Prinstein, 2011). Participants were aware that the appearance they were presenting did not accurately reflect their ideals, values, or natural social interaction style; as such, it contributed to challenges in identity. Some participants noted not knowing their own interests or passions when they were masking because their time and energy was devoted to learning the interests of others and presenting them as their own. Participants had a *"very different personality"* when masked (P4, 153) and there was a clear distinction between their social personas and their 'at home' personalities which they returned to when recovering (see Superordinate Theme 4). Participants devoted time and energy to developing their masked personality in relation to their physical responses, their acceptable emotional responses, and their expressed interests. Masking was seen as focusing on *"other people's interests"* which, in turn, *"diluted"* their true personalities (P2, 467, 524). When not masking, they would often have different opinions, facial expressions and interaction style (similar to participants in Tierney et al., 2016). Maintaining this distinction and being fearful of being *"spotted"* (P1, 495) presenting a masked version of themselves led participants to feelings of overwhelm, anxiety and a sense of relief when removed from social interactions.

5.2.4 The Aftermath of Masking: Recovering from Masking

Participants used recovery time to rest and recharge following a period of masking. They maintained their masked presentation until at home or fully alone. Their recovery generally occurred at home, but in some cases, there were moments of pause during the day where interaction was not required (e.g. in school resource room, in toilet cubicles). If the demands were too high (e.g. at a time when a lot of masking was required such as meeting new friends, joining a new group), recovery time was replaced with research and review to aid masking and this lack of recovery time often overwhelmed participants.

The girls did not ‘break’ their masking when in public, regardless of the stress of the situation (e.g. big social event) and if they felt anxious or uncomfortable they would try to *“mask it […] push it down and try ignore it”* (P1, 232-234). The desire to ‘keep it together’ when in public is documented for autistic females and was reinforced by participants (Suckle, 2021, pp. 756). Longer periods of masking in public, or high demand episodes of masking, led to a need for longer recovery time or more distress processed during recovery. Their capacity to mask was not overloaded but the impact this masking had on them overstretched their ability to return quickly to a relaxed non-masked presentation. Participants could maintain a presentation in a setting but, if this was relentlessly demanding, they found it very challenging to return to the environment (e.g. school). Similar presentations have been noted by others who note “emotional and physical crashes or longer periods of autistic burnout” when prolonged or demanding masking is required (Russo, 2018; Horlock 2019; Baldwin & Costley 2016; Suckle, 2021, pp. 756).

One participant had space in school which could be used to debrief, but, when this was no longer available, she was unable to attend school. The build-up of overwhelm during the school day was damaging to her mental health but she did not feel safe to stop masking. Hull et al. (2017) suggested that accommodations be made available to allow students to recover from masking in the school environment; this would create a more accessible space to those who wish to continue masking during the school day and who need to prevent a build-up of anxiety.

At home, participants often used recovery time to try to return to their true personality and without this, would have difficulty coping with the mental load of presenting a different version of their personality. Participants felt they could be themselves at home but it took a period of time, typically completely alone, to return to their true personality. Tierney et al. (2016) also found a contrast between masked personas and participants real identities. Bargiela et al. (2016, pp. 3290) noted that late-diagnosed autistic women found the effort of masking led to "exhaustion and confusion".

Participants used sleep, *"relaxing, and tears and blankets and cuddles"* (P1, 289-290) to aid recovery but for the majority, time alone was the key method (similar to respondents in Hull et al., 2017). The amount needed depended on the demands of the day but some alone time to recover was always needed. This could be planned into the day (to allow for engagement in, and recover from, activities with peers) but often was an uncontrolled process that added to the exhaustion from the day. Participants spoke of needing, and having, space at home to be alone. The availability of space alone in a home will not be the case for all autistic girls; without recovery time alone, participants faced overwhelm, anxiety and poor mental health consequences. It is possible that for some girls, who cannot access time alone, these consequences may occur sooner or more frequently. Without family support or understanding of the girls' needs, burnout may occur quicker. Participants noted negative impacts on their mental health when they felt masking requirements were at the highest.

The findings are in line with many papers which associate masking by autistic adults with negative outcomes in mental health and well-being, and increased depression, anxiety, suicidal thoughts, stress, physical exhaustion, social anxiety, lack of acceptance, and burnout (for example, Hull et al., 2017, Lai et al., 2016; Cassidy et al., 2021; Raymaker et al., 2020; Hull et al., 2021; Beck et al., 2020; Cage & Troxell-Whitman, 2019; Cage, Di Monaco, & Newell, 2018; Perry et al., 2021; Lundin et al., 2021). The findings in this research suggest these negative outcomes are present from adolescence, with 75% of participants requiring professional support in relation to secondary difficulties arising from masking demands.

5.2.5 The Aftermath of Masking: Reviewing Performance

Autistic adults can "experience extreme anxiety and stress" following masking (Hull et al., 2017, pp. 2527); the link and "directionality" between masking and social anxiety requires further investigation (Cage & Troxell-Whitman, 2019, pp. 1907). Respondents in Hull et al. (2017) felt a high demand to mask successfully but had difficulty determining their level of success and this led to a process of monitoring and reviewing. A similar finding for the autistic teenage participants was found in this research.

All participants wanted to mask successfully with peers and so reviewed their masking with the intention of noticing errors and improving future interactions. This review was often deliberate but, if an error was made which was distressing, the review could be intrusive and unwanted, as Róisín noted: *"I try to put it aside, but that doesn't always work"* (P1, 516). Errors could *"haunt"* participants (P1, 55) and they would replay the interaction repeatedly as they struggled to forgive themselves for a social mistake, particularly if this was made with new people. Finding an error could cause stress, embarrassment, fear, and participants felt *"horrible"* which often led to an increase in anxiety (P2, 293-299).

The participants assumed their peers understood the subtleties of social situations and interactions; for example, participants assumed fault in their understanding if they did not find a joke funny. The participants felt their natural interaction style was not acceptable and they reviewed interactions to check they were correctly blending in and not displaying their personality or making mistakes in their masking performance. Errors included misinterpreting someone's tone, joining a conversation at the incorrect moment, forgetting to bring up an interest that a peer enjoys, responding to someone's reactions incorrectly, experiencing word finding difficulties, speaking loudly, revealing an autistic trait, or responding slowly to a joke.

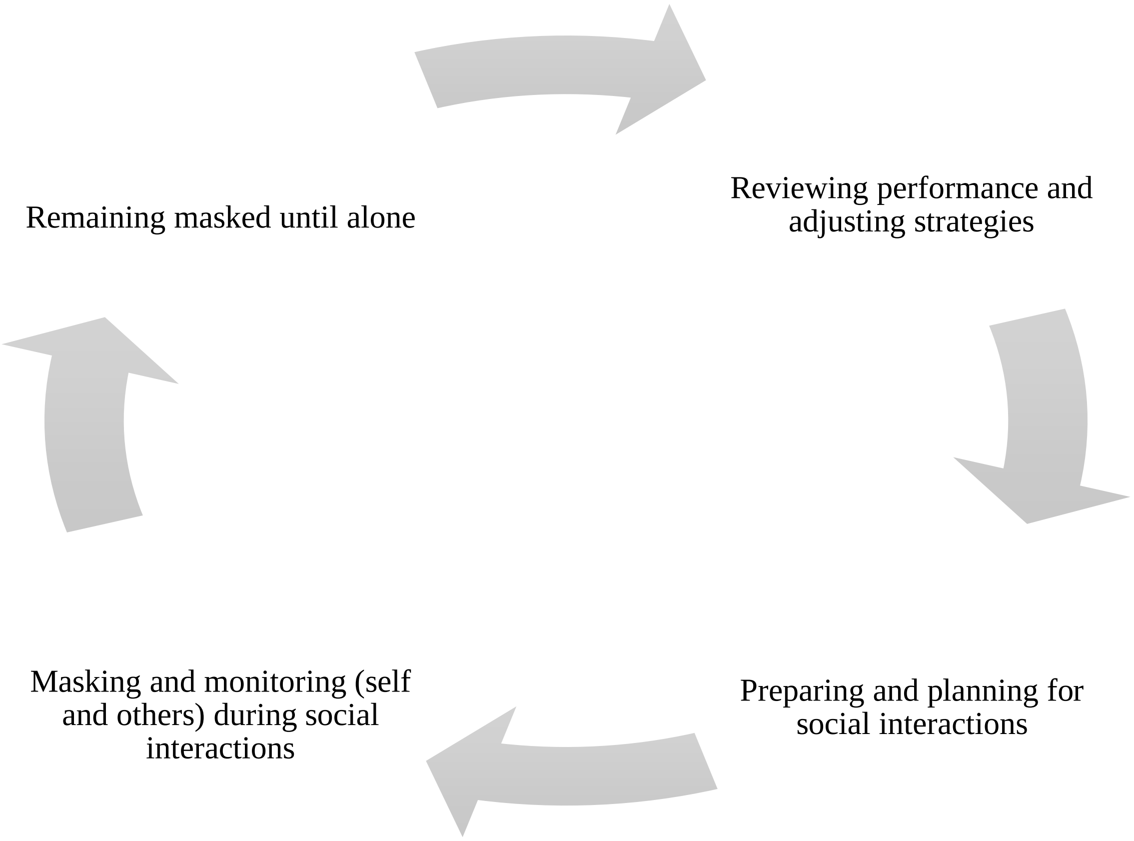
Participants used the review to identify areas to change and improve their masked presentation. This involved replaying the interaction or researching elements of the interaction to better understand the social dynamics. Participants searched online, asked close friends, and asked parents to explain reactions or situations they did not understand fully to help their future masking performance.

A similar process was reported by some respondents in Hull et al. (2017, pp. 2527) who described constant monitoring of their interactions both during and after interactions which included "self-monitoring, self-awareness, and monitoring others' reactions"; this was reported to induce increased anxiety and stress. Tierney et al. (2016, pp. 79) also found anxiety and depression as emotional consequences of "demanding masking strategies" when autistic teenagers were no longer able to maintain the effort involved. The participants in this research engaged in reviews outside of masking situations which required additional effort. As seen in Figure 4 (overleaf), at times of high social demands (such as starting a new school), the additional time required for review and preparation for masking meant that a cycle of masking was maintained for long periods and resulted in distress and/or anxiety for all participants. If no interruptions to the masking cycle were permitted, due to overwhelm of demands in relation to coping with a new situation, the cycle continued without pause.

The anxiety may have originated during the review of masking but was not contained to this aspect of their presentation; for example, criticisms of her masking performance led Michelle to a critical mindset whereby she would *"mentally attack"* other aspects of her identity (P2, 305-308). This level of masking and reviewing was higher in teen years for participants, specifically in the transition to second level school as there are many new social situations and social rules to understand at a volume not previously experienced. All participants described this time as very stressful, and the level of work involved (including review and research) meant they were often exhausted.

Figure 4

The Cycle of Masking during times of increased social demands or significant change



5.3 Discussion of Research Question 2

Two overarching themes are discussed in relation to Research Question 2: "What sense do autistic teenage girls make of their masking?" These are "Masking as Essential" and "Moving Away from Masking" and are discussed following Table 14.

Table 14

Research Question 2: Themes

Overarching Themes	Superordinate Themes
C. Masking as Essential	6. Reasons for Masking
	7. Masking Situations
D. Moving Away from Masking	8. Not Masking
	9. Friendships

5.3.1 Masking as Essential: Reasons for Masking

Participants used masking from early childhood for a variety of reasons including avoiding bullying, avoiding judgement, forming friendships, and hiding autistic traits. They found masking exhausting but essential, noting that it was frustrating to need to mask. Tierney et al. (2016) noted autistic teenage girls masked in response to a desire to make friends amidst frequent peer rejection. Cage and Troxell-Whitman (2019) found that autistic adults reported masking to pass in the non-autistic world, avoid bullying and manage others' impressions of them.

Participants were fearful that people would treat them differently or judge them negatively if they knew they were autistic or if they did not mask. They were aware that their peers may judge any difference negatively and wanted to avoid such attention. Participants felt people may underestimate them if they were aware they were autistic and so tried to present as neurotypical to others. In some situations, when peers had proven themselves to be allies, they felt comfortable not masking.

The impact of hiding autism increased fear and anxiety as it led to an increase in self-monitoring and looking for reactions of others. Participants who were fully accepting of their autism noted that other people will still judge autism, and it is this judgement that is being avoided: *"people think that autism is weird [...] because they don't know about it and then they don't understand it"* (P2, 174-176).

Colette felt *"not quite the same as everyone else"* from *"a very early age"* (P4, 157-161) and deliberately masked to reduce this difference; this approach was echoed by all participants who focused on being less like themselves and more like their socially successful peers. This involved attempting to avoid negative judgements about autism by masking any discomfort and anxiety in social situations so peers would not be aware they were struggling. Hiding involved presenting different interests, changing conversational style, and hiding physical movements. Their efforts required rehearsal of aspects of social interaction strategies that they found challenging or felt were not convincing as natural. These strategies, to minimise perceived differences between themselves and others, aimed to "reduce the threat" of judgement or harassment (Hull et al., 2017, pp. 2523).

Autistic adults have reported masking to help gain opportunities (including employment) and improve social relationships (Hull, Petrides & Mandy, 2021) and are also motivated by concerns for safety, following instances of being "ostracised, verbally or emotionally attacked" or physically attacked when not using masking (Hull et al., 2017, pp. 2524). Participants in this research witnessed or experienced bullying and used this as a motivating factor to mask. Participants felt they needed to change to be accepted (for three participants, this occurred before they knew they were autistic). Masking was used by participants as a direct response to bullying or a clear threat of bullying.

All participants masked when uncomfortable in a new situation or with unfamiliar people. Participants in Tierney et al. (2016) also masked their feelings when they were anxious in social situations (e.g. by altering facial expressions). Participants masked automatically but also chose to mask when uncomfortable in certain company: *"I can feel that I'm uncomfortable […] if I'm feeling it very strongly […] I choose it at that point"* (P4, 255-259). Participants felt masking helped the social interaction run smoother and, in some ways, was easier than presenting their true selves. The masked version of their personalities is well-rehearsed and had been well accepted by others. Participants had developed rules for themselves in relation to acceptable responses included being focused on *"more looking than anything like talking"* (P3, 872-880), only saying positive things, and not interrupting in conversation. Autistic teenagers in Sandland (2018, pp. 7) reported a similar approach of staying "quiet until I'm alone with someone I trust". Participants felt uncomfortable using their natural communication style which often resulted in holding back in conversation. Respondents in Hull et al. (2017, pp. 2527) also used this strategy by developing rules in relation to controlling "their self-focused talk" and "not divulging personal details about themselves".

5.3.2 Masking as Essential: Masking Situations

All participants used masking in new situations to present as socially skilled, more confident and less anxious, and to avoid attention. Masking was felt needed in new situations, with new people, in the transition to a new school, in uncomfortable social settings, and in large groups. This was echoed by all participants with new people and new situations a clear time to use masking. Participants in Sandland (2018) also masked more with unfamiliar people and less so with family.

Autistic females are more sensitive to change at different phases of life, but particularly during adolescence (Steward et al., 2018; Lawson, 2019; Suckle, 2021). A big change during adolescence is the move to second level school. This move was highlighted as an area of significant challenge for all participants as it required sustained masking for long days over several months with little reprieve and had many overlapping reasons as to why the girls felt masking was required (e.g. new situation, new people, want to make friends, avoid judgment, big groups). Autistic girls who mask can copy peers who they view as socially skilled but when in a new environment, and when unsure of the social requirements in that environment, "they struggle to socialise" (Attwood 2006; as cited in Hull et al., 2017, pp. 2520). In second level school, the participants in this study noted being in situations that they *"hadn't been in before"* (P1, 309) which required planning and deliberate masking. They reported heightened social demands, changes to the length of the school day, needing to make new friends and change of routine as significant stressors. Participants in Tierney et al.'s (2016, pp. 80-81) study also found adapting to second level school a difficult period due to "additional social complexity" and "sensory overload", and all participants identified the transition as "a point where they felt that difficulties emerged".

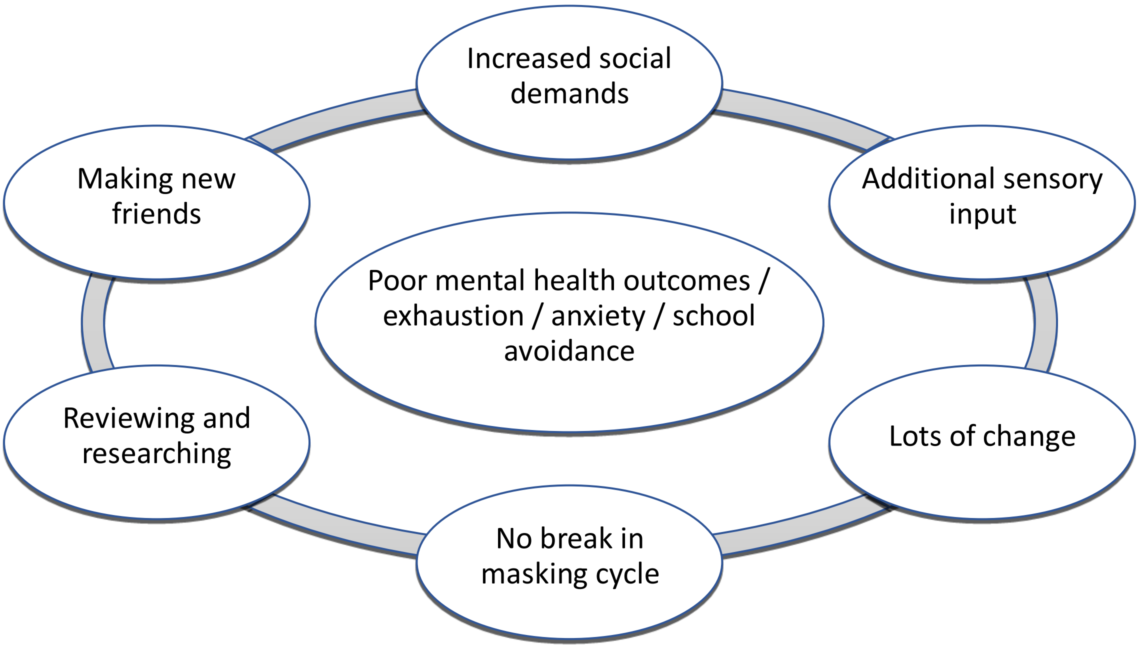
Although constant masking during the school day was exhausting for participants and detrimental to their mental health, it was described as *"worth it"* (P1, 573-574) and *"definitely needed"* (P4, 583). Participants felt it was necessary to survive the move to school, fit in with peers, and to make friends; they felt without it, they would have faced social isolation or bullying. Hull et al. (2017, pp. 2529) cites Sasson et al. (2017) in noting that autistic people are judged "more negatively" by non-autistic people who may decide to avoid them after a brief interaction. If the goal is to make friends in a new environment, autistic girls who mask feel they cannot let down their masked presentation without risk of being isolated. Moving to second level school felt like starting again in relation to making friends and so, participants felt masking was required, with one participant noting, *"I was definitely like, okay, I need to, I need to change myself now for these people"* (P4, 325-330).

Tierney et al. (2016) found transition between schools as a trigger for diagnosis for a third of their female autistic participants; noting school size (and resultant increased sensory input), new unwritten (and yet to be learned) rules and the need to make new friends as areas of challenge. These challenges could lead to core difficulties in social interaction and social communication emerging which then often led to secondary difficulties (such as anxiety) which required referral for professional support (Tierney, et al., 2016).

Michelle noted drawing on her masking strategies *"not for masking purposes"* at times (P2, 647); her skills are available to her when she wants to leave a social situation and *"quickly get away from someone"* (P2, 645). In those situations, Michelle did not report engaging in recovery or preparation and so those incidents did not add to the distress she can feel when reviewing her performance. When the choice to mask is a genuine choice, and not a requirement to safeguard against harassment or hide one's real personality, the impact appears to have a less negative impact on mental health. When it is not a genuine choice, and when the wider aspects of masking and the masking cycle cannot be ignored, it becomes a contributing factor to poor mental health. The overwhelm caused by increased and different social requirements in the teenage years led to poorer mental health outcomes for participants. As seen in Figure 5, this was reported as most significant in the transition to second level school (see Figure 5 for impact of second level school).

Figure 5

Impact of Transition to Second Level School



Some participants received their diagnosis as a result of difficulties experienced in the first year of second level school. A build-up of dealing with transitions, changing classes, increased social interaction and more advanced social requirements, less alone time, less familiarity with expected social norms, and increased masking led participants to experience secondary difficulties (including anxiety) which required professional support.

5.3.3 Moving Away from Masking: Not Masking

One participant did not have support from others to stop masking and was advised by others in her life to monitor, and alter, her presentation. All other participants had decided to stop masking (and were at various stages of this process); they each had autistic siblings and reported supportive family and friends who were aware they were autistic and so felt less compelled to hide their autism from others. Participants made choices about when to mask but felt that in some situations, it was not a choice between masking and not masking but rather between being accepted or being ostracised. The “illusion of choice” is an important consideration in relation to autistic masking (Pearson & Rose, 2021, pp. 52).

Stigmatised people can attempt to conceal the aspects of their identity which are ‘discreditable’ in an attempt to ‘pass’ as a way to avoid the impact of stigma (Pearson & Rose, 2021, pp. 53). There is a potential risk to autistic young people to advise a complete cessation of masking in specific situations without consideration of the impact of stigma and unaccommodating environments (Leadbitter et al., 2021). Stigma impacts how others treat and view a person and also how the internalising of that treatment “interacts with one’s identity” (Pearson & Rose, 2021, pp. 53).

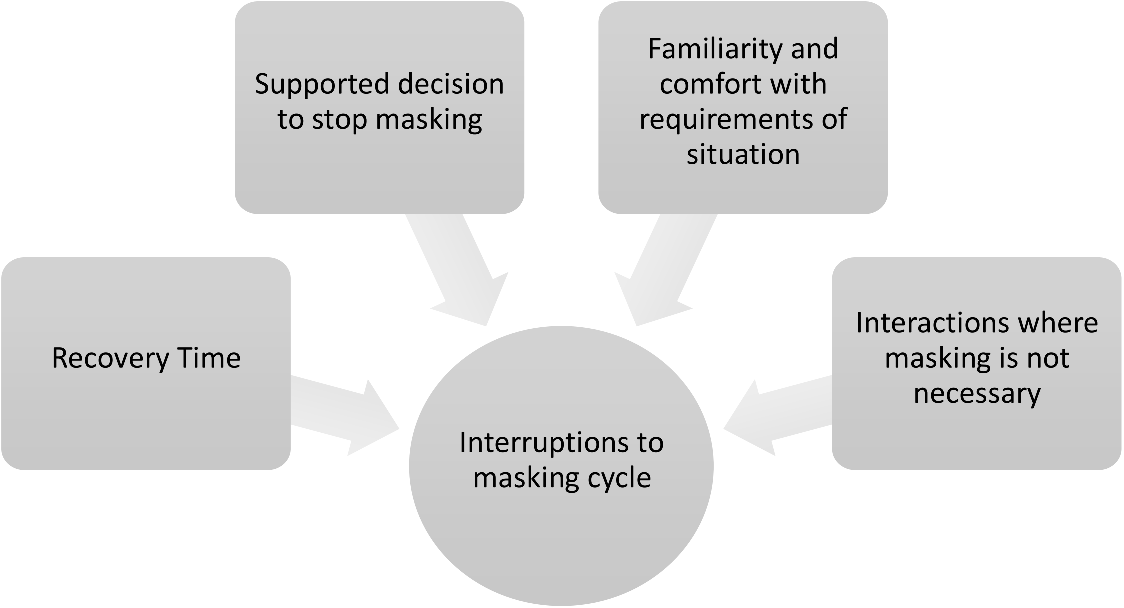
Hull et al. (2017, pp. 2524) noted a desire of assimilation as a motivational factor for masking which was, for some, “prompted by concerns” for safety and wellbeing. When not masking, some autistic people have experienced “being ostracised, verbally or emotionally attacked”, and physically assaulted (ibid, pp. 2524). In this study, participants felt masking was necessary and often happened automatically, but some noted specific incidents that prompted them to mask in the school environment. For example, one participant deliberately mimicked a peer to avoid bullying; another noted hearing peers mocking someone and used this to decide to mask; another participant was frequently corrected on her presentation by others and so had decided to continue to mask. Masking to distance from an autistic presentation could represent an “individualistic strategy in response to stigma” and an attempt to avoid being harmed by a ‘higher’ group (Perry et al, 2021, pp. 2); this appears to have impacted all participants, particularly in peer groups in second level school.

Sandland (2018, pp. 9) suggests support is needed to help autistic girls to "drop the mask". As autistic girls exist in a society where presenting as autistic can lead to stigma, dehumanisation and marginalisation, the decision to mask can be understood (Botha & Frost, 2018). The participants in this study who planned to stop masking, or reduce their use of masking, recognised the significant physical and emotional toll it has taken on them.

The participants who had decided to stop masking noted support and inspiration from other autistic peers, encouragement from teachers and therapists, good friends, and becoming part of a group while unmasked helped them in stopping masking. This decision allowed them to stop the masking cycle (see Figure 6, overleaf, for further interruptions to the masking cycle).

Figure 6

Potential Interruptions to Masking Cycle



Using the lens of social identity theory, once participants found an in-group, and acceptance in same, the need to 'pass' as a member of a different group lessened (Tajfel & Turner, 2004 as cited in Perry et al., 2021). Awareness of diagnosis, and acceptance of themselves as autistic, allowed participants to benefit from ‘in-group’ status by reframing their neurodivergence as positive and aligning with others who supported this positive re-defining. The use of masking strategies may be seen as “dissociating from the autistic ingroup” (Perry et al., 2021, pp. 2) and moving to collective strategies of joining others in accepting autism allowed participants to consider stopping masking, as exemplified by Michelle’s decision to stop masking: *“I was like, I am done, I am autistic, who cares, like, the people who actually care about me won’t care”* (P2, 612-615). One participant did not change her presentation when she was accepted by others but felt that she was largely not accepted and so planned to continue to mask.

For the three participants who planned to stop masking, accessing correct diagnosis supported them in considering moving away from masking. The feminist disability framework and theory of intersectionality recognises that they were disadvantaged in receiving their diagnosis by the ‘male-focused diagnostic criteria’ (Bargiela et al., 2016) which delayed their understanding of their personality and natural preferences. Understanding of themselves led to acceptance which subsequently allowed participants to refuse to conform to standards set in a sexist and patriarchal standard, as Colette noted: *“I’ve definitely learned to say no now that I understand what masking is, and I understand that I can be different, I don’t need to fit these people’s, like, view of me”* (P4, 597-600).

5.3.4. Moving Away from Masking: Friendships

Participants found friendships in primary school easier to manage as they involved less subtleties or group dynamics, and some found relationships with boys easier to negotiate. They identified differences between themselves and their peers from early primary school but could manage this with superficial joining in interests. They felt masking with younger children was easy compared to teenagers which was more complex, involved more rehearsal and consideration of many aspects. All participants tried to make new friends when they moved to second level school but had difficulties making and maintaining friendships which had negative impacts on their mental health. Similar findings were noted by participants in Tierney et al. (2016, pp. 80) who identified being aware of differences at a young age but these becoming "problematic" in teen years when dramatic changes in social expectations occurred.

Initially, all participants masked while attempting to make new friends in second level school. Many of the resultant friendships were superficial, and participants felt lonely, but the friendships may have appeared to others as genuine. Feelings of loneliness are more common for autistic individuals than for their neurotypical peers (Mazurek, 2014). Loneliness can arise from a discrepancy between the preferred quality and nature of relationships and the reality of those relationships (Hagerty, Williams, Coyne, & Early, 1996; Baczewski, & Kasari, 2021).

Previous research has suggested difficulties in friendships for autistic children and teenagers were caused by "few shared interests with others" and difficulty initiating and responding "to both verbal and non-verbal social cues" (Daniel & Billingsey 2010; Di Maggio et al., 2016; as cited in Laghi et al, 2020, pp. 583). The challenges in the participants' friendships in this study were not related to a failure to respond to cues but an over adherence to social rules and following the wishes of others and not themselves. This led to feelings of overwhelm and anxiety as, on the surface, the girls were making friendships and associating with peers but they recognised these were not genuine friendships, as Michelle noted *"It wouldn't be a proper friendship […] but it'd be easier"* (P2, 176-179). They felt lonely or distanced from connection in the relationships as their true selves were not being displayed and, therefore, they did not experience belonging. This may account for findings that young autistic people rate the quality of their friendships lower than their neurotypical peers (Calder, Hill & Pellicano, 2013). Belonging is a key factor in determining and supporting “people’s emotional well-being” (Hagerty et al., 1996, pp. 237) and it is unsurprising that the girls’ wellbeing was negatively impacted when they masked in relationships.

Participants found masking strategies (such as planned conversation starters) useful in making a connection with friends but felt the friendships were not genuine until they stopped masking. Respondents in Hull et al. (2017) also noted using masking strategies at the outset of relationships and then, when the relationship was established, masking less.

All participants made friends who were also autistic or who knew, and accepted that, they were autistic. Not having socially supportive friendships has been linked to a range of negative outcomes for autistic adolescents including higher risk for depression and anxiety (Hedley et al., 2018). When participants masked in relationships, they felt it was fake and unfulfilling as they did not express any real opinions or have fun talking about genuinely shared interests. Each participant expressed positives gained through genuine friendships. They noted a change in feeling understood, having enjoyable conversations, having fun sharing genuine interests using a communication style that felt natural, and feeling more confident not masking. All participants felt happier in relationships where masking was not required or expected by their peers to feel a sense of belonging in the friendship.

5.4 Limitations of the Research

Autistic voices were prioritised throughout the stages of research (in selecting the research questions, reviewing screening material, sharing lived experiences, and reviewing research which highlighted autistic experiences) but, due to constraints, the findings were not brought to the participants for reflection. The goal of participatory research, and work that is “truly inclusive” of autistic girls, was therefore not fully achieved (Shefcyk, 2015, pp. 132; Fletcher-Watson et al., 2019).

Age, gender, school class, and age at diagnosis of participants was known, however additional demographic data (such as race, and socio-economic status) was not gathered; had this been gathered, it may have been useful in providing additional context of the findings. In keeping an IPA approach however, the aim was not to provide generalisable findings but to focus on discovery and transferability using an iterative approach, which was achieved.

The sample of participants was drawn from those who completed an online screening measure and were available for interview. This approach reduced the sample available and may have contributed to a narrower viewpoint being gained (which included those who had opportunity to reflect on their masking). Most of the participants reported feeling well supported by families aware of autistic preferences and supportive of their need for recovery time from masking. This is one sample of autistic female teenagers who mask and it is acknowledged that there may be many (for example, of different genders, age, background, family dynamics) who have less positive experiences and who have different lived experiences related to masking.

The screening tool (see Appendix D) was developed from findings from Bargiela et al. (2016), Hull et al. (2017) and Tierney et al. (2016), from existing screening questionnaires, and from anecdotal accounts from autistic young people. The survey was developed and then reviewed by autistic board trustees from an autism support service who made recommendations on preferred language. The survey was not validated or peer reviewed and, for those reasons, was not included in the findings of the research. It was used to select participants who reported the experience of masking and not to generate quantitative information for research.

5.5 Implications for Educational Psychologists

5.5.1 Educational Psychologists and Diagnostic Criteria

A large number of studies have explored the neurobiology of autism when examining gender difference (e.g. Lai et al., 2015b, Werling & Geschwind, 2013) but a lack of analysis of the cognitive processes which may link behaviour and neurobiological processes was noted (Frith, 2012). Behavioural evidence, used in the diagnostic process, can “both look different and be harder to detect in autistic females” but it is suggested that the underlying neurocognition in male and female autistics is similar (Suckle, 2021, pp. 754). A key implication of the research, specific to girls and women, and to those who mask autistic features, is the understanding of their presentation as it relates to diagnostic DSM-5 criteria. The diagnostic pathway can be complicated by masking, and environment and societal differences, which “aggregate difficulties within the process of female autism identification” (Suckle, 2021, pp. 754).

The autistic girls in this research had developed skills to present as socially skilled or blend in with neurotypical peers. If the diagnostic process was based on behavioural examples when masking, their social skills may not meet autism criteria as outlined in the DSM-5 (APA, 2013a). If they were assessed based on their strong personal preferences, intuitive style of interacting, or cognitive processes behind the behaviour, a difference between autistic and neurotypical preferences could be identified. Autistic girls who mask social differences can be accurately represented by DSM-5 autism criteria; attending to the non-exhaustive ‘illustrative examples’ and the reference to ‘masked by learned strategies’ allows the criteria to be interpreted in relation to autistic girls and women who mask (APA, 2013a).

Clinicians can have challenges in recognising masked presentations of autism (Perry et al., 2021). Environmental awareness of presentations of autism is important in helping increase recognition of undiagnosed autism in girls and teenagers (Happé, 2019). Educational Psychologists could play a key role in increasing environmental awareness in schools and in clinic settings which, in turn, could lead to greater recognition and diagnoses (Suckle, 2021). Educational Psychologists familiar with autistic girls' presentations may more readily identify girls who mask. Autistic girls can present with "fewer easily observable ASD symptoms and more co-existing challenges" (Hartley & Sikora, 2009, as cited in Ramsey et al., 2018, pp. 4063), which may disguise their autism symptoms and contribute to a later diagnosis (Begeer et al. 2013; Giarelli et al. 2010). Educational Psychologists may help educate those in key environments in relation to masked presentations and diagnostic overshadowing (of key secondary symptoms including eating disorders, self-harm, etc.) and help identify the often-complex presentation of masking to aid the diagnostic process (Beardon & Chown, 2014; Suckle, 2021).

5.5.2 Educational Psychologists and Supports

5.5.2.1 Supports for School

A key implication of the findings is for those supporting autistic girls to be mindful of the transition between primary and second level school as a challenging time. All participants struggled during this transition, and this led to a deterioration in their mental health as they placed burdens on themselves to 'keep up' with the social demands of a new social environment. The need for autistic young people to have access to "flexible and individualised" plans for key transitions has been identified (Park & Mortell, 2020, pp. 204). Listening to the lived experiences of autistic girls who have transitioned to second level is key to identifying useful support. Educational Psychologists could be well placed to support autistic students in the transition to a new school by recognising their needs. Listening to young people is a fundamental part of the role of the Educational Psychologist (Mercieca & Mercieca, 2014) and this may be most needed during stressful times for autistic females which includes “starting school, the transition to secondary school, university, moving out, puberty, stress” and during their periods (Suckle, 2021, pp. 756; Steward et al., 2018).

The involvement of young people in transition planning is “becoming more widely practised and understood” (Park & Mortell, 2020, pp. 194). The need for updated plans as young people adjust to the environment is also needed. Supports may include debrief space, time alone from others to allow the girls to move as they need (e.g. stim, meet sensory needs, self soothe) and remove the constant demand for social interaction by providing space where they can be alone. If girls were able to access this support routinely and as they felt necessary (without requiring explanation), it may reduce the sense of overwhelm that they described and reduce the need to hold the impact of masking until they return home. Three participants received their diagnosis in second level school and so the need for debrief space preceded their diagnosis. Incorporating qualitative screening or discussion in relation to masking when working with a young person may also help identify support needs earlier.

Each of the participants referred to resources or accommodations that would have eased the mental exhaustion they experienced in school. School staff linking with the Educational Psychologist may have helped them access appropriate supports and mitigate against the mental health difficulties they faced in surviving second level school environment.

5.5.2.2 Supports for Therapeutic Environments

In addition to school supports, opportunities for improving therapeutic support for autistic teenagers who mask were also highlighted. Roísín noted that it took a long time for her to feel comfortable in therapeutic sessions and, as a result, did not find CAMHS support particularly useful. She noted she masked during sessions in CAMHS and the number of sessions available *"wasn't enough to [...] feel comfortable with it"* (P1, 434-435). If services offer a limited number of sessions, it may be beneficial to deliberately incorporate neurodiversity affirming practices in therapeutic sessions. This may support autistic clients in accessing more useful support. In therapeutic sessions, the use of a neurodiversity affirming framework (whereby autistic traits and preferences are acknowledged and honoured) and awareness of masking strategies may help a young autistic person feel more at ease. In practical terms, prior to, and during, therapeutic work, naming that such strategies are not expected in sessions may be useful for clients. Based on strategies detailed by participants, naming such strategies might including suggesting that the young person does not have to share the same interests as the psychologist, can use a communication approach that is comfortable for them, can stim and move their body how they wish, can communicate without use of eye contact, does not have to display varied facial expressions, can use sensory supporting items, may have a supportive adult with them or available during sessions, can request environmental modifications, and can take time to process conversations without an immediate response being required.

Other professions (e.g. Occupational Therapy) supporting autistic clients have begun to recognise that historic ways of working may be based on upholding neurotypical preferences and presentations (e.g. Dallman, Williams, Villa, 2022). Those providing therapeutic support to autistic clients are encouraged to "champion human rights and dignity of the disabled, authentic neurodivergent communication, and sensory differences and needs" (Roberts, 2022). Educational Psychologists may be well placed to support colleagues in healthcare professions in developing this understanding further. The focus in supporting autistic clients is not on changing diverse behaviours or presentations but holding the clients' real self in mind and valuing the aspects that are "important for their well-being" (e.g. Dallman, Williams, Villa, 2022).

5.5.3 Psychoeducation for Supportive Adults

Educational Psychologists could play an important role in informing school staff (at both primary and second level) of the profile of autistic girls who mask and their possible support needs. All participants needed time alone following masking; parents and teachers may not be aware of this need and it is likely to be useful to autistic girls that this time is provided to them in their daily schedule and as needed. Participants in Tierney et al's (2016, pp. 79) study reported teachers "expressing disbelief" that a student was struggling as their masked presentation did not allude to any difficulties. Parents have reported trying to provide information to teachers in relation to the presentation of masking to gain access to needed supports and diagnosis (Tierney et al., 2016; Sandland, 2018). The role of the Educational Psychologist could be both preventative in this regard and responsive to students' needs as they arise.

Participants reported support from allies including close family and friends. For those who did not have support, this appeared to relate to a shame associated with autistic presentation and desire to hide this in social settings. Supportive psychoeducation for families in relation to the lived experience of autistic girls and the input they report as most beneficial for their mental health would be useful.

5.6 Dissemination

Pellicano et al. (2014) noted that autistic adults and parents wanted to increase awareness of autism between researchers, professionals, and the public; to this end, there are several methods planned for disseminating the findings, as follows:

- An event will be planned to share findings with psychology colleagues in the health service in the west of Ireland who are involved in the diagnostic and intervention process for autistic children, and also who provide support to autistic adults.
- Autism charities will be given summaries of the findings and it is hoped they will share this with their communities.
- The National Educational Psychology Service (NEPS) provides support to primary and post-primary schools in Ireland related to social and emotional development, learning, and behaviour (DoES, 2021). NEPS will be contacted with a summary of the information and an offer to present the findings at their national training events will be made. This would involve presenting the research to all NEPS psychologists working in Ireland; over 200 psychologists serving all primary and post-primary schools in Ireland (McHugh, 2019).
- If requests are made from researchers, the research will be shared. It is hoped that the research will be used to help understand the experience of girls, to assist in the diagnostic assessment of girls, add to the available research, and support appropriate intervention where needed.

5.7 Recommendations for Future Research

There are many areas within autism research that would benefit from additional attention; some of these, most pertinent to the research completed, are suggested below. A key area for research is the development of needed supports for autistic female teenagers based on what they have reported in qualitative research and in personal accounts. Increased awareness and understanding of masked presentations of autism for significant adults in the lives of teenagers (e.g. parents, teachers, school support staff) may also be of benefit.

5.7.1 Masking Awareness

There is limited research into self-reported masking in children and so it is unclear if they are fully conscious of the reasons for using masking strategies. The participants in this research demonstrated understanding in relation to the reasons for masking, strategies that they employed, the impact of this on their mental and physical health, and factors influencing their decision to stop masking; this understanding was not previously known (Hull et al., 2021). The teens in this research were aware of social stigma, expectations of how they should present, the negative social implications if they did not mask, and the personal toll this took on their self-identity, mental health, exhaustion, and ability to continue engaging in social spaces which they felt required masking. The three participants who had decided to stop masking had done so as older teenagers, at a point when they had processed this information and how it related to their experience and mental health.

Exploration of masking awareness with younger teens or children may identify an age or stage at which they recognise they are masking. This could facilitate support for autistic children and young people to develop strategies to cope with social pressures without using masking to an extent that it damages their mental health. It could also signal an age by which their peers are encouraged to become aware of, and accept, autistic people.

The use of a specific screening tool, questionnaire, or interview with the individuals being assessed in relation to their reported masking preferences could benefit autistic girls who are not diagnosed. The camouflaging autistic traits questionnaire (CAT-Q) is a questionnaire for autistic adults (Hull et al., 2019). Development of an adolescent specific tool may be useful if combined with qualitative interviewing as there are questions as in relation to the ability of the CAT-Q to distinguish between impression management and camouflaging (Jorgensen et al., 2020).

5.7.2 Developing Supports

Hull et al. (2021) suggest that identifying characteristics which predict the amount and impact of masking earlier in life may lessen poor mental health outcomes in adults. Research which focuses on supports that autistic individuals find useful or needed could form the first step of this process.

5.7.2.1 Identifying Family Supports Earlier

A significant area highlighted through interpretation of the participants' experiences was the 'aloneness' of their struggle, particularly in the transition to second level school. The girls were aware of the amount of work it took to 'blend' with their peers, the anxiety and exhaustion they felt, but generally tried to cope with this alone. The participants who decided to stop masking had experienced negative mental health consequences of masking and this was a factor in their decision to stop masking; at other points, they also described supportive families, supportive friend groups and self-acceptance as bolstering this decision.

Identification of how autistic young people can be usefully supported by family and friends to reduce use of masking before their mental health deteriorates would be of benefit. Research could explore methods of supporting autistic young people to identify supportive friend groups, receive support from family, and develop self-acceptance at a younger age. This may serve as a preventative strategy for poor mental health outcomes associated with masking by providing the young person with support to reduce masking (e.g. Cage et al., 2019).

5.7.2.2 Developing Support for Second Level School

Self-selected time alone, or time during which there were no or reduced social demands, during the school day was noted as a necessity to prevent overwhelm and to cope with social requirements for some participants. The experience of using alone time during the school day, or during social situations, and its potential impact on anxiety and overwhelm, has not been researched in detail. There is a need to research the effectiveness of interventions recommended for autistic people (Hume et al., 2021). This could help develop needed supports for autistic young people, particularly to help manage the stressful time of transition to a new school. Educational Psychologists, alongside autistic research participants, or, as autistic researchers, may be best placed to explore this as a method of supporting autistic teens during the school day.

5.7.2.3 Friendship Interventions

Meeting peers with shared interests was a key step for participants who made friendships which provided them joy, fun, and social support. Cook, Ogden and Winstone (2018, pp. 312) suggest autistic girls “perceive and experience friendship differently”, preferring to spend time in company through joint activities and shared interests. Some social skills interventions have focused on encouraging autistic girls to interact in friendships using a model of friendships based on neurotypical preferences, or to change to be more socially accepted (as noted in Wong et al., 2015). Research which helps identify methods of meeting peers and identifying shared interests may support autistic girls in developing friendships (Cook et al., 2018). This could help autistic girls mask less and develop a sense of belonging in their relationships by interacting in a manner that is comfortable and fun for them.

5.7.2.4 Acceptance of Autism

Participants reported masking to avoid bullying. Interventions designed to reduce the negative mental health outcomes of masking should target the environments in which masking is felt necessary by autistic young people. Bullying and stigma towards autistic people contribute to creating a hostile social context in which masking is required to reduce the instances and impact of stigmatisation (Pearson & Rose, 2021). Increased awareness and a “commitment to handling bullying properly” was suggested by Cook et al. (2018, pp. 313) as a necessary intervention. Research which focused on awareness notes that familiarity with stigmatised populations does not necessarily “reduce negative attitudes toward them” (Pearson & Rose, 2021, pp. 53). Interventions which target not only autism awareness, but deliberately focus on increasing acceptance and tolerance of autism may help shape attitudes and understanding (Mandy, 2019). This intervention could be a key research goal and may be measured by changes in the “number of autistic people” who “feel able to camouflage less” in specific environments (Mandy, 2019, pp. 1880).

5.8 Conclusion

In recognition of the study and examination of the behaviour of others and of self, and “questioning and analysing” their “entire lives”, autistic girls who mask have been referred to as “little psychologists” (Radev, 2020, pp. 51). The degree of information the participants had learned and displayed about societal expectations; appropriate behaviour in a variety of settings; their peers’ expectations, likes, and preferences; and what is considered ‘weird’ in primary school versus second level school, was significant. Autistic girls are “in training” in social communication and observation from early childhood and it is argued that “what comes naturally” to some is “painstakingly” acquired by them over time (Radev, 2020, pp. 51).

It could be argued that the girls who can identify and mimic social behaviours of others could be more socially skilled, or more dedicated to developing social skills, than neurotypical people using their natural preferences. Autistic teenage girls who mask are skilled in portraying a version of themselves that they feel is acceptable in a neurotypical world; this is developed through “systemising and analytic thinking” and not intuition (Suckle, 2021, pp. 754). The girls in this research hid their natural preferences in relation to how they would choose to interact if they did not exist in an ableist and sexist society, identifying a difference between *“who I am rather than who I think society wants me to be”* (P1, 668). The participants demonstrated that their social skills and awareness of social demands are sophisticated and developed through research and analysis and maintained through both internal and external pressures (including internalised ableism, societal expectations to conform, and fear of being ostracised). The girls felt they were capable of masking and to ‘pass’ as neurotypical but not without significant personal cost. It is telling that this cost was seen as ‘worth it’ by those who had experienced prejudice and adds to the case of the neurodiversity movement’s position of “acceptance, understanding, and support” being required to empower autistic individuals and to help non-autistic people to “accommodate autistic differences” (Kapp, 2020b, pp. 5; Landay, 2012 as cited in Kapp, 2013, pp. n/a).

The participants’ desire to be included and accepted by peers was facilitated by their masking. When autistic teenage girls do not share “interests and objectives” with peers, they can experience social exclusion as the peers move away in pursuit of new interests and new interaction styles (Tierney et al., 2016, pp. 80). The participants were aware of this and made choices between masking and social exclusion. After persistent emotional consequences, and with support from their social circle, some chose to stop masking.

Research that focuses on autistic children and teenagers interacting socially with peers does not always accurately reflect the experiences of autistic young people. Research that suggested autistic students interacted in “more advanced social behaviours” when interacting with neurotypical peers suggested this as a positive outcome that demonstrated “greater positive social orientation” (Laghi, et al., 2020, pp. 584). The autistic teenage girls in this research were lonely, anxious, on alert, and stressed when engaging in similar behaviours, but may have appeared to be displaying advanced social behaviours to observers. Developing confidence in interacting in a manner that is comfortable for autistic teenagers, and which does not lead to stigmatisation, was something the participants desired. Having autistic advocates and peer allies helped some to decide to stop masking and move towards their authentic selves. The aim of research and interventions should not be to encourage autistic teenagers to interact in a manner that is unnatural to them for the purposes of appearing neurotypical.

Listening to the lived experiences of the participants highlighted the effort and stress they endured in an effort to avoid stigmatisation and appear neurotypical. This research highlights the need to listen to autistic young people as a starting point for developing supports and research that may benefit the autistic community.

End of Chapter 5

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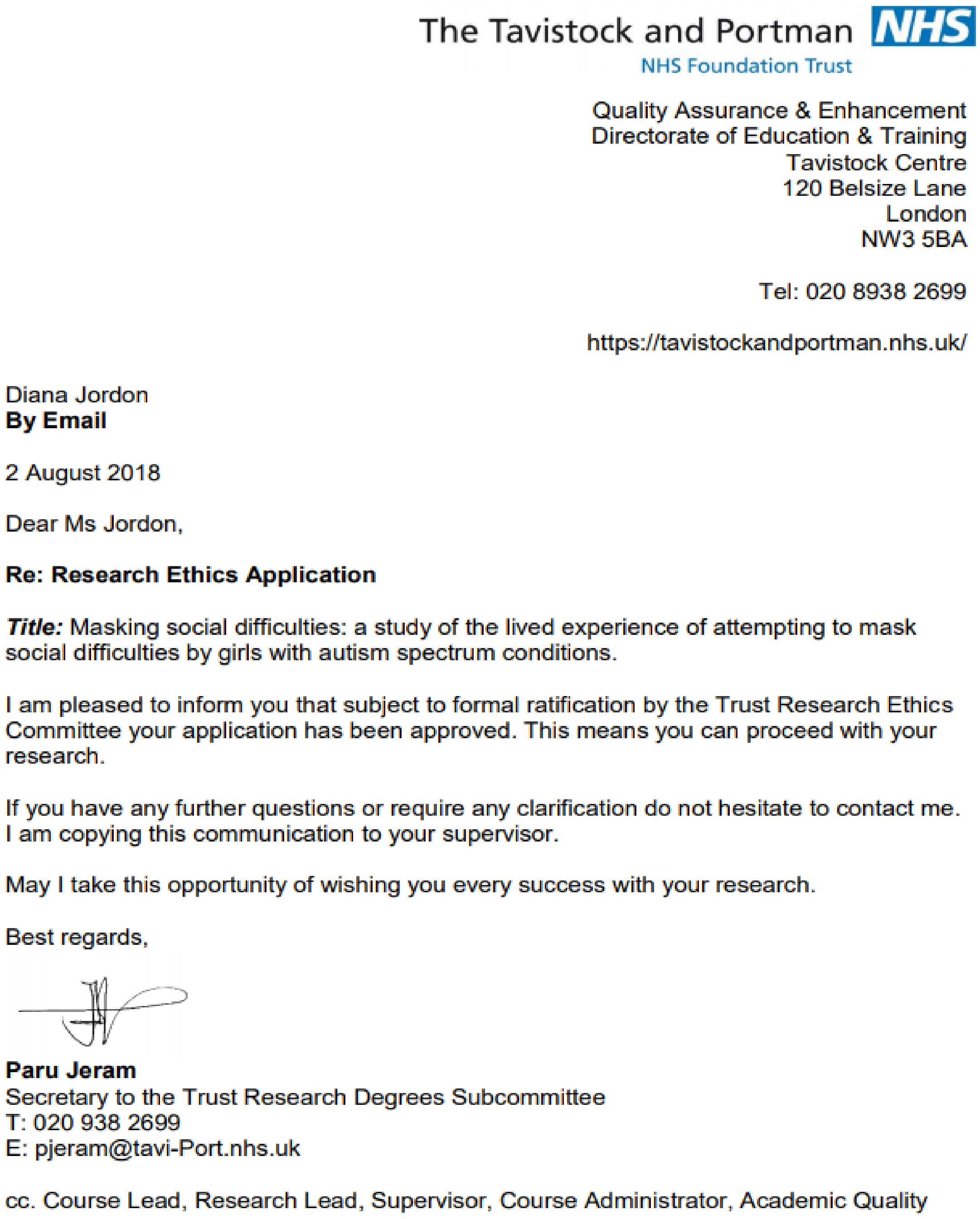
Appendices

Appendix A: Ethical approval from TREC

Appendix A.1: Original Approval



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Diana Jordon
By Email

2 August 2018

Dear Ms Jordon,

Re: Research Ethics Application

Title: Masking social difficulties: a study of the lived experience of attempting to mask social difficulties by girls with autism spectrum conditions.

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me. I am copying this communication to your supervisor.

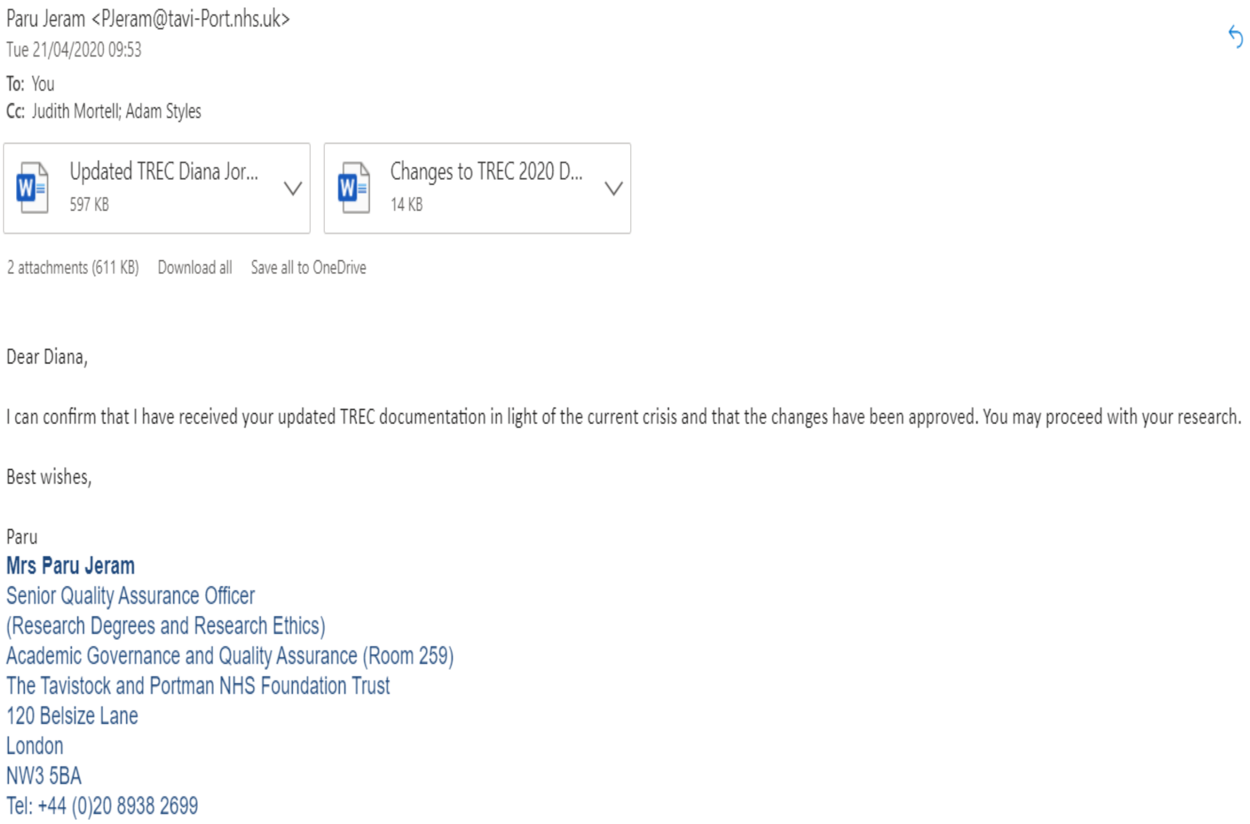
May I take this opportunity of wishing you every success with your research.

Best regards,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: pjeram@tavi-Port.nhs.uk

cc. Course Lead, Research Lead, Supervisor, Course Administrator, Academic Quality

Appendix A.2: Updated approval following COVID-19 restrictions



Paru Jeram <PJeram@tavi-Port.nhs.uk>
Tue 21/04/2020 09:53
To: You
Cc: Judith Mortell; Adam Styles

Updated TREC Diana Jor...
597 KB

Changes to TREC 2020 D...
14 KB

2 attachments (611 KB)   Download all   Save all to OneDrive

Dear Diana,

I can confirm that I have received your updated TREC documentation in light of the current crisis and that the changes have been approved. You may proceed with your research.

Best wishes,

Paru
Mrs Paru Jeram
Senior Quality Assurance Officer
(Research Degrees and Research Ethics)
Academic Governance and Quality Assurance (Room 259)
The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane
London
NW3 5BA
Tel: +44 (0)20 8938 2699

Appendix B: Information Sheets

Appendix B.1: Written Information Sheet for Parent(s) / Guardian(s)

The Tavistock and Portman NHS
NHS Foundation Trust

Parent(s) / Guardian(s) Information Sheet

Title of Study: Masking social difficulties: a study of the lived experience of attempting to mask social difficulties by teenage girls on the autism spectrum*.

Who is completing the research? My name is Diana Jordan and I am studying for a Doctorate in Child and Adolescent Educational Psychology. Completing this research is one of the main components of this course.

The aim of the research: The research is about autistic girls and their ability to mask social difficulties in some settings. The aim is to find out how girls learn to mask, when they choose to mask difficulties and the impact that has on them. It is hoped that undertaking this research will help gain a better understanding of how girls on the autistic spectrum cope with social challenges; it is also hoped that this understanding will help families and professionals support girls in addressing any difficulty relating to masking social difficulties.

What is involved for your daughter if she decides to participate? If you, and your daughter, consent to her participation, she will be asked to complete a questionnaire about masking social difficulties. She may also be asked to complete an interview. The interview will be completed by Diana. It will involve your daughter being asked about trying to hide social difficulties and how that feels. If she feels uncomfortable or changes her mind about participating, she can stop the interview at any stage without giving an explanation. You are asked to accompany your daughter (or she can bring another supportive adult, such as a teacher) during the interview. She is free to share with her supportive adult after the interview about what was asked in the interview. The interviews will take place online at a time suitable for your daughter.

Consent to Participate in this Research Study: Before you and your daughter decide whether she will participate in this research, it is important that you understand why the research is being carried out, why she is being invited to participate and what it would involve for your daughter. An information sheet will be provided to her (see attached). Please take time to read the information carefully and help her decide whether or not she wishes to take part. If she does decide to take part, she can change her mind at any time without providing an explanation. If she does take part and then decides to withdraw, her data can be removed up until the point that the thesis has been written and submitted.

What will happen to the findings? The findings from the questionnaire and the interview will be typed up by Diana. It will be written in a thesis which may be published in a scientific journal.

Will taking part be confidential? 'Confidential' usually means keeping something secret or not sharing information. The purpose of this research is to share what young people have said about their experiences, so in that respect what your daughter says will not be kept confidential. However, the information she provides will be anonymised, so that it cannot be linked to her.

This means using a pseudonym when describing her views and changing any details that could identify that what was being said came from her.

Once the recording from the interview has been transcribed, the recording will be deleted and all of the data stored will be recorded as belonging to the pseudonym. All data collected during the study will be stored and used in compliance with the UK Data Protection Act (Gov, 1998).

Are there times when your daughter's data cannot be kept confidential or anonymous? If she tells me something that makes me concerned about her safety or the safety of someone else, then I might have to share that information with others in order to keep her or someone else safe. However, I would always aim to discuss this with her first when possible.

Further Information: This research has been formally approved by the Tavistock and Portman Trust Research Ethics Committee. If you have any concerns about the research please contact: Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

If you have any questions about the research or if you would like to know more about it, you can contact me using the following information:

Diana Jordan Email: autismresearch2020@gmail.com

*** Note:** I acknowledge that individuals have preferences in relation to language used about autism. Efforts have been made to be inclusive of preferences by using both person first (i.e. autistic girl) and identify first language (girl on the autism spectrum), where possible; any error in this area if not intended to cause offence.

Appendix B: Information Sheets

Appendix B.2: Written Information Sheet for Participants

The Tavistock and Portman NHS
NHS Foundation Trust

Participant Information Sheet

Title of Study: Masking social difficulties: a study of the lived experience of attempting to mask social difficulties by teenage girls on the autism spectrum*.

Who is doing the research? My name is Diana Jordan and I am a psychologist studying Child and Adolescent Educational Psychology in the Tavistock and Portman in London. Completing this research is one of the main components of this course. This study will be completed in Ireland.

The aim of the research: The research is about teenage girls on the autism spectrum and their ability to mask social difficulties in some settings. The aim is to find out how teenage girls learn to mask, when they choose to mask difficulties and the impact that has on them. It is hoped that undertaking this research will help gain a better understanding of how teenage girls with autism cope with social challenges; it is also hoped that this understanding will help families and professionals support girls in addressing any difficulty relating to, or arising from, masking social difficulties.

Would you like to take part in the research? If you decide to participate, you will be asked to complete a survey about masking social difficulties. This survey will be available online. After you submit the survey, you may be asked to complete an interview. The interview will be completed by Diana. It will involve you being asked about trying to hide social difficulties and how that feels. If you find this difficult you can stop the interview at any stage without giving an explanation. You can have a supportive adult with you during the interview. You are then free to talk to a supportive adult after the interview about what was asked in the interview. The interviews will take place online at a time you choose.

Consent to Participate in this Research Study: Before you decide whether you would like to take part in this research, it is important that you understand why the research is being carried out, why you are being invited to participate and what it would involve for you. Please take time to read the information and decide whether or not you wish to take part. If you do decide to take part, you can change your mind at any time and you do not need to explain your reasons for doing so. If you do take part and then decide to withdraw, your data can be removed up until the point that the thesis has been written and submitted.

What will happen to the findings? The findings from the questionnaire and the interview will be typed up by Diana. It will be written in a thesis which may be published in a scientific journal.

Will taking part be confidential? ‘Confidential’ usually means keeping something secret or not sharing information. The purpose of this research is to share what young people have said about their experiences, so in that respect what you say will not be kept confidential. However, the information you provide will be anonymised, so that it cannot be linked to you. This means using a pseudonym when describing your views and changing any details that could identify that what was being said came from you. Once the recording from your interview has been transcribed, the recording will be deleted and all of the data stored will be recorded as belonging to the pseudonym. All data collected during the study will be stored and used in compliance with the UK Data Protection Act (1998).

Are there times when my data cannot be kept confidential or anonymous? If you tell Diana something that makes her concerned about your safety or the safety of someone else, then she might have to share that information with others in order to keep you or someone else safe. However, she would always aim to discuss this with you first when possible.

Further Information: This research has been formally approved by the Tavistock and Portman Trust Research Ethics Committee. If you have any concerns about the research please contact: Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

If you have any questions about the research or if you would like to know more about it, you can contact me using the following information:

Diana Jordan Email: autismresearch2020@gmail.com

*** Note:** I acknowledge that individuals have preferences in relation to language used about autism. Efforts have been made to be inclusive of preferences by using both person first and identify first language, where possible; any error in this area if not intended to cause offence.

For additional information page with visual supports, see below.

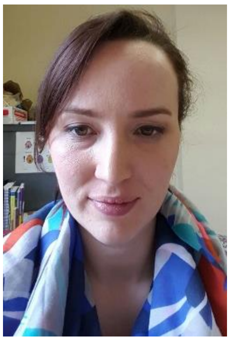
Appendix B: Information Sheets

Appendix B.3: Visual Information Sheet for Participants

The Tavistock and Portman NHS
NHS Foundation Trust

Additional Information Sheet for Possible Participants

My name is Diana Jordan. I am a psychologist living and working in Ireland. In my work, I try to help girls on the autism spectrum when they experience difficulties. I try to help their families understand the best way to support them.



I would like to interview individual girls on the autism spectrum about masking social difficulties. The interview will take less than 1 hour. It will take place online. An adult that you know can be there too.

You can stop the interview at any point by saying “I want to stop”, by leaving, or by holding up a “stop” card. There will be no punishment for wanting to stop the interview.

If you want to participate in the interview, I will ask questions about trying to mask social differences. You can tell me what you think is important to know about how it feels to mask social differences. If you want to bring notes or pictures to help you in the interview that is fine but you do not need to study; sharing your experience is all that is asked.

I will record the audio (sound) of the interview.

When the research is completed, I will share the results with other people who support people on the autism spectrum. I will not include your name in the research. I hope this will help more people understand the best way to support girls on the autism spectrum.

End of Sheet.

Appendix C: Consent Information

Appendix C.1: Consent Form for Participants

The Tavistock and Portman NHS
NHS Foundation Trust

Consent Form for Participants

Title of Study: Masking social difficulties: a study of the lived experience of attempting to mask social difficulties by teenage girls on the autism spectrum.
Name of Researcher: Diana Jordan

Please initial box if you agree with the statement:
1. I confirm that I have read and understand the information sheet about this research project and have had the opportunity to ask questions about it.
☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason (this means I can say I don't want to be a part of the research project at any time).
☐

3. I understand that the interview will be audio recorded and things I say might be written in the write up of the research project. I know my name will not be published.
☐

4. I know that the findings from the questionnaire and the interview will be typed up by Diana. It will be written in a thesis which may be published in a scientific journal.
☐

5. I understand that if I tell Diana something that concerns a young person's safety, then she might have to share that information with others in order to keep me or someone else safe.
☐

6. I agree to take part in the above study.
☐

____________________	____________	________________
Name of Participant	Date	Signature
____________________	____________	________________
Researcher	Date	Signature

Copies to participant and researcher

Appendix C.2: Consent Form for Parent(s) / Guardian(s)

The Tavistock and Portman
NHS Foundation Trust

Consent Form for Parent(s)/Guardian(s)

Title of Research Project: Masking social difficulties: a study of the lived experience of attempting to mask social difficulties by girls with autism spectrum conditions

Name of Researcher: Diana Jordan

Please **initial the box** if you agree with the statement:

1. I confirm that I have read and understand the information sheet about this research project and have had the opportunity to ask questions about it.
☐

2. I understand that my daughter's participation is voluntary and that she is free to withdraw at any time without giving a reason.
☐

3. I understand that the interview will be audio recorded and things your daughter says might be written in the write up of the research project. I know her name will not be published.
☐

4. I understand that the findings from the questionnaire and the interview will be typed up by Diana. It will be written in a thesis which may be published in a scientific journal. The findings will also be shared with the school.
☐

5. I understand that if my daughter tells Diana something that concerns a young person's safety, then she might have to share that information with others in order to keep your daughter or someone else safe.
☐

6. I agree to my daughter's participation in the above study.
☐

____________________	________________________	________________	__________________
Name of Participant	Name of Parent/Guardian	Date	Signature

____________________________	__________________	______________________
Researcher	Date Received	Signature

Copies to parent/guardian and researcher

Appendix C.3: Verbal Consent Information for Participants

The Tavistock and Portman NHS
NHS Foundation Trust

Verbal Consent Checklist

Title of Study: Masking social difficulties: a study of the lived experience of attempting to mask social difficulties by teenage girls on the autism spectrum.

Name of Researcher: Diana Jordan

Please say yes if you agree with the statement:
1. I confirm that I have read and understand the information sheet about this research project and have had the opportunity to ask questions about it.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason (this means I can say I don't want to be a part of the research project at any time).

3. I understand that the interview will be audio recorded and things I say might be written in the write up of the research project. I know my name will not be published.

4. I know that the findings from the questionnaire and the interview will be typed up by Diana. It will be written in a thesis which may be published in a scientific journal.

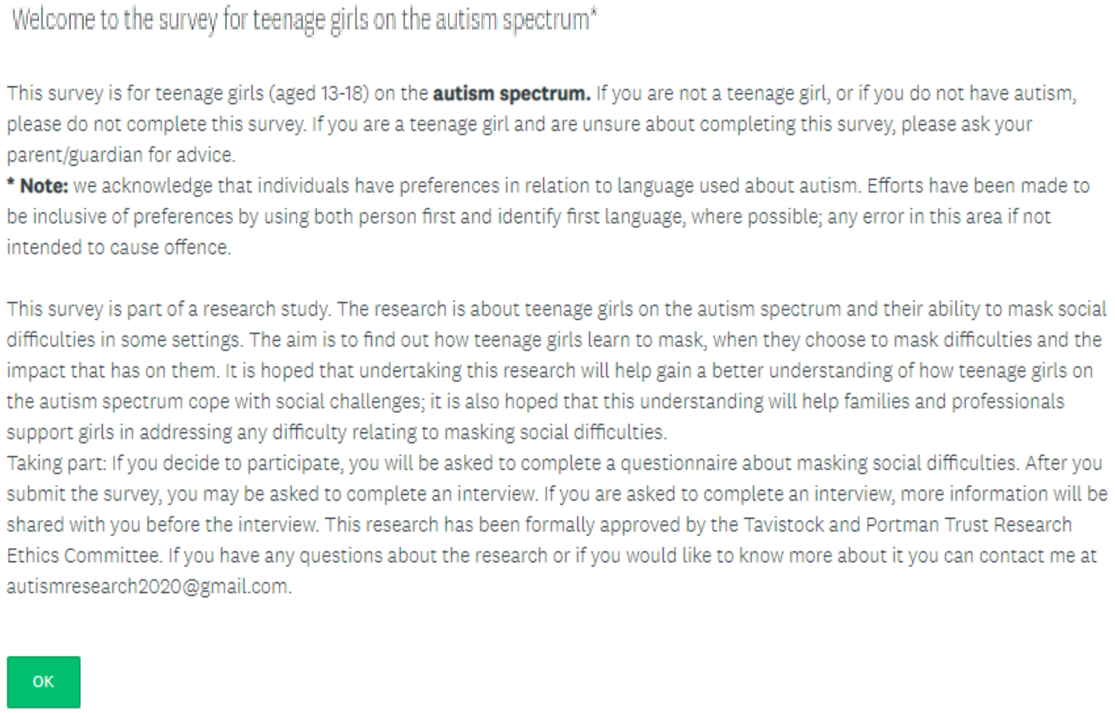
5. I understand that if I tell Diana something that concerns a young person's safety, then she might have to share that information with others in order to keep me or someone else safe.

6. I agree to take part in this above study.

__________________________ __________________
Name of Participant Date

__________________________ __________________
Researcher Date

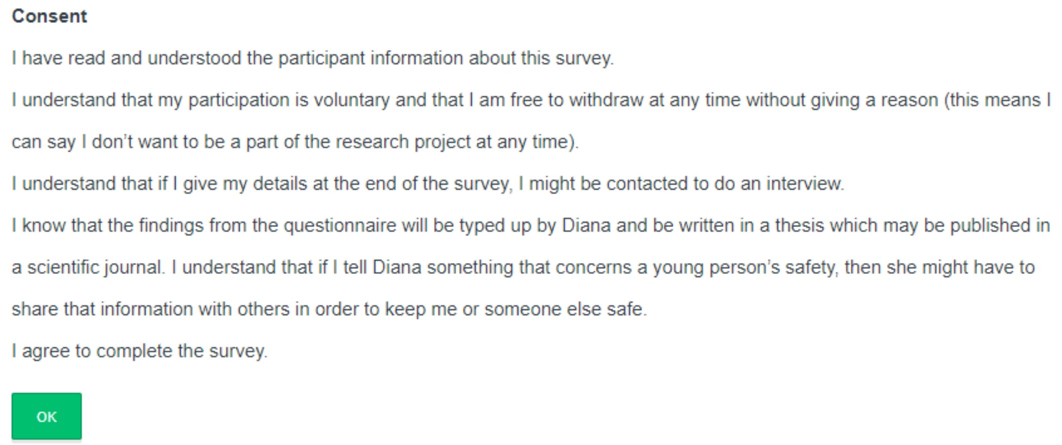
Appendix C.4: Consent Information for Survey



Welcome to the survey for teenage girls on the autism spectrum*

This survey is for teenage girls (aged 13-18) on the **autism spectrum.** If you are not a teenage girl, or if you do not have autism, please do not complete this survey. If you are a teenage girl and are unsure about completing this survey, please ask your parent/guardian for advice.
*** Note:** we acknowledge that individuals have preferences in relation to language used about autism. Efforts have been made to be inclusive of preferences by using both person first and identify first language, where possible; any error in this area if not intended to cause offence.

This survey is part of a research study. The research is about teenage girls on the autism spectrum and their ability to mask social difficulties in some settings. The aim is to find out how teenage girls learn to mask, when they choose to mask difficulties and the impact that has on them. It is hoped that undertaking this research will help gain a better understanding of how teenage girls on the autism spectrum cope with social challenges; it is also hoped that this understanding will help families and professionals support girls in addressing any difficulty relating to masking social difficulties.
Taking part: If you decide to participate, you will be asked to complete a questionnaire about masking social difficulties. After you submit the survey, you may be asked to complete an interview. If you are asked to complete an interview, more information will be shared with you before the interview. This research has been formally approved by the Tavistock and Portman Trust Research Ethics Committee. If you have any questions about the research or if you would like to know more about it you can contact me at autismresearch2020@gmail.com.



Consent

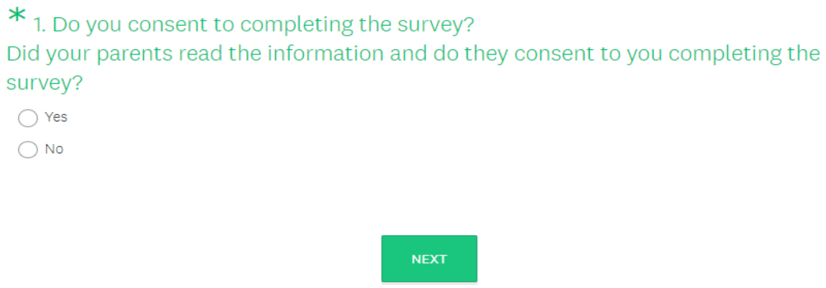
I have read and understood the participant information about this survey.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason (this means I can say I don't want to be a part of the research project at any time).

I understand that if I give my details at the end of the survey, I might be contacted to do an interview.

I know that the findings from the questionnaire will be typed up by Diana and be written in a thesis which may be published in a scientific journal. I understand that if I tell Diana something that concerns a young person's safety, then she might have to share that information with others in order to keep me or someone else safe.

I agree to complete the survey.



* 1. Do you consent to completing the survey?
Did your parents read the information and do they consent to you completing the survey?

○ Yes
○ No

Appendix D: Screening Survey

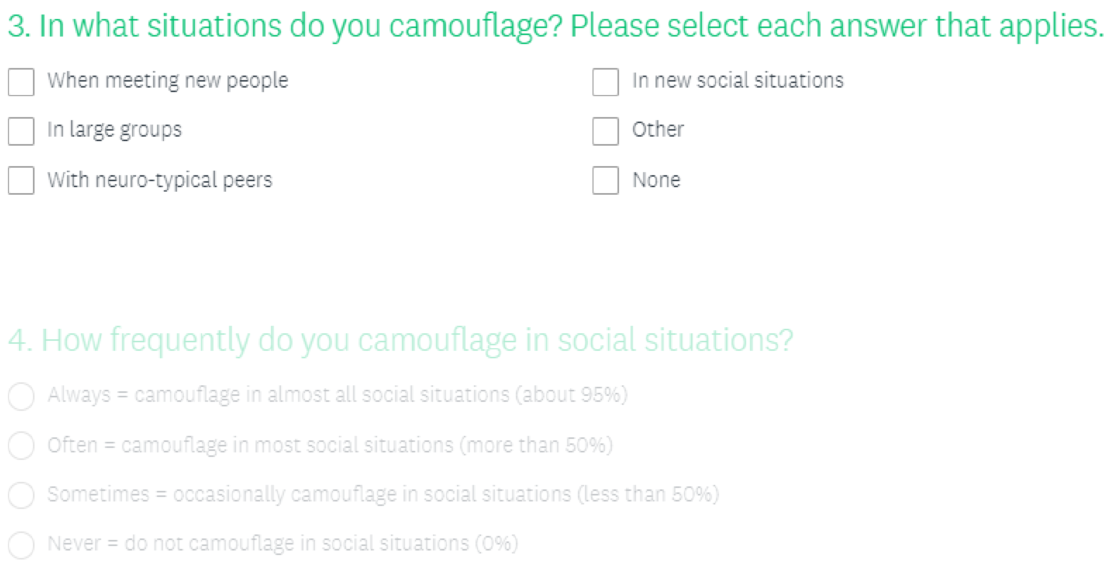
Appendix D.1: Questions from Screening Survey

Q1. Do you consent to completing the survey? Did your parents read the information and do they consent to you completing the survey?
Q2. Have you ever had the experience of masking or 'camouflaging' your autism?
Q3. In what situations do you mask or camouflage? Please select each answer that applies.
Q4. How frequently do you mask or camouflage in social situations?
Q5. How often have you tried to hide difficulties with eye contact by pretending that you are making eye contact or forcing yourself to make eye contact?
Q6. How often have you tried to hide your social stress by pretending that you are relaxed?
Q7. How often have you tried to use learned or pre-prepared jokes or one-liners in conversation?
Q8. How often have you tried to keep conversation flowing by talking about your special interests?
Q9. How often have you tried to make your movements or gestures more natural by deliberately practicing them when alone?
Q10. How often have you tried to copy other people's body language?
Q11. How often have you practiced making your voice sound different by speaking aloud to yourself when you are alone?
Q12. How often have you practiced facial expressions in front of the mirror when you are alone?
Q13. How often have you tried to learn to use gestures to blend in with neurotypical people?
Q14. Have often have you pretended to be interested in topics during conversation with others, to help fit in?
Q15. How often have you engaged in other (non-social) activities (e.g. studying objects in the situation, cleaning, using smartphone/tablet) in social situations to mask social difficulties?
Q16. How often have you forced yourself to approach strangers to engage in social interaction?
Q17. How often have you studied people's behaviour (e.g. by watching tv or youtube or by watching clips over and over)?
Q18. How often have you observed one particular person in your class or social life who was socially successful, and tried to copy their mannerisms, talking style, dress style, etc.?
Q19. How often have you consciously acted in social situations?
Q20. How often have you conducted 'research' (e.g. reading novels, learning about psychology) to work out the rules of human behaviour?
Q21. How often have you tried to create rules to guide you through a social interaction?
Q22. Have you ever tried to develop rules that you follow to keep conversation going, such as 'talk a lot', 'tell the listener an anecdote about something that happened', 'keep talking so that the conversation doesn't dry up'?
Q23. How often have you chosen to not speak as a means of coping in a social situation?

Appendix D: Screening Survey

Appendix D.2: Screengrabs of Online Screening Survey

Screengrab of survey showing current question highlighted (question 3) and next question to be shown (question 4) when participant moves on.



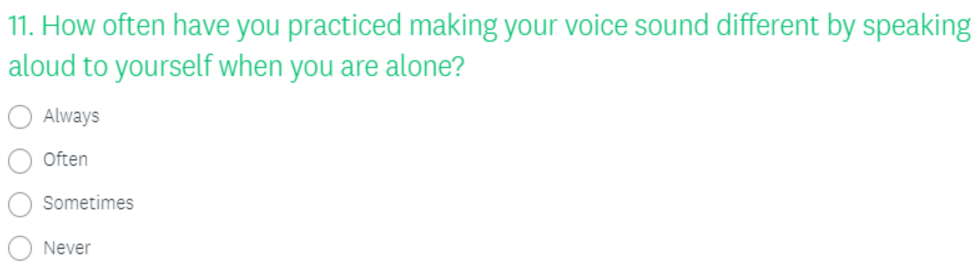
3. In what situations do you camouflage? Please select each answer that applies.

☐ When meeting new people
☐ In large groups
☐ With neuro-typical peers
☐ In new social situations
☐ Other
☐ None

4. How frequently do you camouflage in social situations?

○ Always = camouflage in almost all social situations (about 95%)
○ Often = camouflage in most social situations (more than 50%)
○ Sometimes = occasionally camouflage in social situations (less than 50%)
○ Never = do not camouflage in social situations (0%)

Screengrab of survey showing options commonly offered for questions.



11. How often have you practiced making your voice sound different by speaking aloud to yourself when you are alone?

○ Always
○ Often
○ Sometimes
○ Never

Appendix D.3: Individual Responses of Participants to Screening Survey

	Róisín	Colette	Emily	Michelle
Q1. Do you consent to completing the survey? Did your parents read the information and do they consent to you completing the survey?	Yes	Yes	Yes	Yes
Q2. Have you ever had the experience of masking or 'camouflaging' your autism?	Yes	Yes	Yes	Yes
Q3. In what situations do you mask or camouflage? Please select each answer that applies.	When meeting new people In large groups With Neuro-typical peers In new social situations	When meeting new people In large groups With Neuro-typical peers In new social situations Other	When meeting new people In new social situations	When meeting new people In large groups With Neuro-typical peers In new social situations
Q4. How frequently do you mask or camouflage in social situations?	Often	Always	Often	Sometimes
Q5. How often have you tried to hide difficulties with eye contact by pretending that you are making eye contact or forcing yourself to make eye contact?	Often	Always	Sometimes	Always
Q6. How often have you tried to hide your social stress by pretending that you are relaxed?	Always	Always	Always	Always
Q7. How often have you tried to use learned or pre-prepared jokes or one-liners in conversation?	Never	Often	Always	Often
Q8. How often have you tried to keep conversation flowing by talking about your special interests?	Often	Always	Always	Often
Q9. How often have you tried to make your movements or gestures more natural by deliberately practicing them when alone?	Never	Always	Often	Often
Q10. How often have you tried to copy other people's body language?	Sometimes	Often	Often	Sometimes
Q11. How often have you practiced making your voice sound different by speaking aloud to yourself when you are alone?	Sometimes	Sometimes	Often	Never

Q12. How often have you practiced facial expressions in front of the mirror when you are alone?	Sometimes	Always	Never	Sometimes
Q13. How often have you tried to learn to use gestures to blend in with neurotypical people?	Often	Always	Sometimes	Often
Q14. Have often have you pretended to be interested in topics during conversation with others, to help fit in?	Always	Always	Always	Always
Q15. How often have you engaged in other (non-social) activities (e.g. studying objects in the situation, cleaning, using smartphone/tablet) in social situations to mask social difficulties?	Often	Always	Often	Always
Q16. How often have you forced yourself to approach strangers to engage in social interaction?	Never	Never	Never	Always
Q17. How often have you studied people's behaviour (e.g. by watching tv or youtube or by watching clips over and over)?	Never	Always	Always	Often
Q18. How often have you observed one particular person in your class or social life who was socially successful, and tried to copy their mannerisms, talking style, dress style, etc.?	Sometimes	Always	Sometimes	Sometimes
Q19. How often have you consciously acted in social situations?	Always	Often	Never	Often
Q20. How often have you conducted 'research' (e.g. reading novels, learning about psychology) to work out the rules of human behaviour?	Never	Always	Sometimes	Sometimes
Q21. How often have you tried to create rules to guide you through a social interaction?	Often	Always	Often	Always
Q22. Have you ever tried to develop rules that you follow to keep conversation going, such as 'talk a lot', 'tell the listener an anecdote about something that happened', 'keep talking so that the conversation doesn't dry up'?	Yes	Yes	No	Yes
Q23. How often have you chosen to not speak as a means of coping in a social situation?	Often	Always	Often	Often

Appendix D.4: Summary of Responses by Participants to Screening Survey

Survey Item	Summary of Responses	
Q1. Do you consent to completing the survey? Did your parents read the information and do they consent to you completing the survey?	Yes	100%
Q2. Have you ever had the experience of ‘masking’ or 'camouflaging' your autism?	Yes	100%
Q3. In what situations do you mask or camouflage? Please select each answer that applies.	When meeting new people	100%
	In large groups	75%
	With neuro-typical peers	75%
	In new social situations	100%
	Other	25%
Q4. How frequently do you mask or camouflage in social situations?	Always	25%
	Often	50%
	Sometimes	25%
	Never	0%
Q5. How often have you tried to hide difficulties with eye contact by pretending that you are making eye contact or forcing yourself to make eye contact?	Always	50%
	Often	25%
	Sometimes	25%
	Never	0%
Q6. How often have you tried to hide your social stress by pretending that you are relaxed?	Always	100%
	Often	0%
	Sometimes	0%
	Never	0%
Q7. How often have you tried to use learned or pre-prepared jokes or one-liners in conversation?	Always	25%
	Often	50%
	Sometimes	0%
	Never	25%
Q8. How often have you tried to keep conversation flowing by talking about your special interests?	Always	50%
	Often	50%
	Sometimes	0%
	Never	0%
Q9. How often have you tried to make your movements or gestures more natural by deliberately practicing them when alone?	Always	25%
	Often	50%
	Sometimes	0%
	Never	25%
Q10. How often have you tried to copy other people's body language?	Always	0%
	Often	50%
	Sometimes	50%
	Never	0%
Q11. How often have you practiced making your voice sound different by speaking aloud to yourself when you are alone?	Always	0%
	Often	25%
	Sometimes	50%
	Never	25%

Q12. How often have you practiced facial expressions in front of the mirror when you are alone?	Always Often Sometimes Never	25% 0% 50% 25%
Q13. How often have you tried to learn to use gestures to blend in with neurotypical people?	Always Often Sometimes Never	25% 50% 25% 0%
Q14. Have often have you pretended to be interested in topics during conversation with others, to help fit in?	Always Often Sometimes Never	100% 0% 0% 0%
Q15. How often have you engaged in other (non-social) activities (e.g. studying objects in the situation, cleaning, using smartphone/tablet) in social situations to mask social difficulties?	Always Often Sometimes Never	50% 50% 0% 0%
Q16. How often have you forced yourself to approach strangers to engage in social interaction?	Always Often Sometimes Never	25% 0% 0% 75%
Q17. How often have you studied people's behaviour (e.g. by watching tv or youtube or by watching clips over and over)?	Always Often Sometimes Never	50% 25% 0% 25%
Q18. How often have you observed one particular person in your class or social life who was socially successful, and tried to copy their mannerisms, talking style, dress style, etc.?	Always Often Sometimes Never	25% 0% 75% 0%
Q19. How often have you consciously acted in social situations?	Always Often Sometimes Never	25% 50% 0% 25%
Q20. How often have you conducted 'research' (e.g. reading novels, learning about psychology) to work out the rules of human behaviour?	Always Often Sometimes Never	25% 0% 50% 25%
Q21. How often have you tried to create rules to guide you through a social interaction?	Always Often Sometimes Never	50% 50% 0% 0%
Q22. Have you ever tried to develop rules that you follow to keep conversation going, such as 'talk a lot', 'tell the listener an anecdote about something that happened', 'keep talking so that the conversation doesn't dry up'?	Yes No	75% 25%
Q23. How often have you chosen to not speak as a means of coping in a social situation?	Always Often Sometimes Never	25% 75% 0% 0%

Appendix E: Visual Aids for Interviews

STOP

PAUSE

GO

Appendix F: Semi-Structured Interview Schedule

Appendix F.1: Semi-Structured Interview Schedule

Semi-Structured Interview Schedule

Introductory Questions

- What does it feel like to mask?

Planning

- Do you plan or rehearse your masking?

Using Masking

- In what situations do you mask?

Motivation to Mask

- What is your aim or objective when masking?

Experience at the Time

- At the time you are masking, what is that experience like?

Afterwards

- How do you feel after an interaction in which you masked?

Closing

- Is there anything else you think I should know to fully understand how it feels to mask?

Appendix F.2: Additional Prompts and Concrete Examples

Semi-Structured Interview Schedule with additional prompts and links to concrete examples (from survey responses), if needed by autistic participants.

Introductory Questions

What does it feel like to mask social difficulties?

- Your survey responses noted that you do mask; can you tell me a little about that? What is does it feel like physically/ mentally / emotionally?
- How long have you known that you use masking?
- Did you use masking when you were younger?
- What does it feel like? How do you feel during masking? Are you aware of feelings while masking?
- Are there benefits or negatives to masking? Can you tell me about them?

Planning:

Do you plan or rehearse your masking?

- Can you tell me about rehearsing?
- What is it like/ feel like to practice jokes or sayings / practice tone of voice / practice gesture / copy someone's body language / practice facial expressions / read books or tv with socially successful characters / conduct research / create rules to guide you through an interaction?

Using Masking:

In what situations do you mask?

- How frequently do you mask in social situations?
- Is masking a conscious effort or is it automatic? What do you say to yourself when deciding to mask?
- Is there any time in your day where you don't mask? Why is that? Is that a conscious decision?
- Do you always mask in social settings? Have you ever not masked in a social situation? How did that feel?

Motivation to Mask:

What is your aim or objectives when masking?

- Are you trying to hide / are you trying to portray a certain image when you mask? Why is that important to you?
- Where did you get the idea to mask?
- Different masking for different people? Do you mask at home?

Experience at the time:

At the time you are masking, what is that experience like?

- Can you describe the experience of masking at the time that you are masking? Is it effort?
- Are you judging the reactions of others / are you focused on yourself?
- Have you ever felt this is going well or this is not going well? How did you know? How did that make you feel?
- Is it a conscious effort or automatic or a mix of both?
- Do you ever think about the experience afterwards, do you review your experience and judge how well you masked?
- Can you remember when you first started using masking? Has the experience changed over time?

Afterwards:

How do you feel after an interaction in which you masked?

- How do you feel after masking? If you're masking for a lot of the day, how do you feel that evening?
- Do you think it's easy or hard? Do you think you're good at it?

Closing:

Is there anything else you think I should know to fully understand how it feels to mask?

- Is there anything you'd like to ask me?
- Is there anything you'd like to check with me about the interview?

Appendix G: Literature Review

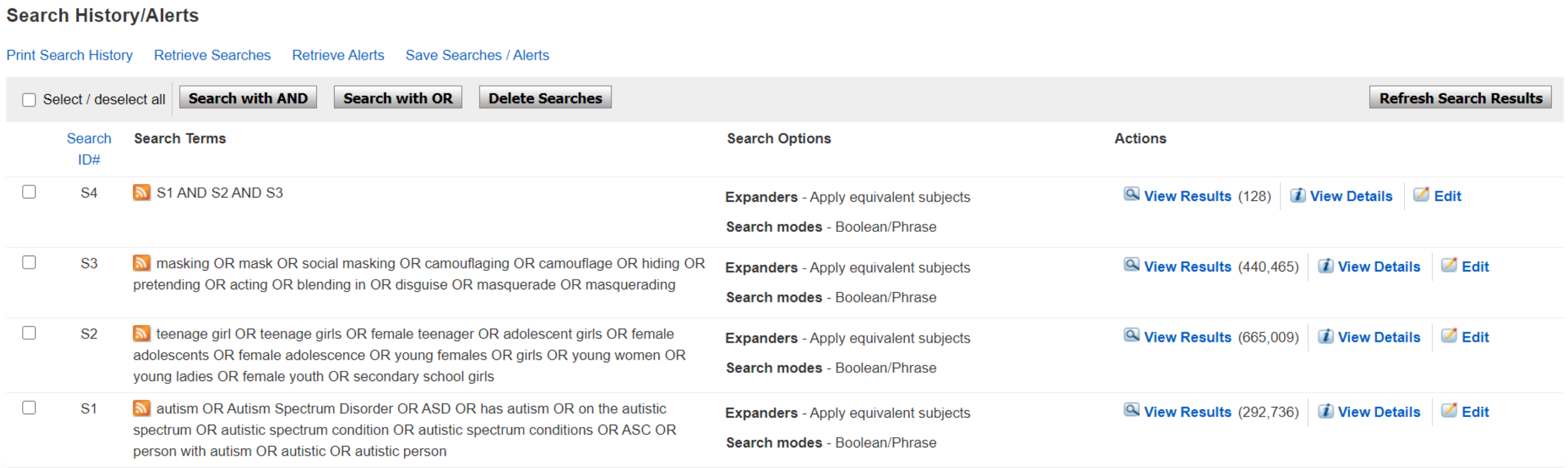
Appendix G.1: Searches

Appendix G.1.1: Search Terms and Results

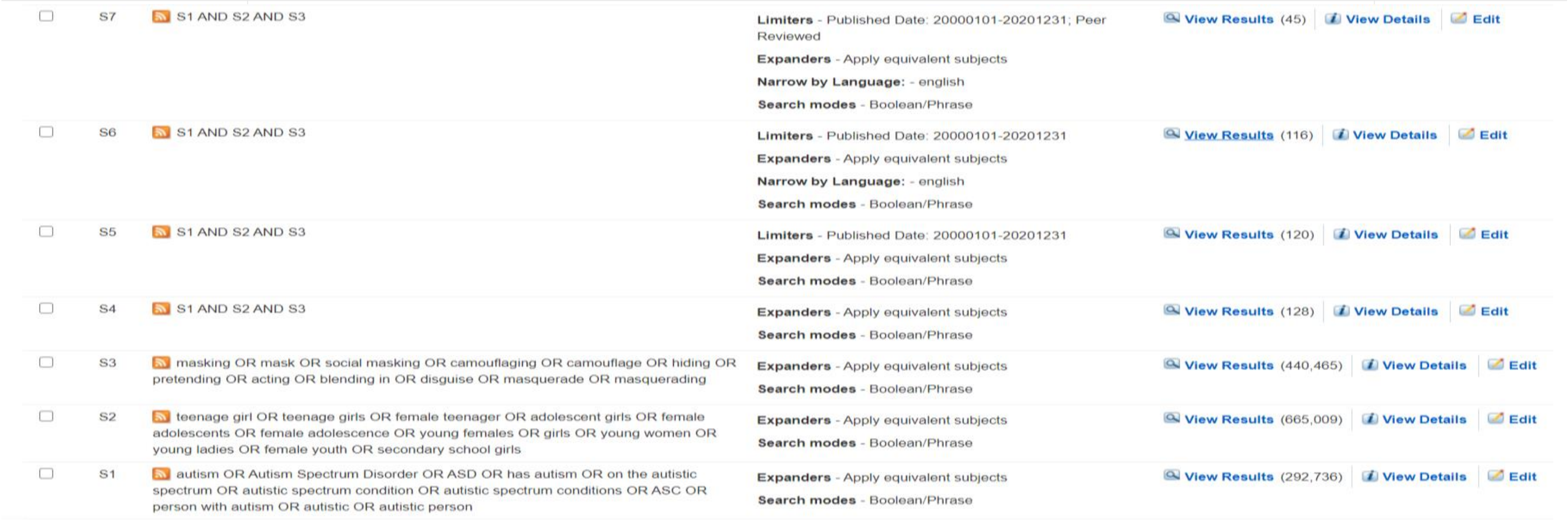
Unrefined Search Results

ID#	Search terms	Search options	Results	Details
SI	autism OR Autism Spectrum Disorder OR ASD OR has autism OR on the autistic spectrum OR autistic spectrum condition OR autistic spectrum conditions OR ASC OR person with autism OR autistic OR autistic person	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	292,736	**Interface** - EBSCOhost Research Databases **Search Screen** - Advanced Search **Database** - APA PsycInfo;APA PsycArticles;Psychology and Behavioral Sciences Collection;PEP Archive;Education Source;ERIC;CINAHL;CINAHL Complete;MEDLINE Complete
S2	teenage girl OR teenage girls OR female teenager OR adolescent girls OR female adolescents OR female adolescence OR young females OR girls OR young women OR young ladies OR female youth OR secondary school girls	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	665,009	**Interface** - EBSCOhost Research Databases **Search Screen** - Advanced Search **Database** - APA PsycInfo;APA PsycArticles;Psychology and Behavioral Sciences Collection;PEP Archive;Education Source;ERIC;CINAHL;CINAHL Complete;MEDLINE Complete
S3	masking OR mask OR social masking OR camouflaging OR camouflage OR hiding OR pretending OR acting OR blending in OR disguise OR masquerade OR masquerading	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	440,465	**Interface** - EBSCOhost Research Databases **Search Screen** - Advanced Search **Database** - APA PsycInfo;APA PsycArticles;Psychology and Behavioral Sciences Collection;PEP Archive;Education Source;ERIC;CINAHL;CINAHL Complete;MEDLINE Complete
S4	S1 AND S2 AND S3	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	128	**Interface** - EBSCOhost Research Databases **Search Screen** - Advanced Search **Database** - APA PsycInfo;APA PsycArticles;Psychology and Behavioral Sciences Collection;PEP Archive;Education Source;ERIC;CINAHL;CINAHL Complete;MEDLINE Complete

Appendix G.1.2: Screengrab of Searches



	Search ID#	Search Terms	Search Options	Actions
☐	S4	S1 AND S2 AND S3	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (128) | View Details | Edit
☐	S3	masking OR mask OR social masking OR camouflaging OR camouflage OR hiding OR pretending OR acting OR blending in OR disguise OR masquerade OR masquerading	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (440,465) | View Details | Edit
☐	S2	teenage girl OR teenage girls OR female teenager OR adolescent girls OR female adolescents OR female adolescence OR young females OR girls OR young women OR young ladies OR female youth OR secondary school girls	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (665,009) | View Details | Edit
☐	S1	autism OR Autism Spectrum Disorder OR ASD OR has autism OR on the autistic spectrum OR autistic spectrum condition OR autistic spectrum conditions OR ASC OR person with autism OR autistic OR autistic person	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (292,736) | View Details | Edit



☐	S7	S1 AND S2 AND S3	**Limiters** - Published Date: 20000101-20201231; Peer Reviewed **Expanders** - Apply equivalent subjects **Narrow by Language:** - english **Search modes** - Boolean/Phrase	View Results (45) | View Details | Edit
☐	S6	S1 AND S2 AND S3	**Limiters** - Published Date: 20000101-20201231 **Expanders** - Apply equivalent subjects **Narrow by Language:** - english **Search modes** - Boolean/Phrase	View Results (116) | View Details | Edit
☐	S5	S1 AND S2 AND S3	**Limiters** - Published Date: 20000101-20201231 **Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (120) | View Details | Edit
☐	S4	S1 AND S2 AND S3	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (128) | View Details | Edit
☐	S3	masking OR mask OR social masking OR camouflaging OR camouflage OR hiding OR pretending OR acting OR blending in OR disguise OR masquerade OR masquerading	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (440,465) | View Details | Edit
☐	S2	teenage girl OR teenage girls OR female teenager OR adolescent girls OR female adolescents OR female adolescence OR young females OR girls OR young women OR young ladies OR female youth OR secondary school girls	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (665,009) | View Details | Edit
☐	S1	autism OR Autism Spectrum Disorder OR ASD OR has autism OR on the autistic spectrum OR autistic spectrum condition OR autistic spectrum conditions OR ASC OR person with autism OR autistic OR autistic person	**Expanders** - Apply equivalent subjects **Search modes** - Boolean/Phrase	View Results (292,736) | View Details | Edit

Appendix G.2: Critique of Papers

Appendix G.2.1: Summary of Critique of Papers

Summary of Critiques Papers - included and excluded in literature review

	Combined bibliography from searches: n = 65. **Inclusion criteria:** • Studies included females with a diagnosis of autism who were 18 years of age or under 18. • Literature focused on the lived experiences of autistic girls. • Quantitative, qualitative or mixed-methods studies were all deemed appropriate. • Papers were written in English or available in English. • Papers published in a peer-reviewed journal. • Papers published from 2000-2020	Excluded **Note:** Excluded 1st screening = topic not relevant Excluded 2nd screening = format not relevant Excluded 3rd screening = reviewed using CASP and/or Creswell guidelines, does not contribute to research questions (RQ). Review can be found in Qualitative, Quantitative or Mixed Methods review document in appendices.	Included **Note:** Included 3rd screening = reviewed using CASP and/or Creswell. Paper partially answers RQ#1, #2 and/or #3. Review can be found in Qualitative, Quantitative or Mixed Methods review document in appendices.
1	Anderson, J., Marley, C., Gillespie-Smith, K., Carter, L., & MacMahon, K. (2020). When the mask comes off: Mothers' experiences of parenting a daughter with autism spectrum condition. Autism: the international journal of research and practice, 24(6), 1546-1556. doi:10.1177/1362361320913668	Excluded 3rd screening. Does not contribute toRQ 1, 2 or 3. Qualitative.	
2	Baldwin, S., & Costley, D. (2016). The experiences and needs of female adults with high-functioning autism spectrum disorder. Autism, 20(4), 483-495. doi:10.1177/1362361315590805		Included 3rd screening: Reviewed and included. Partially answers RQ 1, 2 & 3. Mixed methods.
3	Bargiela, S., Steward, R., & Mandy, W. (2016). The Experiences of Late-diagnosed Women with Autism Spectrum Conditions: An Investigation of		Included 3rd screening: reviewed and included. Partially answers RQ 1, 2 & 3

	the Female Autism Phenotype. Journal of Autism & Developmental Disorders, 46(10), 3281-3294. doi:10.1007/s10803-016-2872-8		(less info on RQ3) Qualitative.
4	Cola, M. L., Plate, S., Yankowitz, L., Petrulla, V., Bateman, L., Zampella, C. J., . . . Parish-Morris, J. (2020). Sex differences in the first impressions made by girls and boys with autism. Molecular autism, 11(1), 49. doi:10.1186/s13229-020-00336-3	Excluded 3rd screening. Does not contribute to RQ 1, 2 or 3. Quantitative.	
5	Cook, A., Ogden, J., & Winstone, N. (2018). Friendship Motivations, Challenges and the Role of Masking for Girls with Autism in Contrasting School Settings. European Journal of Special Needs Education, 33(3), 302-315		Included 3rd screening: reviewed and included. Partially answers RQ 1, 2 & 3. Qualitative.
6	Corby, M. (2003). Special days. TES: Times Educational Supplement(4561), 16-16.	Excluded 2nd screening. Format; opinion piece, not journal article.	
7	Corrieri, U. (2008). La relazione uomo-animale come facilitatore del cambiamento = The man-animal relationship as a way to favour the change. Ecologia della Mente, 31(1), 69-83.	Excluded 1st screening Topic not relevant: animal relationship.	
8	Cridland, E. K., Jones, S. C., Caputi, P. & Magee, C. A. (2014). Being a girl in a boys' world: Investigating the experiences of girls with autism spectrum disorders during adolescence. Journal of Autism and Developmental Disorders, 44 (6), 1261-1274	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Qualitative.	
9	Dalle Luche, R. P. (2016). Disturbo di dismorfismo corporeo, manierismo, autismo: Annotazioni sulla psicopatologia del mostrarsi = The transnosographic psychopathology of apearance: Body dysmorphic disorder, manerism, autism. Psichiatria e Psicoterapia, 35(1-2), 46-60.	Excluded 1st screening Topic not relevant: body dysmorphic disorder.	
10	Dean, M., Harwood, R., & Kasari, C. (2017). The art of camouflage: Gender differences in the social behaviors of girls and boys with autism spectrum disorder. Autism, 21(6), 678-689. doi:10.1177/1362361316671845	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Mixed methods.	
11	Fabian, K. J. (2005). Deep-feeling development gives autistics abstractions: when a young person has no abstractions, his or her thoughts or behaviors frequently seem autistic. Medical hypotheses, 65(4), 694-698.	Excluded 1st screening Topic not relevant: abstractions	

12	Gould, J. (2017). Towards understanding the under-recognition of girls and women on the autism spectrum. Autism, 21(6), 703-705. doi:10.1177/1362361317706174	Excluded 2nd screening. Format: not journal article.	
13	Hadjikhani, N., Zürcher, N. R., Rogier, O., Ruest, T., Hippolyte, L., Ben-Ari, Y., & Lemonnier, E. (2015). Improving emotional face perception in autism with diuretic bumetanide: A proof-of-concept behavioral and functional brain imaging pilot study. Autism: The International Journal of Research & Practice, 19(2), 149-157. doi:10.1177/1362361313514141	Excluded 1st screening Topic not relevant: brain imaging.	
14	Happé, F. (2002). Editorial. Journal of Child Psychology & Psychiatry & Allied Disciplines, 43(5), 553-554. doi:10.1111/1469-7610.00045	Excluded 2nd screening. Format; not journal article.	
15	Huang, Y.-S., Wang, L.-J., & Chen, C.-K. (2012). Long-term neurocognitive effects of methylphenidate in patients with attention deficit hyperactivity disorder, even at drug-free status. BMC Psychiatry, 12. doi:10.1186/1471-244X-12-194	Excluded 1st screening Topic not relevant: ADHD.	
16	Hull, L., Lai, M.-C., Baron-Cohen, S., Allison, C., Smith, P., Petrides, K. V., & Mandy, W. (2020). Gender differences in self-reported camouflaging in autistic and non-autistic adults. Autism, 24(2), 352-363. doi:10.1177/1362361319864804	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Quantitative.	
17	Hull, L., Patrides, K.V., Smith, P., Baron-Cohen, S., Lai, M.C., Mandy, W. (2017). "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions. Journal of Autism & Developmental Disorders, 47, 2519–2534.		Included 3rd screening: reviewed and included. Partially answers RQ 1, 2 & 3. Qualitative.
18	Kazlauskas, N., Campolongo, M., Lucchina, L., Zappala, C., & Depino, A. M. (2016). Postnatal behavioral and inflammatory alterations in female pups prenatally exposed to valproic acid. Psychoneuroendocrinology, 72, 11-21. doi:10.1016/j.psyneuen.2016.06.001	Excluded 1st screening Topic not relevant: animals.	
19	Kofke, M. (2020). Taking off the mask: Autistic young women's experiences with social skills in high school. (81). ProQuest Information & Learning. Available from EBSCOhost psyh database.	Excluded 2nd screening. Format: dissertation.	
20	Kuntsi, J., Rijsdijk, F., Ronald, A., Asherson, P., & Plomin, R. (2005). Genetic Influences on the Stability of Attention-Deficit/Hyperactivity	Excluded 1st screening Topic not relevant: ADHD.	

	Disorder Symptoms from Early to Middle Childhood. Biological Psychiatry, 57(6), 647-654. doi:10.1016/j.biopsych.2004.12.032		
21	Lai, M-C., Lombardo, M.V., Auyeung, B., Chakrabarti, B., Baron-Cohen, S. (2015). Sex/Gender Differences and Autism: Setting the Scene for Future Research. Journal of the American Academy of Child and Adolescent Psychiatry, 54(1): 11–24.	Excluded 2nd screening. Format and topic not suitable: systematic review of sex differences.	
22	Lai, M.-C., Lombardo, M. V., Chakrabarti, B., Ruigrok, A. N. V., Bullmore, E. T., Suckling, J., . . . Baron-Cohen, S. (2019). Neural Self-Representation in Autistic Women and Association with 'Compensatory Camouflaging'. Autism: The International Journal of Research and Practice, 23(5), 1210-1223.	Excluded 3rd screening. Reviewed and does not answer RQ 1, 2 or 3. Quantitative.	
23	Lai, M.-C., & Szatmari, P. (2020). Sex and gender impacts on the behavioural presentation and recognition of autism. Current opinion in psychiatry, 33(2), 117-123. doi:10.1097/YCO.0000000000000575	Excluded 2nd screening. Full article not available.	
24	Lancioni, G. E., Smaldone, A., O'Reilly, M. F., Singh, N. N., Sigafoos, J., Oliva, D., & Bosco, A. (2007). Promoting adaptive hand responding and reducing face hiding in a women with profound development disabilities using microswitch technology. Behavioural and Cognitive Psychotherapy, 35(2), 225-230. doi:10.1017/S1352465806003353	Excluded 1st screening Topic not relevant: technology.	
25	Leedham, A., Thompson, A. R., Smith, R., & Freeth, M. (2020). 'I was exhausted trying to figure it out': The experiences of females receiving an autism diagnosis in middle to late adulthood. Autism: The International Journal of Research & Practice, 24(1), 135-146. doi:10.1177/1362361319853442		Included 3rd screening: reviewed and included. Partially answers RQ 2 & 3. Qualitative
26	Lehnhardt, F.-G., Falter, C. M., Gawronski, A., Pfeiffer, K., Tepest, R., Franklin, J., & Vogeley, K. (2016). Sex-related cognitive profile in autism spectrum disorders diagnosed late in life: Implications for the female autistic phenotype. Journal of Autism and Developmental Disorders, 46(1), 139-154. doi:10.1007/s10803-015-2558-7	Excluded 3rd screening: does not answer RQ 1, 2 or 3. Quantitative.	
27	Mahone, E. M., Cole, W. R., Mostofsky, S. H., Larson, J. C. G., & Denckla, M. B. (2009). 'Age-related changes in motor subtle signs among	Excluded 1st screening Topic not relevant: ADHD.	

	girls and boys with ADHD': Reply from the authors. Neurology, 73(15), 1248-1249.		
28	Maliphant, L. (2007). DVD Review of Asperger syndrome: A different mind. Journal of Family Therapy, 29(3), 297-298. doi:10.1111/j.1467-6427.2007.00387_8.x	Excluded 1st screening Topic not relevant: Review of Asperger. Format not suitable: DVD review.	
29	Mandy, W., Chilvers, R., Chowdhury, U., Salter, G., Seigal, A., & Skuse, D. (2012). Sex Differences in Autism Spectrum Disorder: Evidence from a Large Sample of Children and Adolescents. Journal of Autism & Developmental Disorders, 42, 1304–1313.	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Quantitative.	
30	Martel, M. M. (2009). Conscientiousness as a mediator of the association between masculinized finger-length ratios and attention-deficit/hyperactivity disorder (ADHD). Journal of Child Psychology and Psychiatry, 50(7), 790-798. doi:10.1111/j.1469-7610.2009.02065.x	Excluded 1st screening Topic not relevant: ADHD.	
31	Martin, C. P., Peisch, V., Shoulberg, E. K., Kaiser, N., & Hoza, B. (2019). Does a social self-perceptual bias mask internalizing symptoms in children with attention-deficit/hyperactivity disorder? Journal of Child Psychology and Psychiatry, 60(6), 630-637. doi:10.1111/jcpp.13024	Excluded 1st screening Topic not relevant: ADHD.	
32	Mayes, S. D., Castagna, P. J., & Waschbusch, D. A. (2020). Sex differences in externalizing and internalizing symptoms in adhd, autism, and general population samples. Journal of Psychopathology and Behavioral Assessment. doi:10.1007/s10862-020-09798-4	Excluded 3rd screening: does not answer RQ 1, 2 or 3. Quantitative.	
33	Meng-Chuan, L., Szatmari, P., & Lai, M.-C. (2020). Sex and gender impacts on the behavioural presentation and recognition of autism. Current Opinion in Psychiatry, 33(2), 117-123. doi:10.1097/YCO.0000000000000575	Excluded 2nd screening. Format: review piece.	
34	Moseley, R. L., Druce, T., & Turner-Cobb, J. M. (2020). 'When my autism broke': A qualitative study spotlighting autistic voices on menopause. Autism : the international journal of research and practice, 24(6), 1423-1437. doi:10.1177/1362361319901184	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Qualitative.	
35	Moyse, R., & Porter, J. (2015a). Key barriers to inclusion for girls with Asperger's Syndrome at primary school. In M. F. Shaughnessy	Excluded 2nd screening. Format not suitable: book.	

	(Ed.), Asperger syndrome: Risk factors, cognitive-behavioral characteristics and management strategies. (pp. 37-63). Hauppauge, NY: Nova Biomedical Books.		
36	Moyse, R., & Porter, J. (2015b). The Experience of the Hidden Curriculum for Autistic Girls at Mainstream Primary Schools. European Journal of Special Needs Education, 30(2), 187-201.	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Qualitative.	
37	Muggleton, J. T. B., MacMahon, K., & Johnston, K. (2019). Exactly the same but completely different: A thematic analysis of Clinical Psychologists' conceptions of Autism across genders. Research in Autism Spectrum Disorders, 62, 75-84. doi:10.1016/j.rasd.2019.03.004	Excluded 1st screening Topic not relevant: psychologists' perceptions.	
38	Nilsson, M. (2000). The dolls' house: dream or reality? A borderline girl's psychotherapy. Journal of Child Psychotherapy, 26(1), 79-96. doi:10.1080/007541700362177	Excluded 1st screening Topic not relevant: borderline psychotherapy.	
39	Parish-Morris, J., Liberman, M. Y., Cieri, C., Herrington, J. D., Yerys, B. E., Bateman, L., . . . Schultz, R. T. (2017). Linguistic camouflage in girls with autism spectrum disorder. Molecular autism, 8, 48. doi:10.1186/s13229-017-0164-6	Excluded 3rd screening. Does not answer RQ Quantitative.	
40	Pesonen, H. V., Kontu, E. K., & Pirttimaa, R. A. (2015). Sense of Belonging and Life Transitions for Two Females with Autism Spectrum Disorder in Finland. Journal of International Special Needs Education, 18(2), 73-86. doi:10.9782/2159-4341-18.2.73		Include 3rd screening: reviewed and included. Partially answers RQ 1. Qualitative.
41	Pfaff, D. W., Rapin, I., & Goldman, S. (2011). Male predominance in autism: Neuroendocrine influences on arousal and social anxiety. Autism Research, 4(3), 163-176. doi:10.1002/aur.191	Excluded 1st screening. Topic not relevant: focused on male experience.	
42	Rabbitte, K., Prendeville, P., & Kinsella, W. (2017). Parents' experiences of the diagnostic process for girls with autism spectrum disorder in Ireland: An Interpretative Phenomenological Analysis. Educational & Child Psychology, 34(2), 54-66.	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Qualitative.	
43	Ratto, A. B., Kenworthy, L., Yerys, B. E., Bascom, J., Wieckowski, A. T., White, S. W., . . . Anthony, L. G. (2018). What about the girls? Sex-based differences in autistic traits and adaptive skills. Journal of Autism and	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Quantitative.	

	Developmental Disorders, 48(5), 1698-1711. doi:10.1007/s10803-017-3413-9		
44	Roca, C. A., Schmidt, P. J., Smith, M. J., Danaceau, M. A., Murphy, D. L., & Rubinow, D. R. (2002). Effects of metergoline on symptoms in women with premenstrual dysphoric disorder. The American Journal of Psychiatry, 159(11), 1876-1881. doi:10.1176/appi.ajp.159.11.1876	Excluded 1st screening Topic not relevant: premenstrual dysphoric disorder.	
45	Rynkiewicz, A., Janas-Kozik, M., & Słopień, A. (2019). Girls and women with autism. Psychiatria polska, 53(4), 737-752. doi:10.12740/PP/OnlineFirst/95098	Excluded 2nd screening. Format not suitable: summary paper.	
46	Rynkiewicz, A., Schuller, B., Marchi, E., Piana, S., Camurri, A., Lassalle, A., & Baron-Cohen, S. (2016). An investigation of the 'female camouflage effect' in autism using a computerized ADOS-2 and a test of sex/gender differences. Molecular autism, 7, 10. doi:10.1186/s13229-016-0073-0	Excluded 3rd screening. Does not contribute to RQ 1, 2, or 3. Quantitative.	
47	Sandland, B. (2018). Understanding the 'mask' in autism: girls' perspectives and the impact of wearing it. Good Autism Practice, 19(1), 5-13.		Included 3rd screening: reviewed and included. Partially answers RQ 1, 2 and 3. Qualitative.
48	Sharp, W. G., Trumbull, A., & Lesack, R. (2015). Blending to treat expulsion in a child with food refusal. Behavioral Interventions, 30(3), 247-255. doi:10.1002/bin.1413	Excluded 1st screening Topic not relevant: food blending	
49	Skorczewski, D., & Bergman, A. (2005). Getting Attica out of her mind: A psychoanalytic memoir. American Imago, 62(3), 315-338. doi:10.1353/aim.2005.0036	Excluded 1st screening Topic not relevant: psychoanalytic memoir.	
50	Solomon, O. (2015). 'But-he'll fall!': Children with autism, interspecies intersubjectivity, and the problem of 'being social'. Culture, Medicine, and Psychiatry: An International Journal of Cross-Cultural Health Research, 39(2), 323-344. doi:10.1007/s11013-015-9446-7	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Qualitative.	
51	Spiers, M. V., & Patrick, K. E. (2013). Social perception technology in autism spectrum disorder: Adept or 'just pretending'? PsycCRITIQUES, 58(34). doi:10.1037/a0033962	Excluded 1st screening Topic not relevant: technology	

52	Stephens, A. N. (2008). Silent Echoes: A Young Author Rewrites the Rules to Transitioning. Exceptional Parent, 38(10), 24-26.	Excluded 2nd screening. Format not suitable, not peer reviewed.	
53	Stern, S. B., Rohner, R. P., & Sacks-Stern, B. J. (2007). Relations of self-reported maternal acceptance and behavioral control with acting out aggressive behavior in children diagnosed with ADHD. Psychological Reports, 101(3), 675-684. doi:10.2466/PR0.101.7.675-684	Excluded 1st screening Topic not relevant: ADHD.	
54	Sutherland, R., Hodge, A., Bruck, S., Costley, D., & Klieve, H. (2017). Parent-reported differences between school-aged girls and boys on the autism spectrum. Autism, 21(6), 785-794. doi:10.1177/1362361316668653	Excluded 3rd screening. Does not answer RQ 1, 2 or 3. Mixed methods.	
55	Tierney, S., Burns, J., & Kilbey, E. (2016). Looking behind the mask: Social coping strategies of girls on the autistic spectrum. Research in Autism Spectrum Disorders, 23, 73-83.		Included 3rd screening: reviewed, partially answers RQ 1, 2 and 3. Qualitative.
56	Tint, A., & Weiss, J. A. (2018). A qualitative study of the service experiences of women with autism spectrum disorder. Autism, 22(8), 928-937. doi:10.1177/1362361317702561		Included 3rd screening: reviewed, partially answers RQ 1 and 2. Qualitative
57	Tomlinson, C., Bond, C., & Hebron, J. (2019). The school experiences of autistic girls and adolescents: A systematic review. European Journal of Special Needs Education. doi:10.1080/08856257.2019.1643154	Excluded 2nd screening. Format: systematic review.	
58	Torres, E. B., Mistry, S., Caballero, C., & Whyatt, C. P. (2017). Stochastic signatures of involuntary head micro-movements can be used to classify females of ABIDE into different subtypes of neurodevelopmental disorders. Frontiers in Integrative Neuroscience, 11. doi:10.3389/fnint.2017.00010	Excluded 1st screening Topic not relevant: head micro-movements.	
59	Trakoshis, S., Martínez-Cañada, P., Rocchi, F., Canella, C., You, W., Chakrabarti, B., . . . Panzeri, S. (2020). Intrinsic excitation-inhibition imbalance affects medial prefrontal cortex differently in autistic men versus women. ELife, 9. doi:10.7554/eLife.55684	Excluded 1st screening Topic not relevant: prefrontal cortex.	
60	Velan, B. (2011). Acceptance on the move: public reaction to shifting vaccination realities. Human vaccines, 7(12), 1261-1270. doi:10.4161/hv.7.12.17980	Excluded 1st screening Topic not relevant: vaccinations	

61	Wang, L.-J., Chen, C.-K., & Huang, Y.-S. (2015). Gender differences in the behavioral symptoms and neuropsychological performance of patients with attention-deficit/hyperactivity disorder treated with methylphenidate: A two-year follow-up study. Journal of Child and Adolescent Psychopharmacology, 25(6), 501-508. doi:10.1089/cap.2014.0175	Excluded 1st screening Topic not relevant: ADHD.	
62	Worth, D. (2019). Tes focus on ... Helping girls with autism. TES: Times Educational Supplement(5360), 28-30.	Excluded 2nd screening. Format not suitable: opinion piece.	
63	Wright, H. (2018). ‘Emotional turbulence’: The development of symbolic thinking in the psychotherapeutic treatment of an adolescent girl. Journal of Child Psychotherapy, 44(1), 55-72. doi:10.1080/0075417X.2018.1440617	Excluded 1st screening. Topic not relevant: psychotherapeutic treatment.	
64	Young, H., Oreve, M. J., & Speranza, M. (2018). Clinical characteristics and problems diagnosing autism spectrum disorder in girls. Archives de pediatrie : organe officiel de la Societe francaise de pediatrie, 25(6), 399-403. doi:10.1016/j.arcped.2018.06.008	Excluded 2nd screening. Format: systematic review.	
65	Zoëga, H., Furu, K., Halldórsson, M., Thomsen, P. H., Sourander, A., & Martikainen, J. E. (2011). Use of ADHD drugs in the Nordic countries: A population-based comparison study. Acta Psychiatrica Scandinavica, 123(5), 360-367. doi:10.1111/j.1600-0447.2010.01607.x	Excluded 1st screening Topic not relevant: ADHD.	

Appendix G.2.2: Critique of Qualitative Papers

Qualitative Papers critiqued using CASP (2018) Qualitative Research Checklist Part 1 / 2

	Anderson, J., Marley, C., Gillespie-Smith, K., Carter, L., & MacMahon, K. (2020). When the mask comes off: Mothers' experiences of parenting a daughter with autism spectrum condition. Autism: the international journal of research and practice, 24(6), 1546-1556.	Bargiela, S., Steward, R., & Mandy, W. (2016). The Experiences of Late-diagnosed Women with Autism Spectrum Conditions: An Investigation of the Female Autism Phenotype. Journal of Autism & Developmental Disorders, 46(10), 3281-3294.	Cook, A., Ogden, J., & Winstone, N. (2018). Friendship Motivations, Challenges and the Role of Masking for Girls with Autism in Contrasting School Settings. European Journal of Special Needs Education, 33(3), 302-315	Cridland, E. K., Jones, S. C., Caputi, P. & Magee, C. A. (2014). Being a girl in a boys' world: Investigating the experiences of girls with autism spectrum disorders during adolescence. Journal of Autism and Developmental Disorders, 44 (6), 1261-1274	Hull, L., Patrides, K.V., Smith, P., Baron-Cohen, S., Lai, M.C., Mandy, W. (2017). "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions. Journal of Autism & Developmental Disorders, 47, 2519–2534.	Tierney, S., Burns, J., & Kilbey, E. (2016). Looking behind the mask: Social coping strategies of girls on the autistic spectrum. Research in Autism Spectrum Disorders, 23, 73-83.	Leedham, A., Thompson, A. R., Smith, R., & Freeth, M. (2020). 'I was exhausted trying to figure it out': The experiences of females receiving an autism diagnosis in middle to late adulthood. Autism: The International Journal of Research & Practice, 24(1), 135-146.
Peer reviewed	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Available in English	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Year	2020	2016	2017	2014	2017	2016	2020
Approach	Semi-structured interviews. IPA analysis.	Framework analysis (and supplemental	Semi-structured interviews. Thematic	IPA (semi-structured interviews with	Thematic analysis of written responses to	Semi-structured interviews. IPA analysis.	Semi-structured interviews. IPA analysis

		scales to monitor anxiety, depression and wellbeing)	analysis (Braun and Clarke, 2006) to analyse the data.	mother-daughter dyads and mothers).	camouflaging survey.		
Section A: Are the results valid? **Was there a clear statement of the aims of the research?**	Yes – the main focus was on exploring the lived personal and social experiences of mothers parenting an autistic daughter.	Yes – the focus was on generating theory arising from analysis of qualitative data to answer 3 specific questions.	Yes - focus on the perspectives of girls with autism and those of their parents. In particular, experiences of learning, friendships and bullying in autistic girls attending both specialist and mainstream schools and those of their parents	Yes, to investigate the experiences of autistic girls during adolescence, from the perspectives of the individuals themselves and their mothers.	Yes – clear research questions identified (about defining and understanding autistic camouflaging.	Yes - The study was designed to glean a rich account of how autistic girls both identify with, and respond to, the social challenges associated with adolescence.	Yes, to investigate the lived experience of female adults diagnosed with an autism spectrum condition in middle to late adulthood.
Is a qualitative methodology appropriate?	Yes – use of IPA to explore experiences.	Yes – use of framework analysis, qualitative analysis of the semi-structured interviews to explore lived experiences.	Yes – use of thematic analysis of semi-structured interviews to explore lived experiences.	Yes, use of IPA to explore lived experiences.	Yes – use of thematic analysis to examine participants' perspectives.	Yes – use of IPA is appropriate to understand and explore lived experiences.	Yes – use of IPA is appropriate to understand and explore lived experiences.

Was the research design appropriate to address the aims of the research?	Yes; use of IPA to explore experiences.	Yes, use of framework analysis to explore lived experiences and to generate new theory from data.	Yes, use of semi-structured interviews to explore lived experiences.	Yes, use of semi-structured interviews to explore lived experiences.	Yes. use of thematic analysis to understand participants' perspectives.	Yes, use of semi-structured interviews to explore lived experiences.	Yes, use of semi-structured interviews to explore lived experiences.
Was the recruitment strategy appropriate to the aims of the research?	Yes, used autism organisations to recruit participants. Organisations advertised the study via their mailing lists and social media accounts.	Yes, used contacts, and adverts on social media used by autistic women.	Yes, purposive sampling by emailing schools, advertising in the National Autistic Society's newsletter and making contact with individuals known through word-of-mouth.	Recruited through schools and community groups via personal communications from staff at those sites.	Yes, sampling thought the Cambridge Autism Research Database and social media.	Yes, purposive sampling through NHS and autism charity.	Yes, recruited through NHS diagnostic service.
Was the data collected in a way that addressed the research issue?	Yes – semi-structured interviews.	Yes. Use of semi-structured interviews; use of quantitative measures for background information.	Yes. Use of semi-structured interviews to explore experiences.	Yes, use of semi-structured interviews to explore experiences.	Yes, use of screening questionnaire and Thematic analysis (Braun and Clarke) of responses.	Yes. Use of semi-structured interviews to explore experiences. Use of visual methods (i.e. sociogram).	Yes. Use of semi-structured interviews to explore experiences.
Has the relationship between	No reference to this in article.	No reference to this in the article.	No reference to this in article.	No reference to this.	No reference to this.	Use of reflective log.	Use of researcher personal notes.

researcher and participants been adequately considered?							
Section b: What are the results? Have ethical issues been taken into consideration?	Yes, went through ethics committee, considered participants privacy in relation to involvement of their daughters.	Yes, in accordance with ethical standards.	Yes, through university ethics committee. Information sheet provided.	Yes, approval through University Human Research Ethics Committee. Written consent from participants and parents.	Yes, approval through Cambridge Psychology Research Ethics Committee. Informed consent from participants.	Yes, approval from NHS Research Ethics Committee and two NHS Trusts' Research and Development Directorates. Informed consent for participants provided by parents/carers or participants (depending on age) Debriefing at end.	Yes, ethical approval was obtained via the Integrated Research Application System and from Sheffield Health and Social Care NHS Foundation Trust for governance.
Was the data analysis sufficiently rigorous?	Used Smith's 6 step IPA process and Yardley's framework.	Used framework analysis; followed structured sequence of steps in this approach.	Used thematic analysis.	Used NVivo10, Braun and Clarke guidelines and IPA.	Used thematic analysis. Followed guidelines for good qualitative research.	Used IPA analysis.	Used IPA analysis.

Is there a clear statement of findings?	Five superordinate themes, along with subthemes were noted.	Five themes, with 19 subthemes noted.	Yes – findings and discussion sections. Three themes and 13 codes identified.	Yes, 7 key themes identified	Yes, 7 themes and 16 subthemes clustered into stages of camouflaging.	Yes – 4 themes and 13 subthemes identified.	Yes, 4 themes and 10 sub-themes identified.
Section C: Will the results help locally? How valuable is the research?	Valuable, provides greater understanding of autistic girls.	Valuable, provides greater understanding of autistic women. Highlights cost of bias against female autism diagnosis.	Valuable, provides greater understanding of autistic girls. Gives insight into motivation, challenges, and masking.	Valuable, insight into girls' experiences.	Valuable, provides understanding of autistic camouflaging.	Valuable, provides insight into experiences of autistic teen girls.	Valuable, provides greater understanding of experience of autistic women and impact of diagnosis.
Partially or fully addresses Q#1, Q#2 or Q#3?	No	Yes	Yes	No	Yes	Yes	Brief reference to Q#2 and Q#3.
Included in literature review chapter?	No	Yes	Yes	No	Yes	Yes	Yes

Qualitative Papers critiqued using CASP (2018) Qualitative Research Checklist. Part 2 / 2

	Moseley, R. L., Druce, T., & Turner-Cobb, J. M. (2020). 'When my autism broke': A qualitative	Moyse, R., & Porter, J. (2015). The Experience of the Hidden Curriculum for Autistic Girls at	Pesonen, H. V., Kontu, E. K., & Pirttimaa, R. A. (2015). Sense of Belonging and Life Transitions for Two	Rabbitte, K., Prendeville, P., & Kinsella, W. (2017). Parents' experiences of the diagnostic process for girls with	Sandland, B. (2018). Understanding the 'mask' in autism: girls' perspectives and the impact of wearing it. Good	Solomon, O. (2015). 'But-he'll fall!': Children with autism, interspecies intersubjectivity	Tint, A., & Weiss, J. A. (2018). A qualitative study of the service experiences of

	study spotlighting autistic voices on menopause. Autism : the international journal of research and practice, 24(6), 1423-1437..	Mainstream Primary Schools. European Journal of Special Needs Education, 30(2), 187-201.	Females with Autism Spectrum Disorder in Finland. Journal of International Special Needs Education, 18(2), 73-86.	autism spectrum disorder in Ireland: An Interpretative Phenomenological Analysis. Educational & Child Psychology, 34(2), 54-66.	Autism Practice, 19(1), 5-13.	, and the problem of 'being social'. Culture, Medicine, and Psychiatry: An International Journal of Cross-Cultural Health Research, 39(2), 323-344.	women with autism spectrum disorder. Autism, 22(8), 928-937.
Peer reviewed	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Available in English	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Year	2020	2015	2015	2017	2018	2015	2018
Approach	IPA	Ethnographic case study	Semi-structured interviews and narrative analysis	Semi-structured interviews and IPA.	Semi-structured online written interviews, and thematic analysis.	Ethnographic approach	Focus group discussions.
Section A: Are the results valid? Was there a clear statement of the aims of the research?	Aims: to explore how autistic individuals perceive the extant state of knowledge around menopause in autism.	Aim: to understand how the hidden curriculum affected the girls and its impact on their experiences of school.	Aim: to examine sense of belonging and various life transition challenges that may appear in the absence of appropriate social supports.	Aim: to explore the lived experiences of families that have undergone the diagnostic process for autistic girls to identify challenges and benefits of the process, and appropriateness of	To develop an understanding of masking behaviours: if girls were making a conscious decision to mask their difficulties, and if so, what the impact of this was on their emotional	To understand what 'interactional substrates' may 'throw' autistic children into or out of socially engaged ways of being.	To explore (1) How do autistic women perceive their service and support experiences? (2). What, if any, are the unmet service needs of autistic women? (3). What, if any,

				subsequent supports.	and physical wellbeing.		barriers to care do autistic women identify?
Is a qualitative methodology appropriate?	Yes, thematic analysis of focus group discussion.	Yes, to gain an understanding of participants experiences.	Yes, to gain an understanding of participants experiences.	Yes, to gain an understanding of lived experiences.	Yes, to gain an understanding of participants experiences.	Unclear.	Yes, to gain an understanding of participants perception and experiences.
Was the research design appropriate to address the aims of the research?	Yes, use of semi-structured group discussion to explore lived experiences.	Ethnographic methods: non-structured observation; interviews; drawings; photographs sorting activities; semi-structured interviews with mothers, teachers, SENCO; discussion with girls.	Yes, use of semi-structured interviews to explore lived experiences.	Yes, use of semi-structured interviews to explore lived experiences.	Yes, use of semi-structured interviews to explore lived experiences.	Somewhat: use of interview, animal-assisted activity, and recoding of a family dinner to understand the impact of interactions with animals on a child’s life.	
Was the recruitment strategy appropriate to the aims of the research?	Yes, advertised in Facebook support groups run by and for autistic adults.	Purposive sampling within schools.	Purposive sampling within schools (for former students).	Yes, recruited through autism organisations, Special Needs Parents’ Association and the Children’s	Participants were recruited from the author’s connections with local schools, past students and	Not referenced.	Convenience and snowball sampling: recruited from postings on autism support organisations’

				Disability Service.	professional associations.		websites and through email lists associated with these organisations.
Was the data collected in a way that addressed the research issue?	Yes – focus group discussion, led by list of questions.	Yes.	Yes, semi-structured interviews to explore lived experiences.	Yes, semi-structured interviews to explore lived experiences.	Yes, semi-structured interviews to explore lived experiences.	Unclear.	Yes, focus group discussion (using topic guide) and review of findings to explore experiences.
Has the relationship between researcher and participants been adequately considered?	Considered and influenced decision to hold online rather than in person group.	Not referenced.	Yes, considered and influenced decision to facilitate participant to have support person present at interview.	Not referenced.	Considered. Reference to ‘faceless person’ in online interview.	Interactions between a participant and psychologist outlined.	Not referenced.
Section b: What are the results? **Have ethical issues been taken into consideration?**	The study was approved by the Bournemouth University Research Ethics Committee.	Ethical approval for the research was granted by the Ethics Committee at the University of Bath	Not referenced.	Code of Professional Ethics of the Psychological Society of Ireland (2010), Guidelines of the Human Research Ethics Committee of UCD.	Not referenced.	Not referenced.	Ethics approval was obtained from the university

Was the data analysis sufficiently rigorous?	Thematic analysis (Braun and Clarke, 2006) to analyse the data. Referenced rigorous analytic process.	Unclear how interview data was analysed.	7 step analysis (Polkinghorne, 1995).	Used Smith's (2009) IPA process and Yardley's framework.	Thematic analysis (Braun and Clarke, 2006) to analyse the data.	Reference to 'analysis' but unclear what framework or approach is used.	Thematic analysis (Braun and Clarke, 2006) to analyse the data.
Is there a clear statement of findings?	Yes – findings and discussion sections. Three themes and 13 subthemes identified.	Findings outlined four key themes. Differences outlined between stakeholders.	Yes	Yes, four superordinate themes and 11 subordinate themes identified and discussed.	Yes, findings are discussed under key themes.	No.	Yes. Three themes and 12 subthemes listed and discussed.
Section C: Will the results help locally? How valuable is the research?	Valuable in terms of adding to knowledge on menopause for autistic women.	Valuable in terms of adding to stakeholder knowledge of the female phenotype.	Valuable in terms of understanding sense of belonging for autistic women.	Valuable for understanding parental experience.	Valuable for understanding some aspects of masking.	Not for local knowledge.	Useful for those providing services to autistic individuals.
Partially or fully addresses Q#1, Q#2 or Q#3?	No	Some reference but not from participant experience.	Brief reference to Q#1 by one participant.	No	Yes	No	References to Q#1 and Q#2.
Included in Literature review chapter?	No	No	Yes	No	Yes	No	Yes

Appendix G.2.3: Critique of Mixed Method Papers

Mixed Methods Papers critiqued using Creswell (2009) guidelines and CASP (2018) Qualitative Research Checklist

	Baldwin, S., & Costley, D. (2016). The experiences and needs of female adults with high-functioning autism spectrum disorder. Autism, 20(4), 483-495.	Dean, M., Harwood, R., & Kasari, C. (2017). The art of camouflage: Gender differences in the social behaviors of girls and boys with autism spectrum disorder. Autism, 21(6), 678-689.	Sutherland, R., Hodge, A., Bruck, S., Costley, D., & Klieve, H. (2017). Parent-reported differences between school-aged girls and boys on the autism spectrum. Autism, 21(6), 785-794.
Peer reviewed	Yes	Yes	Yes
Available in English	Yes	Yes	Yes
Year	2016	2017	2015
Approach	Mixed methods: A mix of descriptive, statistical and thematic analysis methods were applied to different aspects of the data.	Mixed methods: use of assessment tool for peer engagement observation, and qualitative observation. Analysis: qual and quant.	Mixed methods: thematic analysis of open comments, and statistical analysis.
Aims: Was there a clear statement of the aims of the research? What were the research questions?	Understand the everyday life experiences of autistic women; to provide an overview of their health, education, work, social and community activities.	To examine the extent to which gender-related social behaviours help autistic girls to mask symptoms.	To gain an understanding of the real-life characteristics of school-aged girls and boys with autism, including both diagnostic criteria and associated features, as described by their parents.
Design: Is a mixed methods methodology appropriate?	Yes.	Yes.	Yes, to gather information from parents and standardised measures.

Was the research design appropriate to address the aims of the research?	Yes. Thematic analysis of open comment data for understanding. Quantitative analysis of scores on questionnaires and for comparison between genders.	Yes, use of exploratory case study design for qualitative understanding; quantitative analysis of those findings.	Yes, use of standardised measures and qualitative analysis to understand parent reports.
Recruitment: **Was the recruitment strategy appropriate to the aims of the research?**	Yes. Use of autism support service website, service managers, targeting mailouts, contacts and social media. Large scale study of autistic women.	Recruited from previous study (secondary analysis of data).	Self-selecting participation from parents; advertisement on parent facebook group.
Was the data collected in a way that addressed the research issue?	Yes, but may have benefited from semi-structured interviews.	Yes, but would have benefited from longitudinal study or repeated observation sessions.	Yes, multiple choice questions on range skills from parents perspective.
Has the relationship between researcher and participants been adequately considered?	Not noted.	No noted.	Not noted.
Results: **Have ethical issues been taken into consideration?**	Not noted.	Not noted.	Ethical approval was provided through Autism Spectrum Australia Research Approvals Committee.
Was the data analysis sufficiently rigorous?	Yes.	Yes	SPSS used for quantitative analysis. Thematic analysis (Braun and Claire) for open comments.
Is there a clear statement of findings?	Yes.	Yes	Yes; tables and discussion.

Will the results help locally? How valuable is the research?	Yes. Valuable.	Yes, e.g. noted need to alter protocols to reduce gender bias with working with children in educational settings.	Yes, gives understanding of children in home and school setting by parent account
Partially or fully addresses Q#1, Q#2 or Q#3?	Partially. Yes.	No, although does refer to camouflage, no insight from girls, just from observers of girls.	No, although does refer to masking in school, no insight from girls, just from parents.
Included in literature review chapter?	Yes	No	No

Appendix G.2.4: Critique of Quantitative Papers

Quantitative Papers critiqued using Creswell (2009) guidelines and combined with CASP (2018) guidelines, as appropriate.									
	Rynkiewicz, A., Schuller, B., Marchi, E., Piana, S., Camurri, A., Lassalle, A., & Baron-Cohen, S. (2016). An investigation of the 'female camouflage effect' in autism using a computerized ADOS-2 and a test of sex/gender differences. Molecular autism, 7, 10.	Cola, M. L., Plate, S., Yankowitz, L., Petrulla, V., Bateman, L., Zampella, C. J., . . . Parish-Morris, J. (2020). Sex differences in the first impressions made by girls and boys with autism. Molecular autism, 11(1), 49.	Lehnhardt, F.G., Falter, C.M., Gawronski, A., Pfeiffer, K., Tepest, R., Franklin, J., & Vogeley, K. (2015). Sex-Related Cognitive Profile in Autism Spectrum Disorders Diagnosed Late in Life: Implications for the Female Autistic Phenotype. Journal of Autism & Developmental Disorders, 46, 139–154.	Mandy, W., Chilvers, R., Chowdhury, U., Salter, G., Seigal, A., & Skuse, D. (2012). Sex Differences in Autism Spectrum Disorder: Evidence from a Large Sample of Children and Adolescents. Journal of Autism & Developmental Disorders, 42, 1304–1313.	Hull, L., Lai, M.-C., Baron-Cohen, S., Allison, C., Smith, P., Petrides, K. V., & Mandy, W. (2020). Gender differences in self-reported camouflaging in autistic and non-autistic adults. Autism, 24(2), 352-363.	Lai, M.-C., Lombardo, M. V., Chakrabarti, B., Ruigrok, A. N. V., Bullmore, E. T., Suckling, J., . . . Baron-Cohen, S. (2019). Neural Self-Representation in Autistic Women and Association with 'Compensatory Camouflaging'. Autism: The International Journal of Research and Practice,	Mayes, S. D., Castagna, P. J., & Waschbusch, D. A. (2020). Sex differences in externalizing and internalizing symptoms in adhd, autism, and general population samples. Journal of Psychopathology and Behavioral Assessment.	Parish-Morris, J., Liberman, M. Y., Cieri, C., Herrington, J. D., Yerys, B. E., Bateman, L., . . . Schultz, R. T. (2017). Linguistic camouflage in girls with autism spectrum disorder. Molecular autism, 8, 48.	Ratto, A. B., Kenworthy, L., Yerys, B. E., Bascom, J., Wieckowski, A. T., White, S. W., . . . Anthony, L. G. (2018). What about the girls? Sex-based differences in autistic traits and adaptive skills. Journal of Autism and Developmental Disorders, 48(5), 1698-1711.

						23(5), 1210-1223.			
Peer reviewed	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Available in English	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Year	2016	2020	2015	2012	2020	2020	2020	2017	2018
Approach	Computerised ADOS assessment, statistical comparison of time and length of gestures between genders.	Analysis of first impressions (on conversation rating scale), comparison between genders and between autistic and TD children.	Neuropsychological assessment and statistical analysis to determine "Autism-related psycho-pathology and mentalizing abilities" and "general intelligence structure".	Statistical analysis between sexes on a range of scores.	Self-report measure on camouflaging and autistic traits.	Task-related functional magnetic resonance imaging. Statistical analysis of difference in results by sex/gender.	Analysis of parent rating scales and comparison by gender.	Analysis of speech samples, and parent measures. Statistical comparison by gender	Quantitative. Statistical analysis of differences in scores on standardised measures according to gender and IQ scores.
Aims: Was there a clear statement of the aims of the research? What were	Yes – to present a computerised technique to evaluate gestures (Gesture Index).	Explore the first impressions made by autistic boys and girls and typically	Yes, to explore sex-related cognitive differences of a study sample encompassin	Yes, to investigate the presence and stability of these autism sex differences throughout	Yes: (1) to test gender differences in self-reported camouflaging behaviours in both	Yes, (1) to examine whether atypical neural mentalizing and self-representatio	To compare sex differences in externalising and internalised symptoms	To explore UM vs. UH in school-aged autistic boys and girls, to explore if pauses relate	To examine sex differences in autistic traits and adaptive functioning.

the research questions?	Compare male and female GI scores.	developing peers.	g exclusively autistic individuals diagnosed late in life.	childhood and adolescence.	autistic and non-autistic adults. (2) to examine whether gender differences in camouflaging of autistic traits reflect underlying levels of autistic traits, and whether this is comparable across diagnostic groups.	n responses in autism are sex/gender-dependent and (2) test if enhanced camouflaging is associated with compensatory sex/gender dependent patterns of social brain function.	between ADHD, autism and general population samples.	to dimensional measures of autism symptom severity compare	
Design: Is a quantitative methodology appropriate?	Yes, attempting to quantify use of gesture and compare numbers between sexes.	Yes. Use of parent SCQ, ADOS assessment, cognitive assessment, and analysis of conversations.	Yes, to compare scores (possibly use of qualitative/mixed methods would have supported some	Yes, to compare scores (using results from 3Di, ADOS, SDQ, BPVS,WASI , WISC-III, IV) .	Yes, to some extent, to compare statistical results. Not to get greater understanding of why the difference exists.	Yes; analysis of magnetic resonance imaging paradigm and comparison of results by gender.	Yes, comparison by gender of parent completed measures.	Yes, comparison of measurable element of speech.	Yes, to compare scores on specific measures by gender and IQ scores.

			measures used).						
Was the research design appropriate to address the aims of the research?	Yes – it used a computerized technique to evaluate gestures and compare male and female scores.	Somewhat – limitations acknowledged by researchers.	Somewhat – limitations acknowledged by researchers.	Somewhat – limitations acknowledged by researchers.	Some what – it examined if there is a statistical difference between groups.	Yes, somewhat, for specific aim; limited without experiential accounts.	Yes, to compare scores according to gender.	Yes, to compare amount of use of specific linguistic elements in relation to gender and scores on autism related measures.	Yes.
Recruitment: Was the recruitment strategy appropriate to the aims of the research?	Unclear. Participants were in CAMHS or Autism clinics; unclear how they were invited to participate.	Public advertising, word of mouth, re-recruiting from previous study. Parents provided written informed consent. Selected from a larger study (which included	Recruited from the Autism Outpatient Clinic for Adults, Department of Psychiatry and Psychotherapy, University Hospital of Cologne.	Recruited from referrals for a specialist clinic for the assessment of high-functioning children with social communication difficulties.	Through social media, through research database, and word of mouth. Those with self-diagnosis were excluded.	Not outlined.	Not outlined.	Recruited from the Center for Autism Research at the Children's Hospital of Philadelphia.	Participants were identified from clinic-based and research-recruited samples at four different sites across the United States.

		autism diagnostic assessments, IQ assessment, and behavioural tasks).							
Was the data collected in a way that addressed the research issue?	Unclear.	Somewhat. Some limitations noted.	Yes, with some limitations noted	Yes, with limitations noted and need for additional follow up.	Yes	Yes	Yes	Yes.	Yes, use of ADOS-2, ADI-R, SRS, Vineland as standardised measures.
Has the relationship between researcher and participants been adequately considered?	No. No input from participants on impact of 3 researchers in room while completing tasks on their performance.	Yes. Discussion in relation to gender of conversational partners employed.	Not mentioned.	Not mentioned.	Not mentioned.	Not outlined.	Not outlined.	Not mentioned.	Not explored.
Results: Have ethical issues been taken into consideration?	Research ethics committee approved. Informed written	Overseen by the institutional review board. Written informed	Not referenced.	Ethical approval for the current study was granted after review by the local	Ethical approval from University College London Research	Informed consent obtained in accordance with procedures approved by	Not outlined.	The Institutional Review Board of the Children's Hospital of Philadelphia	Noted ethical standards of the institutional and/or national research committee

	consent from participants.	consent was obtained from caregivers.		hospital Research Ethics Committee.	Ethics Committee.	Suffolk Local Research Ethics Committee. References the ethical standards of the relevant national and institutional committees.		provided approval and oversight for this study.	were adhered to.
Was the data analysis sufficiently rigorous?	Unclear.	Yes.	Yes, statistical analysis.	Yes, statistical analysis.	Yes, statistical analysis.	Yes, statistical analysis.	Yes, statistical analysis	Yes, statistical analysis	Statistical analysis of results of measures using SPSS.
Is there a clear statement of findings?	Tables of results provided.	Yes, presented and discussed.	Yes, discussed in detail.	Yes. Tables of results provided and discussed.	Yes. Results of statistical analysis presented.	Yes. Results of statistical analysis presented.	Yes. Results of statistical analysis presented.	Yes. Results of statistical analysis presented.	Yes
Will the results help locally? How valuable is the research?	Not for local use. Use of functioning labels.	Useful for clinician knowledge. Not for generalisation (limited by number of characteristics).	Useful for clinical knowledge.	Useful for clinical knowledge. Acknowledge only a longitudinal study can resolve the question of whether autism sex	Useful for clinical knowledge. Explains ‘camouflaging’ in a useful way.	Useful for clinical knowledge.	Not for local use.	Not for local use.	Yes, in a clinic setting, in relation to gender differences in standardised measures.

				differences evolve over time.					
Partially or fully addresses Q#1, Q#2 or Q#3?	No	No	No, mentions mimicry but not personal experience.	No.	No.	No	No	No	No
Included in literature review chapter?	No.	No	No	No	No	No	No	No	No

Appendix G.2.5: Overview of studies in the literature review chapter

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Overview of Studies Referred to in the Literature Review Chapter

	Author(s), year, title, and location	Focus	Participants / recruitment method	Study method / design	Summary of findings	Relevance (quotes from papers)
1	Baldwin, S., & Costley, D. (2016). The experiences and needs of female adults with high-functioning autism spectrum disorder. Australia.	To better understand the everyday life experiences of women at the ‘high-functioning’ end of the autism spectrum. To identify any noteworthy ways in which the experiences of females with “high-functioning ASD” differed from those of a comparable sample of males.	82 autistic female (aged 18-64) and 200 autistic males (aged 18-70), without intellectual disability. Self-selecting via website.	Mixed methods: thematic analysis of open comment data for understanding. Quantitative analysis of scores on questionnaires and for comparison between genders	Themes: difficulties with executive functioning, difficulties in social understanding and communication, self-reported mental health concerns, inadequate social support during education, satisfaction with social lives.	“There were only a minority of instances in which females differed from males on quantifiable outcome measures. This suggests that qualitative, anecdotal and autobiographical data will continue to make a valuable contribution to this field of research.” “Future research in this area might usefully be targeted towards a clearer understanding of the consequences of ‘masking’ behaviour for females with “high-functioning ASD”, as well as a consideration of the value of teaching or facilitating the development of masking skills as a social support intervention”.
2	Bargiela, S., Steward, R., &	To explore the nature of the female autism phenotype,	14 autistic women, ages 19-30. Age and	Qualitative. 9 in person interviews, 4	Four key themes: you’re not autistic, pretending to be	“Identified unconscious elements to camouflaging that warrant further investigation,

	Mandy, W. (2016). The Experiences of Late-diagnosed Women with Autism Spectrum Conditions: An Investigation of the Female Autism Phenotype. UK.	as experienced by late-diagnosed women; how does the female autism phenotype influence young women's experiences of diagnosis, misdiagnosis and missed diagnosis?; How do late-diagnosed "women with ASC" adapt in response to the challenges they face?	IQ exclusion criteria. Recruited via social media and links with research team.	videoconferencing, 1 telephone. Semi-structured interviews. Screening (AQ-10, GHQ-12, HADS, WTAR). Framework analysis:	'normal', passive to assertive, forging an identity as an autistic.	whereby women reported their social behaviour being copied from others around them without even realising they were mimicking in this way". Future research "to define the female autism phenotype must include the development of measures of camouflaging, so that this phenomenon can be studied quantitatively, increasing understanding of its prevalence and effects on diagnosis and wellbeing".
3	Cook, A., Ogden, J., & Winstone, N. (2018). Friendship Motivations, Challenges and the Role of Masking for Girls with Autism in Contrasting School Settings. UK	The experiences of learning, friendships and bullying in girls with autism attending both specialist and mainstream schools and those of their parents.	11 girls aged 11-17, and a parent (aged over 30) for each girl. 10 mother–daughter dyads (6 from mainstream, 4 from special schools), and one father–daughter dyad (from a special school).	Qualitative Semi-structured interviews. Thematic analysis.	Three key themes: Motivation to have friends, challenges faced by girls with autism, masking their autism (both a solution and a problem).	Discussed potential impact of masking for autistic girls: used "in an attempt to fit in" and it is "possible that the tendency to camouflage [their] deficits led to the internalisation of problems".

4	Hull, L., Patrides, K.V., Smith, P., Baron-Cohen, S., Lai, M.C., Mandy, W. (2017). "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions. Multi-National.	The aim of the study was to derive a conceptual model of camouflaging to inform future research.	92 autistic adults of 15 different nationalities (55% British). 55 female (aged 18-68), 30 male (age 22-79) and 7 other gender (aged 27-69). Recruited via social media or email contacts.	Qualitative Thematic analysis. Online questionnaire including closed and open questions.	Seven themes, comprising 16 subthemes, were clustered into three stages of the camouflaging process: motivations, what is camouflaging?, the short- and long-term consequences of camouflaging.	"Camouflaging of ASC-related characteristics in social situations may be a common behaviour amongst adults with ASC". "Future research is needed to quantitatively measure camouflaging and compare techniques in individuals with ASC of all genders, to identify demographic and ASC characteristics associated with individual variation in camouflaging and its outcomes, to uncover underlying psychological and interpersonal/contextual processes, and to devise strategies that minimise negative impacts of camouflaging and facilitate the realization of maximal individual potential"
5	Leedham, A., Thompson, A. R., Smith, R., & Freeth, M. (2020). 'I was exhausted trying to figure it out': The experiences of females	The goal of the study was to better understand the lived experience of autistic females who receive a diagnosis in middle to late adulthood.	11 autistic females (aged 43-64) diagnosed over the age of forty. Recruited via NHS diagnostic service.	Qualitative semi-structured interviews, analysed using Interpretative Phenomenological Analysis (IPA).	Four superordinate themes: a hidden condition, the process of acceptance, the impact of others post-diagnosis, a new identity on the autism spectrum.	"Many participants referred to 'camouflaging' their characteristics, motivated by a desire to 'fit in', to navigate social relationships and to behave as they 'should' by societal standards".

	receiving an autism diagnosis in middle to late adulthood. UK					
6	Pesonen, H. V., Kontu, E. K., & Pirttimaa, R. A. (2015). Sense of Belonging and Life Transitions for Two Females with Autism Spectrum Disorder in Finland. Finland.	To examine sense of belonging and various life transition challenges that may appear in the absence of appropriate social supports.	2 autistic women aged 26 and 29. Purposive participant sampling from university led focus groups.	Qualitative. Narrative. Semi-structured interviews and document data. Data analysis, coding, cross check.	Hypothetical contribution that there can be either a fading sense of belonging or a simmering sense of belonging.	Noted autistic women modified their behaviour to ‘‘fit in’’ and become accepted but this is associated with hiding autism for fear of incurring prejudice. Suggests “a better understanding of kinds of preventive actions may reduce feelings of loneliness, isolation, and depression experienced by autistic people”.
7	Sandland, B. (2018). Understanding the 'mask' in autism: girls' perspectives and the impact of wearing it. UK	Develop an understanding of masking behaviours, specifically whether girls were making a conscious decision to mask their difficulties, and if so, what the impact of this was on their emotional and physical wellbeing.	6 autistic girls (aged 11-18). Purposive sampling from schools.	Qualitative. Semi-structured interviews via online messenger, thematic analysis.	Masking: keeping quiet, adopting a specific persona, changes as they grew older. The impact of masking. Not masking. Effect of late diagnosis on parents. Impact of not masking.	Refers to masking: “It seems that the development of the masking technique derives from fear: fear of doing the wrong thing, fear of upsetting others, fear of others being unkind back”.” Further research is needed to explore what can be done to enable autistic girls and women to drop the mask and to be themselves in order to reduce their anxiety and enhance their wellbeing”.

8	Tierney, S., Burns, J., & Kilbey, E. (2016). Looking behind the mask: Social coping strategies of girls on the autistic spectrum. UK.	To explore if adolescent “females with ASC” use social management strategies, particularly masquerading, to hide socio-communication difficulties to enable them to fit in with peers.	10 autistic teen girls aged 13-16. Purposive sampling from CAMHS and charities.	Qualitative. Semi-structured interviews and IPA analysis.	Four key themes: experiences of social environment, desire for friendships, overcoming challenges, developmental tasks.	Refers to masking, “for the majority of participants, use of these strategies had negative repercussions on their psychological wellbeing and also possibly hampered access to support since their difficulties were hidden”. Further research “may help understand how ability and/or awareness interplay with masquerading strategies”.
9	Tint, A., & Weiss, J. A. (2018). A qualitative study of the service experiences of women with autism spectrum disorder. Cananda.	Obtaining various perspectives – perception of support services, unmet service needs, barriers to care.	20 autistic women aged 19-69. Convenience and snowball sampling.	Qualitative 5 focus groups (n=2-6) Topic guide. Modified member checking. NiVivo11 indictive semantic level analysis.	Key themes: masking service needs, miscommunication with service providers, accessing appropriate services “a constant struggle”.	Refers to masking as it relates to masking service needs. Future research suggested: “specific attention to sex/gender differences in individuals’ abilities to mask their social communication deficits will provide important information for frontline clinicians”.

Appendix H: Audit Trail

Appendix H.1: Audit Trail Information

The following information is provided as support of data trail:

Data Trail Appendix Content	**Location**
Thematic Findings Table	Appendix H.2
Subordinate, superordinate and overarching themes for all participants	Appendix H.3
Emergent, subordinate, superordinate and overarching themes for Participant 1	Appendix H.4
Emergent, subordinate, superordinate and overarching themes for Participant 2	Appendix H.5
Emergent, subordinate, superordinate and overarching themes for Participant 3	Appendix H.6
Emergent, subordinate, superordinate and overarching themes for Participant 4	Appendix H.7
IPA Stages 1-3, Excerpt of P1 (Róisín) Analysed Transcript	Appendix H.8

Appendix H.2: Thematic Findings Table

During data analysis, four overarching themes were identified, originating from nine superordinate themes, which were identified following analysis of 123 subordinate themes.

Table of Frequency of Subordinate Themes for individual participants

Research Questions	**Overarching Themes**	**Superordinate Themes**	**Subordinate Themes**				
				Róisín	**Michelle**	**Emily**	**Colette**
1. What are the experiences of autistic teenage girls who mask?	A. The Work of Masking	1. Preparing for Masking	11	2	3	3	3
		2. Developing and Employing Masking Strategies	18	3	4	4	7
		3. How Masking Feels	15	3	3	3	6
	B. The Aftermath of Masking	4. Recovering from Masking	11	4	2	1	4
		5. Reviewing Performance	12	3	3	2	4
2. What sense do autistic teenage girls make of their masking?	C. Masking as Essential	6. Reasons for Masking	17	5	3	4	5
		7. Masking Situations	13	2	3	4	4
	D. Moving Away from Masking	8. Not Masking	12	3	4	1	4
		9. Friendships	14	3	4	4	3

Appendix H.3: Subordinate and Superordinate Themes

Overarching Theme A: The work of masking	
Superordinate Theme 1. Preparing for masking **Subordinate Themes**	
Róisín P1 **P1.1 Exit strategy** **P1.2 A break from masking in school**	**Emily P3** **P3.1 Rehearsal** **P3.2 Natural presentation a problem** **P3.3 Asking family for clarification**
Michelle P2 **P2.1 Detailed planning** **P2.2 Research interests** **P2.3 Research appearance of responses**	**Colette P4** **P4.1 Rehearsal required** **P4.2 Research social strategies** **P4.3 Some research enjoyable**
Superordinate Theme 2. Developing and employing masking strategies **Subordinate Themes**	
Róisín P1 **P1.3 Pretend to be neurotypical** **P1.4 Planning conversation** **P1.5 Copying peers**	**Emily P3** **P3.4 Changes natural presentation** **P3.5 Planning conversations** **P3.6 Using visual cues** **P3.7 Judging success**
Michelle P2 **P2.4 Ignore own preferences** **P2.5 Copying peers** **P2.6 Pretending to be interested** **P2.7 Follow conversations**	**Colette P4** **P4.4 Enjoying rehearsal** **P4.5 Notice successful peers** **P4.6 Superficial mirroring** **P4.7 Emotional confusion** **P4.8 Open to persuasion** **P4.9 Suppressing preferences** **P4.10 Changing voice**
Superordinate Theme 3. How masking feels **Subordinate Themes**	
Róisín P1 **P1.6 Automatic masking** **P1.7 Not fully present** **P1.8 Negative impact on mental health**	**Emily P3** **P3.8 Self-monitoring** **P3.9 Pleasing family** **P3.10 Anxious to not draw attention**
Michelle P2 **P2.8 Lonely in masked relationships** **P2.9 Not knowing own interests** **P2.10 Positive side effect**	**Colette P4** **P4.11 Separated from others** **P4.12 Developing others' personalities** **P4.13 Masking as a habit** **P4.14 Two different personalities** **P4.15 Tired from masking** **P4.16 Restrictions as a relief**
Overarching Theme B: The aftermath of masking	
Superordinate Theme 4: Recovering from Masking **Subordinate Themes**	

Róisín P1 **P1.9 Ignores own needs** **P1.10 Recovery time** **P1.11 Recovery strategies** **P1.12 Recovery following disappointment**	**Emily P3** **P3.11 Share if positive**
Michelle P2 **P2.11 Feeling overloaded** **P2.12 Recovery time at home**	**Colette P4** **P4.17 Mentally and socially draining** **P4.18 Recuperation needed** **P4.19 Teenage activities** **P4.20 Peers versus friends**
Superordinate Theme 5: Reviewing performance **Subordinate Themes**	
Róisín P1 **P1.13 Reviewing interactions** **P1.14 Intrusive reviews** **P1.15 Reviewing errors**	**Emily P3** **P3.12 Review in the moment** **P3.13 Review the plan**
Michelle P2 **P2.13 Harsh judge** **P2.14 Reviewing interactions** **P2.15 Impact of criticism**	**Colette P4** **P4.21 Performance review** **P4. 22 More confidence in masking than in self** **P4.23 Social research** **P4.24 Interest in psychology**
Overarching Theme C: Masking as Essential	
Superordinate Theme 6: Reasons for masking **Subordinate Themes**	
Róisín P1 **P1.16 Smoother social interactions** **P1.17 Making friends** **P1.18 Controlling appearance** **P1.19 Fear of judgement** **P1.20 No longer essential**	**Emily P3** **P3.14 Avoid judgement** **P3.15 Avoid bullying and hurt** **P3.16 Fear of authority** **P3.17 Not offend others**
Michelle P2 **P2.16 Avoid negative judgement** **P2.17 Making ‘fake’ friends** **P2.18 Avoid situations**	**Colette P4** **P4.25 Discomfort** **P4.26 Avoid judgement** **P4.27 Hiding autism** **P4.28 Complex feelings around autism** **P4.29 Autism diagnosis**
Superordinate Theme 7: Masking Situations **Subordinate Themes**	
Róisín P1 **P1.21 New people** **P1.22 New school**	**Emily P3** **P3.18 New school** **P3.19 With younger students** **P3.20 Meeting new people** **P3.21 New environment**
Michelle P2 **P2.19 Primary school** **P2.20 Second level school**	**Colette P4** **P4.30 Masking as default** **P4.31 Masking in second level**

P2.21 New people	P4.32 New situations P4.33 Habitual
Overarching Theme D: Moving Away from Masking	
Superordinate Theme 8: Not masking Subordinate Themes	
Róisín P1 P1.23 Mental health damage from masking P1.24 Comfort with some people P1.25 Looking forward to stopping masking	Emily P3 P3.22 When accepted
Michelle P2 P2.22 Tired of fake friendships P2.23 Support to stop masking P2.24 No longer hiding P2.25 Future plans	Colette P4 P4.34 Want to stop masking P4.35 Not masking experience P4.36 Considerations when unmasking P4.37 Vulnerability
Superordinate Theme 9: Friendships Subordinate Themes	
Róisín P1 P1.26 Masking in friendships P1.27 Being her real self P1.28 Awareness of mental health needs	Emily P3 P3.23 Not making connections P3.24 Lost friendships P3.25 Shared interests P3.26 Shared perspectives
Michelle P2 P2.26 Primary school friendships P2.27 Not masking in friendships P2.28 Sharing interests P2.29 Real relationships	Colette P4 P4.38 Friendships over the years P4.39 Close friends P4.40 Unmasking with friends

Appendix H.4: P1 emergent, subordinate, superordinate and overarching themes

Participant 1 Róisín		
Overarching Theme A: The work of masking		
Super-ordinate themes	**Sub-ordinate themes**	**Emergent themes: interpretations with line numbers and/or quotes**
1. Preparing for masking	**P1.1 Exit strategy**	Planning to leave, need for security of exit, does not want to feel trapped, overwhelmed if no strategy (P1, 171). Thinking of things going wrong (P1, 168-169). Elements of exit plan, needed for safety, prevent overwhelm: *"Like, ways to get out of conversations, like, how to like get to people I feel safe around. Find ways to like, get to like a bathroom somewhere so I can like get a moment to kind of debrief, de-stress for a moment"* (P1, 173-175).
	P1.2 A break from masking in school	Need break in school, sense of safety, debrief during the day, de-stress from impact of masking (P1, 362-366). When break is not available, school is no longer possible, impact of masking is too much: "*the resource room where I used to debrief and de-stress, I no longer felt safe in it. So, I couldn't really debrief or de-stress, so […] it doesn't have the same atmosphere it used to have […] going to school like really is not on the cards anymore"* (P1, 619-630).
2. Developing and employing masking strategies	**P1.3 Pretend to be neurotypical**	Copying family, feeling that own presentation is not good enough (P1, 28-29) Hide autism: *"less like myself"* (P1, 31) Chose neurotypical family members to mirror: "*definitely comes from two of them I think, like, when I'm masking, cos they're like, who I see regularly"* (P1, 35-37). Neurotypical strategies kept in mind: *"I become very polite […] I try be like, try keep up eye contact […] like body language kind of, like the, like eye contact, like, I, I can't really identify all of it"* (P1, 28-37). Planning how to hide natural preferences and response to anxiety, to appear neurotypical: *"Yeah. And then like I'll try like, I'll try like work out certain ways of hiding, like if I get really anxious I'll start like messing with my fingernails and like I try work out ways to like, hide my hands and stuff"* (P1 148-150)

	P1.4 Planning conversation	Plans tone or voice (P1, 144) Thinks about how conversation could be interpreted: “*Try like work out if what I’m saying sounds sincere or like in a joke way, if I mean it sincerely*” (P1, 141-142) Plan conversation for specific people: *“I’m going to meet someone, maybe like when I’m getting ready it’ll go through my head”* (P1, 157 -158) Preparation needed; not natural preference, thinking of others’ interpretation: “*I’ll go over like bits of conversation in my head, and I’ll like, try like working out if something I said would work in certain contexts or it just like sounds really obtuse or blunt […] work out if what I’m saying sounds sincere or like in a joke way, if I mean it sincerely* (P1, 137-142)
	P1.5 Copying peers	Peer copying as key strategy, plan to blend with group: *“there was a large group of girls in my class who knew each other from primary school, so I just kind of copied them, cos they all knew each other so it would be easier to, like, talk to them if I kind of copied how they were”* (P1, 391-393). Copy topics of conversation based on others’ interests, mirroring peers’ style of interaction: *“I think I just kind of like based like how I was talking and like what I was talking about, on what I heard other people talking about, like how they were interacting, I tried to copy that* (P1, 386 - 388) Copied interests and tastes; sacrificed own time and enjoyment, felt weird: “*taste in music […] some conversations that just were really not me, I was involved in and it just felt really weird to be part of them, cos it was something I had no interest in but was talking about it as if I did”* (P1, 395-398)
3. How masking feels	**P1.6 Automatic masking**	Happens automatically: “*I can’t really identify it until after it happened”* (P1, 7-8) Automatic freeze and retreat: “*I do it with anxiety as well that I just kind of go into like a shut down and kind of freeze, and just go in my head more than I usually would […] and like kind of become like tense and everything”* (P1, 10-15). Switches into masking without decision, situation triggers masking: *“I don’t really realise I’ve done it until afterwards […] and I look back on an exchange […] I do most of it subconsciously”* (P1, 42-49). Automatic from a young age: *“I was diagnosed when I was thirteen, so I was probably doing it for a long time before that, like, subconsciously”* (P1, 279-280).
	P1.7 Not fully present	Review all interactions, as if not really present during interaction, working hard on strategies: *“I try to do it afterwards and then like go through like what I’ve done, will, would I be ok seeing the person again, would seeing them again bring up something I’ve accidently done wrong and just, like, as, stress and anxieties around it.”* (P1, 503-506). Distance, metaphor, not really there, not truly present: *“It kind of feels like I’m in a different skin, kind of […] I feel like I’m not really in myself, or like I’ve been injected into a situation, kind of like if you put oil into water; it’s there but it’s only kind of there […] It’s separate but*

		in it at the same time. Like, I feel like I’m an iceberg floating, like not really properly in the situation. I’m there physically, but not mentally” (P1, 206-214). On alert at being found out, not in moment as busy monitoring: *“I kind of feel like a deer in the headlights and looking around trying to like see if, kind of like if they’ve spotted that I’m different kind of, and like try hide it any way I can and, then after I’ve worked out that they haven’t spotted it yet, I’ll go and become very much in my head”.* (P1, 492-495). Hard work, not relaxing in social situations, lots of things to monitor (P1, 288) Being someone else:*“It kind of feels like I’m in a different skin, kind of […] I feel like I’m not really in myself”* (P1, 206-208). Cannot relax, on alter, not truly in moment when working so hard, monitors others’ reactions: *“I kind of feel like a deer in the headlights and looking around trying to like see if, kind of like if they’ve spotted that I’m different kind of, and like try hide it any way I can and, then after I’ve worked out that they haven’t spotted it yet, I’ll go and become very much in my head”* (P1, 492-495).
	P1.8 Negative impact on mental health	Difficult memory, impact of masking very significant: *“two nervous breakdowns”* (P1, 661). Need support person, mother or sister, to reduce stress of masking/social situations felt alone: *“I’m usually a lot more stressed without her around”* (P1, 190) Support persons needed, worse to bother peers/unfamiliar people in social situation than sibling: *“possibly one of my friends or my sister, even though she kind of gets annoyed at it sometimes [small laugh]!”* (P1, 195-196). If it gets too much, panic attack, overwhelm, hiding emotional responses, will mask impact of masking until at home: *“if it’s real bad I’ll get close to panic attacks. Em, if it’s less so I’ll get like, my palms will get sweaty, I’ll get like tight chested but I’ll usually be able to pull through for a while and usually unload at home with tears and stuff.* (P1, 221-224). Masking can contribute to a meltdown, can be part of many factors contributing: *“minor things can like pile on to make a giant meltdown, but like it can be completely unrelated to masking. I could mask like loads during a day and it might not affect me like that, it depends on other scenarios or like how, like, embarrassed, or like how uncomfortable I feel during the day”* (P1, 250-254). Masking without a break, takes a toll, feels like being someone else, exhausting: *It kind of feels like I’m in someone else’s body […] I feel like I’m not myself, and that every day for months, just didn’t, didn’t exactly go well for me [small laugh]”* (P1, 376-379). Impact continues into late teens, avoiding situation where masking is constantly required: *“I kind of had another nervous breakdown at the beginning of the year and I’m not going back to school”* (413-414) Build-up of masking demands, amidst lots of change, leading to nervous breakdown: *“I had a nervous breakdown during it, so I didn’t really handle masking well, I was doing a lot of it, like, all the time, cos*

		I was trying to find people to be friends with, cos I hadn't had to do that since I was very little" (P1 312-316)
Overarching Theme B: The aftermath of masking		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
4: Recovering from Masking	**P1.9 Ignores own needs**	Masking feels like a shut down (P1, 11-12). Focused on masking at the time, doesn't notice it (P1, 8). Look back and notice focused on masking, not on socialising (P1 42-45). Ignores own preferences, doesn't allow thinking time, or withdrawal: *"I try not to go into the head when I'm, like, around new people, because I become very quiet and it's less likely that I'm going to properly interact with them"* (P1, 499-501). Push down panic, ignore anxiety, do not show emotions in front of others, continue to mask; masking is priority over own needs: *"I mask it, like I push it down and try ignore it […] sometimes I'll be able to get through the whole day and then come home and just, break, basically"* (P1, 232-234). Small reprieve in masking, only if alone from others, when in interaction masking is prioritised: *"get to like a bathroom somewhere so I can like get a moment to kind of debrief, de-stress for a moment"* (P1, 174-175). Can't keep ignoring own needs, too detrimental to own health, leaving school: "*a bit more support than I did have, but going to school like really is not on the cards anymore"* (P1, 629-630).
	P1.10 Recovery time	No recovery time in transition, overwhelmed, build up of anxiety and stress: *"I got home for maybe half an hour and then had to go out to go swimming, so most nights it just, I didn't get the debrief, and it all just kind of piled on top of me, until, I couldn't hold it in anymore and I had the breakdown"* (P1, 341-344). When recovery time is paused until evening, too much to hold, can't go back to situation without recovery built in: *"the resource room where I used to debrief and de-stress, I no longer felt safe in it. So, I couldn't really debrief or de-stress"* (P1, 619-621). Overwhelmed completely without recovery time (P1, 349). Trying to stay alert to masking requirements, no pause, fully focused (P1, 492). Need time to get out of masking mode: *"it was just cos I didn't have that time to debrief and get out of the masking, like, kind of 'get set' and I just went straight back into it, so it would be like I had been masking since like maybe half seven in the morning until half seven at night, and it just was, a long time to try and handle everything in my head"* (P1, 348-352). Breaks during day help prevent build up: (P1, 368). Planned recovery time, after breakdown, to help with school day: *"like second and third year I'd mask during the school day and then have to come home and have a nap, just like, sort myself out and get back on top of just being me"* (P1, 356-359).

	P1.11 Recovery strategies	Time alone is crucial to prevent overwhelm: *"it just, it gave me space and time to kind of debrief during the school days, which was helpful to me, because it meant I had a place where I could de-stress, think by myself, and then get back into the rhythm of school"* (P1, 363- 366). Most comfortable destressing at home: (P1, 226) 'unloading' required after masking, carrying a lot throughout the day: *"usually unload at home with tears and stuff"* (P1, 223-224). Safety and security at home: "*Home becomes a place of relaxing, and tears and blankets and cuddles"* (P1, 289-290). Recovery is draining, emotionally overwhelming, processing a lot: *"A lot of tears, hyperventilating, like it'll take maybe twenty minutes to, like, stop the tears and everything […] and just like, get back to like normal breathing"* (P1, 236-239). Likes contact and safety at home, parent is support: *"Hug from my mum, wrapped up in a blanket with the dog"* (P1, 228). Professional support needed to recover from masking, to plan to move on from masking: *"Lots of therapy"* (P1, 663).
	P1.12 Recovery following disappointment	More recovery needed if it did not go well: (P1, 274). It is tiring to mask and to recover from masking (P1, 354 – 358). Masking can add to need for recovery from day: *"minor things can, like, pile on to make a giant meltdown […] I could mask like loads during a day and it might not affect me like that, it depends on […] how, like, embarrassed, or like how uncomfortable I feel during the day. Like it might be like, I've done something that like kind of exposes me"* (P1, 250-255).
5: Reviewing performance	**P1.13 Reviewing interactions**	Retreats internally when reviewing: (P1, 497) Critiques masking, looks for flaws, thinks about other person's reactions: *"I try to do it afterwards and then like go through like what I've done, will, would I be ok seeing the person again, would seeing them again bring up something I've accidently done wrong and just, like, as, stress and anxieties around it"* (P1, 503-506). Tries to have brief reviews during day, usually not possible, waits until at home: *"I can slip away and it's not weird for me to be by myself, then I'll review then. But if it's, say it's in school […] I'll probably wait until either like a break or until I get home"* (P1, 509-513).

	P1.14 Intrusive reviews	Intrusive and unwanted thoughts if masking didn't go well, negative view of performance: *"I try to put it aside, but that doesn't always work"*(P1, 516). Intrusive review, thoughts flood in when at rest, times she had made an error in masking: *"Sometimes […] when I'm trying to get to sleep, they'll all come back and haunt me kind of [small laugh]!"* (P1, 54-56). Distress at intrusive review, reminders of social errors: *"some of them can be slightly distressing and like, it won't always be just that day, it could be like years ago, they just come back[…] It's not always fun"* (P1, 60-64). Stressful thoughts (P1, 66). Shame in not masking successfully: *"stuff that would embarrass me usually comes back"* (P1, 81-82).
	P1.15 Reviewing errors	Hard to move on from mistakes: *"Usually the ones that come back at night were not very successful [small laugh]"* (P1, 75-76). Tries to hide autism, error if revealed, stressful as trying to mask autism, signal that strategies may not be working: *"that will cause me stress. Like if I've accidentally like done something that could like lead them to that conclusion, even though I haven't said it to them"* (P1, 263- 265). Errors considered and try not to do them again, no forgiveness to self: *"Just kind of push through it and try not do it the next time"* (P1, 87). Looking for mistakes, stressful, always trying to improve performance: *"usually, I get like a bit stressed, and then like I look through it and be like, ok, I could do that differently, I could try to change that"* (P1, 69-70). Once mistake noticed, on alert for this in future interactions, another thing to pay attention to and remember: (P1, 92). Mistakes that she would forgive from others, criticises for self: *"em, it could be something where like someone made a comment and I misinterpreted it, or someone would say something rhetorical and I'll answer cos I think they're being genuine, so stuff that would embarrass me usually comes back"* (P1 79-82).
Overarching Theme C: Masking as Essential		
Superordinate Themes	**Subordinate Themes -**	**Emergent themes: interpretations with line numbers and/or quotes**
6: Reasons for masking	**P1.16 Smoother social interactions**	Aim to be less like herself to make interactions go better (P1, 31) Masking to hide autism and hide anxiety (P1, 98). Make interactions easier: *"make the social interactions smoother […] like, pass smoother, work through it more smoothly, less bumps in the road"* (P1, 98-101).

	P1.17 Making friends	Easier to interact masked, easier to get into group*: “large group of girls in my class who knew each other from primary school, so I just kind of copied them, cos they all knew each other so it would be easier to, like, talk to them if I kind of copied how they were”* (P1, 391-393). Show a version that others like, hide self, make interactions better but less genuine or helpful: *“when I first starting seeing people because of the autism, I don’t think they got to see the real me”* (P1, 431-432) Pretend to have shared interests, get into friendship group though ‘shared’ interests: *“some conversations that just were really not me, I was involved in and it just felt really weird to be part of them, cos it was something I had no interest in but was talking about it as if I did”* (P1, 395-398) Without masking, would have no friends, would have been isolated or excluded: *“I knew no one so, if I didn’t do it, I would have stuck out like a sore thumb”* (P1, 559-560). Only close friends see unmasked version now, will mask with other friends: *“outside of my friend group I try to come across neurotypical”* (P1, 545).
	P1.18 Controlling appearance	Can control masked version more than genuine personality, keep masked version under control: *“I’m worried about embarrassing myself […] coming across wrong”* (P1, 104-105). Allows a specific version of herself to be seen (P1, 107) Close friends and family know the real Róisín, others do not get to meet her: *“they kind of see the real weirdo underneath”* (P1, 113). Plans to not mask to allow real self to be seen: *“I think it’s a good thing, cos it means I’m more able to be me”* (P1, 666)
	P1.19 Fear of judgement	Doesn’t want to be treated differently, for others to judge her: (P1, 552). Works hard to avoid judgement: (P1, 556). Wants to hide autism to avoid judgement (P1, 267) Experienced abandonment when revealed autism, fear of judgement based on lived experience: *“I told someone once and […] then they didn’t speak to me afterwards, so I try not to tell people unless I’m 100% sure they won’t, like, leave […] or treat me differently”* (P1, 523-531). Goal is not necessarily to hide autism but to hide autism if not doing so would lead to judgement: *“I don’t want people to treat me differently or think of me as weird or like judge me for it”* (P1 552-553) Hides anxiety and autism, tries to hide significant parts of self: (P1, 284). Sense of panic if others become aware of autism: *“sometimes I feel like I’ve exposed it to someone, like accidentally, I feel like caught out […] that will cause me stress. Like, if I’ve accidentally, like, done something that could like lead them to that conclusion, even though I haven’t said it to them”* (P1, 260-265) On alert to see if others see autism, uses mental energy, fear based: *“looking around trying to like see if, kind of like if they’ve spotted that I’m different kind of, and like try hide it any way I can and, then after I’ve worked out that they haven’t spotted it yet, I’ll go and become very much in my head”* (P1, 492-495).

	P1.20 No longer essential	Using therapy and family support, less focus on others' opinions: *"I've been getting more comfortable with like who I am and like, people can accept me for who I am or they won't so, kind of become more comfortable with that, accept it a bit more"* (P1, 657-659).
7: Masking Situations	**P1.21 New people**	Masking needed when unsure: *"with people I don't know, large groups, em, meeting someone new"* (P1, 19). Automatically masks (and prepares to mask) with new people, assumes real personality not ok for new people: *"I never really do it consciously unless […] it'll be people I don't, a lot of people I don't know"* (P1, 160-161). Masking essential for big events, with lots of people, unsure how to be self in group: *"It could be like, it could be literally just going to school or like, an extended family party. Like, I'm not a big fan of public speaking so I never really go and do anything like that or talk to more than probably five new people*" (P1, 163-166). Transition to second level, lots of new social situations, automatically masking: *"I started masking more to try and fit into social situations that I hadn't been in before"* (P1, 308-309). Masking even when did not want to, in therapeutic spaces, stops getting help for masking because of masking: (P1, 424-428). Masking became habitual when meeting new people: *"Most times I meet new people I'm masking, like, I think earlier on in my life it was probably like with someone new I'd have to act a certain way but now I just subconsciously just do it when I meet someone new"* (P1, 446-448). Masking always needed with new people: *"only really when I meet new people"* (P1, 564). Normalising masking: *"I feel everyone kind of goes on their best behaviour when they meet someone new"* (P1, 566-567).

	P1.22 New school	Masking without much thought in primary school, very deliberate in second level school: *"for a long time before that, like, subconsciously, but not as well, because it could have been passed off as, she's a kid, that's what she's doing, but then I think I started doing it a lot more in my teenage years"* (P1, 297-282). Masking was required to make friends, make a good impression: *"when I went to secondary school, I didn't know anyone in my school, so it was like a completely clean slate"* (P1, 299-300). Was familiar with peers in primary school, did not know people in second level, had to work hard, masking a tool to make friends: *"in primary school they'd known me since I was, like, four, […] in secondary school like most people knew each other and I had to try and work my way into it somehow"* (P1, 302-306). No break from masking in new school, build up of demands and overwhelm: *"it was so much more in first year […] I had a nervous breakdown during it, so I didn't really handle masking well, I was doing a lot of it, like, all the time, cos I was trying to find people to be friends with, cos I hadn't had to do that since I was very little"* (P1, 312-316) Masking was detrimental to mental health, still better than being isolated or judged, masking essential in new school: *"it was worth it cos I knew no one so, if I didn't do it, I would have stuck out like a sore thumb and I had no idea how anyone was going to react to it"* (P1, 559-561). Fear of being ostracised if not masked in school: *"anyone like starting in a new school with no one they knew […] no-one would really want to do something that would like isolate them from any, from like the whole situation"* (P1, 570-572). Masking was detrimental to mental health but no better alternative available: *"I think it was, although it like probably destroyed my mental health, it was probably the best situation for me at the time […] I possibly could have masked less, but I think I needed a certain level of masking then"* (P1, 573-578). Masking damaged mental health but it would have been damaged not masking, by bullying or exclusion: *"the issue that I had in first year possibly would have happened faster"* (P1, 584-585)
Overarching Theme D: Moving Away from Masking		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
8: Not masking	**P1.23 Mental health damage from masking**	Big mental load masking, not sustainable long term: (P1, 355-366). Unable to access support fully when masking, needed longer with therapist to stop masking: "*there was only a few weeks with CAMHS and it wasn't enough to, you know, feel comfortable with it. But with like the therapist I'm working with now, I'm seeing her for years, she's seen all the good and all the bad, so she kind of understands where I'm coming from […] yeah"* (P1, 434-437). Mental health damaged from masking, overwhelm and exhaustion: *"Two nervous breakdowns [laugh] […] lots of therapy"* (P1, 661-663). Able to access support for mental health when not masking with therapist: (P4, 438-442)

	P1.24 Comfort with some people	Not masking with close family and friends: “*I don’t think so, not at all!”* (P1, 292). Home gives feelings of safety and security, no need to mask: *“Home becomes a place of relaxing, and tears and blankets and cuddles […] they’ve seen me through the worst”* (P1, 289-294). Building comfort with some people means masking less: *when I get comfortable around people I tend to mask less”* (P1, 111). Realise comfort has been built when masking is reduced, not always a conscious decision: *“I just kind of, just afterwards I notice that like I masked less in a situation, and then it gets to the point where I realise when I’m with certain people I don’t mask at all”* (P1: 121-123). Not masking with friends, allies, aware of mental health needs allows less masking*: “My group of friends are very mental health conscious. We notice a lot of little things with each other”* (P1, 125-126). Once comfortable with someone, will mask less, not need to review as much, want to see them more, with less anxiety: (P1, 470-477). Less masking means more excitement about seeing a person, level of comfort increases: *“It’s usually that, what’s usually I notice I’ve stopped masking when it goes from “oh I have to go meet this person” to “oh I can’t wait to see them”*. (P1, 465-466). When aware that people are not judging, then can mask less: *“I don’t want people to treat me differently or think of me as weird or like judge me for it”* (P1, 552-553). Can build comfort with someone quickly if there is a connection, appear to not be judgemental, share communication style: *“it depends person to person, like, if I feel, if it takes longer to feel comfortable around someone, it will take longer for me to stop masking, but like, if I meet someone and we instantly click or something, masking stops much quicker”* (P1, 455-458).
	P1.25 Looking forward to stopping masking	Negative mental health consequences from masking, trying to move past this, does not want to face this again: (P1, 661-663). Looking forward to not masking, sees benefits of stopping masking: *“ I think it’s a good thing, cos it means I’m more able to be me […] and explore who I am rather than who I think society wants me to be […] yeah”* (P1, 666-670). Plans to stop masking, building up comfort being self, trying to reduce emphasis on other’ responses: *“I don’t think it will. I’ve been getting more comfortable with like who I am and like, people can accept me for who I am or they won’t, so, kind of become more comfortable with that, accept it a bit more”*. (P1, 657-659).

9: Friendships	**P1.26 Masking in friendships**	Masking needed to make friends initially, in second level, hard but felt needed: *“probably, because the issue that I had in first year possibly would have happened faster than if, because I had a bad time of it in first year, I ended up having to take two months off school at the end of the year because I just, I couldn’t handle it anymore”* (P1, 584-587). Tried to make friends with shared interests, friendships did not last, was also masking: (P1, 401-403). Heavy masking demand during first year, took a significant toll on mental health, was due to need to make friends: *“I was diagnosed during first year cos I had a nervous breakdown during it, so I didn’t really handle masking well, I was doing a lot of it, like, all the time, cos I was trying to find people to be friends with, cos I hadn’t had to do that since I was very little”* (P1, 313-316)
	P1.27 Being her real self	Sharing real self with friends, feels lighter and more fun: *“And they kind of see the real weirdo underneath [small laugh]!”* (P1, 113). Will feel less tired and less review needed when interacting without mask, built up comfort with some people: *“I just kind of, just afterwards I notice that like I masked less in a situation, and then it gets to the point where I realise when I’m with certain people I don’t mask at all”* (P1, 121-123). Has told close friends and family about autism, guarded with others (P1, 257-258). Once comfortable with someone, will mask less, show real personality, review less: (P1, 470-476). Will show real personality with close friends but not with others, masks autism with others: *“outside of my friend group I try to come across neurotypical”* (P1, 545). Benefit to not masking with friends, give support when needed: *“cos I’ve told them so they’re aware of it, and with, like, my anxiety and everything, they’re kind of aware that sometimes that you need to walk on eggshells around me”* (P1, 541-543).
	P1. 28 Awareness of mental health needs	Aware of own mental health needs and that of peers, look out for each other, supportive: *“mental health conscious. We notice a lot of little things with each other”* (P1, 125-126). Friends will act as supportive person in social situations, reduces stress and panic: (P1, 195). Have told friends about autism, does not need to hide from them, feels well supported and comfortable, less stress: (P1, 257-258). Have bonded with friend group, not hiding aspects of personality from them: “*very tightknit at this stage”* (P1, 407). Does not need to mask with friends, benefits to mental health: (P1, 541-543).

Appendix H.5: P2 emergent, subordinate, superordinate and overarching themes

Participant 2 Michelle		
Overarching Theme A: The work of masking		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
1. Preparing for masking	**P2.1 Detailed planning**	Strategic and detailed planning for masking, all details considered, time consuming and fear based: *“It’s literally like planning out a football game. Like, you have to plan out every move that you’re doing, or every person you’re trying to talk to, and if there’s a surprise conversation, like, I would literally be like [pause] ‘I did not plan for this, I don’t even know this person, I didn’t do any research’ "* (P2, 359-362) Plans conversational topics for individual people, planned and researched: *“there’d be like basic lines that I’d use on everyone that would work over the whole board typically, and then there’d be ones that would work with certain people”* (P3, 363-365). Pre-prepared lines ready to use in conversations, thought of before interactions: (P2, 367) and “*I’d ask about music, I’d ask about their sports […] typically the music lasts a long time, but I’d ask about […] what type of like art they’re into, whether it’s like traditional, digital, like that type of stuff, because everybody likes art”* (P2, 369-373).
	P2.2 Research interests	Finding out others’ interests and expressing interest in them, not sharing own interests: “*with other people, because I don’t have the same interests as them. Em, I remember a specific eh conversation where I had to literally lie about my interests to get out of a conversation [small laugh]. And that is also a masking thing, where you pretend to have the same interests as people”* (P2, 105-108). Homework involved in researching others’ interests: “*then I had to go home and like look up all the interests she was talking about so I’d actually be able to talk to her the next day”* (P2, 110-112) Trying to get interested in others’ interests (P2, 115-117). Tries to identify any shared interests, if not there will try to become interested in their interests: *“if I only knew a small bit about the subject and didn’t have a typical interest but still wanted to say I did […] I’d slowly point that out, to see what happens”* (P2, 378-384). Using free time to study interests (for benefit of masking strategy), time and effort required: *“I just watch whatever’s popular, like […] It’s a really bad show, it is horrible, they only like them because the people in are, like, somewhat pretty, I think, am, like I didn’t find it interesting at all […] I couldn’t find interest in the show, but I’d still watch it, just so I could talk about it […] I’d see what the main characters of something people are interested in, or what band mates […] were like and be like, wow, why amn’t, like how can I pick up something from them”* (P2, 547-556).

	P2.3 Research appearance of responses	Rehearsal of facial expressions, time consuming: *“I spent a lot of time in the bathroom but that’s just literally me in front of the mirror, and it’s just like either examining myself or making facial expressions and seeing how realistic they look”* (P2, 393-396) . Focus on expressions that appeal to others and help make connections with peers: *“typically, they’d be positive ones, because you’re trying to keep someone interested, and positive emotions, like, attract people, so if someone was like, “Oh I love this band”, I’d be like ‘really [big facial expression] I absolutely love them too! I’ve heard this song and wow it’s pretty good” […] or shocked, like, “I didn’t know you liked them too!”, and that type of stuff”* (P2, 396-400). Rehearsed which expressions match different topics, to appeal to others and appear genuine (P2, 400-404).
2. Developing and employing masking strategies	**P2.4 Ignore own preferences**	Try to change movement of hands, concerned with others’ perception – not with own comfort or preferences: *“I’m very talkative through my hands […] but I try to keep that to a minimum, because most people find it weird, I don’t know why”* (P2, 410-411). Changed walk, to hide autistic trait, feels physical discomfort masking this aspect of presentation: *“I’d walk on my tippy toes, and that’s a very autistic thing to do, so I walk on my tippy toes, but then I try and walk on my feet, and it just feels so wrong, but I do it to not look weird. So in front of people typically, em, all the time, unless I’m at home, I’d walk on my soles […] cos it looks natural”* (P2, 429-434). Upset when realised that masking strategy is ongoing, feels physical pain masking physical trait: “*Like, I don’t even mean to anymore, it’s just subconscious that I walk on my feet if I see people, so that kinda sucks cos it makes my feet really hurt [small laugh]”* (P2, 439-441). Aware of what others may think of natural preferences, hides natural communication style to reduce attention: *“most people find it weird so I usually keep that to a minimum and if I didn’t, then I’d like use like little symbols that everybody knows, like everybody’s like ‘oh’ [gesture-peace sign] like it’s a meme now like this sign and stuff like that so I’d just throw those in and people would laugh at it”* (P2, 410-416). Will ignore own interests in preference for those of others, considers it lucky if there happens to be overlap: *“but it was lucky cos I was somewhat interested in the things they were interested in”* (P2, 512-513).
	P2.5 Copying Peers	Tries to mirror peers’ interests and communication style back to them so they will accept presentation: “you’re basically copying, you’re creating a carbon copy for them to talk to” (P2, 236-237). Selects socially successful peer to copy: “*was popular and good at interacting”* (P2, 426). Studied peer who was socially skilled, to pick up on strategies to appear neurotypical and socially successful: *“I’d stick around her a lot, and, again, that was my earliest masking phase I guess, […] I picked those up and I’d use them on other people […] if she wasn’t doing them and wasn’t using those like little gestures or signals, or whatever you want to call them, then I’d use them because I’d be like, oh, she won’t mind and she won’t notice[…] I did pretty well!”* (P2, 444-460).

		Copied peer who was not bullied to avoid attention of bully, felt autistic traits were drawing his attention: *“think I was like, because I was quite isolated at the time, and I used to get picked on for like no reason, he was just he was this lad and he was actually just a jerk, and I don’t even know why he picked on me, cos like, I didn’t stand out from normal because I was masking, so he was just a weirdo […] I always would be like, if I copy her and he doesn’t pick on her then why would he pick on me because I’m doing the exact same things as her?”* (P2, 473-479). Change mannerisms for different peers, copy and present different personalities: *“when I was with the lads, I’d used their em body gestures and their behaviour and when then when I was with the girl […] I’d use her behaviour and her interests”* (P2, 500-503). Awareness of switching into different versions for different people: *“I’d just be like, oh here comes Patrick and Tom, let me just completely switch my personality* (P2, 511-512)
	P2.6 Pretending to be Interested	Consciously pretending to have same interests as others: “*that is also a masking thing, where you pretend to have the same interests as people”* (P2, 107-108). Will pretend to have same interests when trying to form a bond with a peer: *“I didn’t want her to be alone, so I tried to pick up her interests”* (P2, 140). Research interests to maintain appearance of interest, don’t want to be caught out: (P2, 317-323). Used strategy in primary school, not showing any uncertainty, don’t ask for help, might reveal interest is not genuine: *“I remember this one game that they all liked to play […] I didn’t even know what they were on about […] and I was like, I don’t even know what this is but I’ll play, and I was lost, I didn’t know how to play”* (P2, 481-484). Sacrifices own comfort and interests to make connection with peer: *“I wasn’t comfortable with that person at that time that I was talking with them […] my interests and her interests kind of contrasted a lot, so we wouldn’t have gotten along if I hadn’t tried to pick up her interests, and I knew that immediately”* (P2, 120-124). Use strategy to help include peers in groups: *“[…] I’d try and bring her into our group so she wouldn’t feel as lonely, so I was like, yeah, if I pick up her interests, then she’ll find a friend and then she’ll get more friends, and it was just easier the time than telling her that I like anime, you know”* (P2, 127-131). Pretended so much, dedicated time to others’ interests, no time to figure out own genuine interests, unsure of self: *“I always was masking and picking up other people’s interests and trying to become interested in them that I’d completely again diluted my own personality”* (P2, 527-529).

	P2.7 Follow conversation	Pretend to be interested in topics, allow others to talk or lead the conversation, not fun but easier: *“they’d introduce me to more and more music, and I didn’t like it, but, I pretend to, because it would just be easier to keep the conversation flowing cos then they’d do all the talking, and they’d talk about bands and stuff like that, so it’d just be easier that way”* (P2, 148-151). Trying to hide communication difficulties, holding back, easier to hide when going along with conversation: *“that is for sure masking because I don’t want them to know that I cannot communicate properly [laugh]!”* (P2, 165-166). Hold back especially when uncomfortable or unsure of someone, don’t want to reveal personality or preferences: *“with a new person or person I’m not exactly comfortable with, I’d just let them typically […] lead the conversation […] but I’d just listen to them, I prefer listening anyways”* (P2, 157-161). Not participating fully to reduce input and reduce chance of communication style being noticed: *“because it’s quite embarrassing for them to, like, because, my incapability to communicate is like, stuttering and stammering, and it’s quite embarrassing, cos it’s not a common thing and when things aren’t common, people will find them weird”* (P2, 169-172). Join in when sure of conversation topic and when thought of research findings: *“when they start walking up to me I’d be like, what was the last episode […] or what was the last game I played? And then when they started talking, I’d join in”* (P2, 514-516).
3. How masking feels	**P2.8 Lonely in masked relationships**	Masking is lonely and sad, aware that connection is not genuine: *“It kind of made me sad and quite lonely, because I didn’t have any true friends when masking, and it just felt very fake, and I didn’t feel like I’d have anybody at that time, because masking is showing a fake front, it’s like it’s trying to hide what you truly like and what you truly feel with someone else’s feelings and someone else’s interests […] it’s quite lonely”* (P2, 232-238). Feels lonely and fake: (P2, 240). Masked relationships feels fake and unfulfilling, not the fault of peer in relationship: (P2, 678-681). Masking leads to fake friendships, feels lonely and boring in the friendship: *“it’s not really a good thing cos it gets real lonely and it gets pretty boring”* (P2, 689). Masking makes friendship unfulfilling, boring and tiring, aware of difference in genuine and masked friendship: *“the point of friendship is to share everything and to share, like, how you feel, your interests and time, and if I don’t have any interests or anything in common with the person […] then what would we even talk about. Cos, I don’t mind listening, but I can’t go on a full day just them talking about their interests, because I’d find that quite boring, I’m pretty sure everyone would”* (P2, 683-688). Masking not a positive influence in relationships: (P2, 698). No increase in loneliness if fake relationships ends: (P2, 201-204).

	P2.9 Not knowing own interests	Unaware of own interests, all time devoted to learning others' interests: *"because I was masking at quite a young age, I didn't have any interests that I knew of […] I didn't have anything, because I always was masking and picking up other people's interests and trying to become interested in them that I'd completely again diluted my own personality"* (P2, 524- 529). Learned own interests by learning of them through others: "*they kind of created my interests now I think, or they awoken my interests, because I'm still into the things that they were into, because they were into obviously boyish things, like video games and all that type of stuff, and I'm still into those things a lot, just not as much as they were, but em typically I would ah just let them talk and stuff, and then if I had something to say or whatever, I'd just say it; but if I let them talk it would be easier to pick up the information"* (P2, 529-535). Own interests not common to others, hide until sure it will be accepted by others: (P2, 670-674).
	P2.10 Positive side effect	Can use masking to escape uncomfortable situations: *"I can make a benefit out of it"* (P2, 673). Masking as a life skill, use to escape situations or increase safety: *"it does come in handy, if I just need to like quickly get away from someone, I'd just like mask and be "like, yeah ok", and then run away basically"* (P2, 644-646). Pleased with skill of masking to escape when needed: *"I genuinely use it to get out of situations […] I'd pretend to be normal, and then I ran away"* (P2, 662-666).
Overarching Theme B: The aftermath of masking		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
4: Recovering from Masking	**P2.11 Feeling Overloaded**	Masking added to overload, sensory, and stress; made interactions have bigger impact on mental load carried throughout day: *"I'd have a sensory overload and I get really stressed, but then if I was masking that day, I'd also get stressed, and if I was interacting too much I'd also get stressed, so that's three different sources of stress, so then I'd just combust, basically [small laugh]"* (P2, 248-252). Overwhelmed and unable to continue to carry mental load, negative impact on mental health: *"I'd had three panic attacks in school […] but that was from both a panic and a sensory overload"* (P2, 254-257).

	P2.12 Recovery time at home	Recovery has physical and emotional elements; need to address each aspect, not ordered process: *“typically, when I’m overloaded, I’ll wait until I get home, and it’s just when I don’t have something to distract me, I just lie in my bed and I just cry, [small laugh]”* (P2, 258-260). Limited rest time, recovery physical and tiring process: *“when I start just lying on by bed and just bawling, it’s around 3 o’clock in the morning, so it’s time to restart the day anyway, so. And I really like literally cry until my head is aching”* (P2, 265-267). Processing feelings, thoughts and sensory responses at home: (P2, 269-273). Planned rest and recovery in daily schedule, impacts plans with peers but is necessary: *“Like if I go out with friends one day, I typically can’t stay over at their house, because I need to let out all that energy. Like I’ve a trampoline, because that really helps me like with stimming and that helps me like release that energy”* (P2, 274-277). Time alone needed to process the day, exhausting process: (P2, 280-283). Hard to describe process, lots of thoughts processed in recovery, mix of specific instances and feelings of overwhelm: (P2, 284-285).
5: Reviewing performance	**P2.13 Harsh judge**	Criticises own communication skills and of interactions during the day: (P2, 296-301). Judgement starts in masking and moves onto many aspects of personality, critical mindset triggered by review of masking performance: (P2, 303-309). Harsh judge of self, notices any mistakes in masking performance, unforgiving: *“So if I forgot certain things or if I’d not broughten up something that I learnt the other day to make my interests seem more legit like, that’s how I’d try and go about it, like, I’d be like, “oh yeah I saw this video last week and it was the funniest thing ever and they said this line”, and if I said that line wrong, I’d be like, oh my god, they know that I don’t have an interest in that subject, or something like that, so yeah […] basically”* (P2, 318-325). Criticises self more severely if mistakes made in front of new people or people with whom she masks, less room for mistakes when masking: *“I still like bully myself if I stutter or stammer too much with people I’m not comfortable with”* (P2, 332-333). Can find humour in mistakes, but can equally cause distress, emotional lability in relation to masking reviews: *“So it’s kind of a fifty-fifty whether I laugh at it or whether I cry at it”* (P2, 334-339).
	P2.14 Reviewing interactions	Upset if doesn’t appear genuine, if forgets anything from planning during interaction: *“if I forgot certain things […] if I said that line wrong, I’d be like, ‘oh my god, they know that I don’t have an interest in that subject’, or something like that”* (P2, 317-323). Happy with performance if masking (particularly copying) is not noticed, sense of success if appeared neurotypical: *“she won’t notice, and she never did, so I did pretty well!”* (P2, 459-460). Criticises memory and interaction style; feels very uncomfortable when makes an error in masking in interactions, adds to anxiety, impacts whole day: (P2, 293-299).

	P2.15 Impact of criticism	Criticism of masking leads to other criticisms, builds critical self-talk and anxiety: *“[...] I’d mentally attack myself over a drawing”* (P2, 305-309).
Overarching Theme C: Masking as Essential		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
6: Reasons for masking	**P2.16 Avoid negative judgement**	Wanted to avoid judgement of communication skills: (P2, 165-166). Feels shame in relation to natural communication style and traits, something to hide from others: *“because, my incapability to communicate is like, stuttering and stammering, and it’s quite embarrassing”* (P2, 169-171) Aware of judgement of others, what leads others to judge, wants to avoid being considered weird: “*when things aren’t common, people will find them weird*” (P2,171-172). Masks because of negative stereotypes associated with autism: (P2, 174-176). Aware of what people find unusual, try to limit that in presentation, avoid negative judgment: *“I try to keep that to a minimum, because most people find it weird, I don’t know why, it’s just the way of me talking, but most people find it weird”* (P2, 410-412) Using masking strategically to avoid bully: *“[...] if I copy her and he doesn’t pick on her then why would he pick on me because I’m doing the exact same things as her? So, it would be kind of a defence mechanism”* (P2, 473- 480). When masking helped avoid bully, was encouraged to continue to use it to avoid judgement: (P2, 488-496). Present different personality, escape from threatening situation: *“I’d pretend to be normal, and then I ran away. I literally got out of there as fast as possible, because I’m pretty sure if he knew I was autistic, he’d be like, you’re going to double hell”* (P2, 665-667).
	P2. 17 Making ‘fake’ friends	Easier to make friend masking, not satisfying friendship but clear strategies available to make connection: *“if I’d just pretend I didn’t have a stutter and stammer and let them lead the conversation, it’d just be easier. It wouldn’t be a proper friendship, it would just be making an acquaintance, but it’d be easier”* (P2, 176-179). Masked friendships feel fake and lonely: (P2, 232-240). Sense of lying to peer, they feel it’s genuine relationship: “*you’re creating fake and false relationships [...] other person thinks are real, so it just becomes a very – not toxic – it can become toxic, but not typically, but it just becomes a very fake and unfulfilling and not real relationship”* (P2, 678-681).

	P2.18 Avoid situations	Masking helps escape uncomfortable situations without drawing attention, awareness in moment that revealing autism may not go well: *"[…] without getting […] picked on or whatever"* (P2, 648-656). Feel unique skill to use masking to avoid situations, aware of others using it to make relationships not escape, sense of pride: *"I don't know any other female autistics that would use masking the way I do. Like I genuinely use it to get out of situations"* (P2, 661-662). Pride at avoiding situations: *"it's come in pretty handy [small laugh]"* (P2, 658).
7: Masking Situations	**P2.19 Primary school**	Felt isolated and used masking to avoid being ostracised and bullying, defense mechanism: *"because I was quite isolated at the time, and I used to get picked on for like no reason"* (P2, 473-474). Once had made friends, wanted to keep in those relationships, huge effort involved, tiring: *"I was masking so hard from multiple people […] I had three friends […] I'd, em, mask from all of them"* (P2, 498-500). Masking constantly in primary school; masking methods felt easier: *"masking with five-year-olds is easy. Because all you have to do is say "yes, I'll play football with you" or "yes, let's draw a picture or let's play playdoh",* (P2, 344-346). Easier to mask in primary, didn't expect the difficulty in second level, easy methods work for younger children: (P2, 12-17).
	P2.20 Second level school	Interactions in second level exhausting and stressful, contributing to mental health difficulties: (P2, 96-103). Too much change in schedule, caused overwhelm: (P2, 32-36). Noticed significant change in presentation of peers in second level, change sudden and noticeable: *"the people there were really different from primary school, because some of them are more mature and then some of them act like six year olds [small laugh]"* (P2, 38-40). Starting second level with one friend, feeling of isolation from outset: *"I only had two friends and I had a falling out with one before leaving primary school, so I had one friend"* (P2, 42-43). Used masking to make connections with peers, sense of difference, of own interests not being good enough: *"so with other people, because I don't have the same interests as them […] I had to literally lie about my interests"* (P2, 105-107). Reliance on one friend to make connections with others, used masking once introduced to others: *"if I didn't have her I'd probably have no friends right now"* (P2, 83-84).
	P2.21 New people	Slip into masking when meets new person, even with other friends, safest approach with new people: *"with a new person or person I'm not exactly comfortable with, I'd just let them typically lead the thing, lead the conversation", so I'd ask them, "oh what's your taste in music?", and they'd go on from there, and so, but I'd just listen to them"* (P2, 157-160). Keen understanding of social requirements, things peers would keep secret, uses as strategy in masking when meeting teenagers: *"every teenager has something that they're ashamed of, even though it's like literally the most basic thing ever, like, "I like scrapbooking and I like*

		taking pictures" […] everybody has that, and if you can figure out what that is and like slowly mention it to them" (348-353)
Overarching Theme D: Moving Away from Masking		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
8: Not masking	**P2.22 Tired of fake friendships**	Stopping masking, cannot keep up with impact of masking on mental health and relationships, no longer worth cost: *"I don't mask at all anymore […] at least I think I don't. Because I've just given up [small laugh]"*(P2, 224-225). Having friends has reduced need to mask with others, confidence shored up by friends: *"because in second year I decided, you know what, ugh, I don't really care, I have good friends"* (P2, 225-226). Surprised and encouraged when real personality accepted by friend, felt benefit of not masking with her: *"so it did start off by me trying to mask, but then I gave up" and I was like, "by the way, I like this type of music and this is who I am", and she was like, "wow that's pretty cool", and now she's one of my good friends [small laugh]!* (P2, 216-219). More confident revealing autism to others now that she has genuine friendships: *"[…] I was just like, I'm done and I don't even care anymore. I have a good group of friends, you know, I was set"* (P2, 623-628). Rejected when stopped masking with one peer, moment of realisation that masking may never lead to real friendship: *"[…] and that's when I realised that I shouldn't be masking, especially with people who don't deserve my friendship, so at that point I kind of limited who was actually friends with, and that helped me a lot with my actual friendships"* (P2, 605- 611).
	P2.23 Support to stop masking	Inspired by supportive teacher, realised friendships can be limited in number, realised happy with current friends: *"my teacher said this quote, that if you can count the amount of friends you have on one hand then you're doing well, because that those people are close friends, and I can, like I only have six friends, that's another hand but oh [laugh; gesture - that's ok]"* (P2, 226-229). In admiration of autistic friend, acceptance of own autism, no longer wanting to hide it: (P2, 612-618).
	P2.24 No longer hiding	Pride in not masking, recognises past use of masking, sense of sorrow for younger self: (P2, 495-496). Testing out facing criticism from peers with honesty and not hiding presentation, freedom in not masking: *"[…] I was like, "I'm autistic mate", and he was like [shocked facial expression], so, he was like "I'm sorry", he never said anything ever again"* (P2, 618-625).

	P2.25 Future Plans	Selecting future career with consideration of masking required, want to stop masking and to be successful, social requirements a consideration in relation to work: (P2, 636-643) Expecting adults to require less masking: (P2, 644) Will mask if it adds to safety or helps escape situations, useful skill to increase security and provide escape plan: *“[…] it does come in handy […] I’d just like mask and be “like, yeah ok”, and then run away basically”* (P2, 644-646).
9: Friend-ships	**P2.26 Primary school friendships**	Masked friendships in primary school caused less stress than in second level; learned strategies early and used them consistently: *“you’re forced to be friends in primary school [small laugh] […] and every child is weird in primary school”* (P2, 16-19). Difficult maintaining friends through primary school despite masking: *“in primary I only had two friends and I had a falling out with one before leaving primary school, so I had one friend”* (P2, 42-43). Easier to have boy friends in primary: “*he’s still my great friend now! […] I’d always get called out for only having guy-friends* (P2, 43-45).
	P2.27 Not masking in friendships	Feels relationships are better when unmasked, feel open and honest, feels boost from relationship: (P2, 192-195). Not masking allows genuine friendship to develop: *“I do have really good friendships, but that’s because I didn’t start it off by masking”* (P2, 194-195). Has thought in detail about how to make friendships last and be fulfilling: *“figure out what that is [interests] and like slowly mention it to them, then you can create a friendship that way. So that would also be masking, but that would be how you could create a proper friendship using masking. If that makes sense?”* (P2, 352-355). Realisation that she has worth and value in friendship as genuine self; helped move away from masking: “*I shouldn’t be masking, especially with people who don’t deserve my friendship, so at that point I kind of limited who was actually friends with, and that helped me a lot with my actual friendships”* (P2, 609-611).
	P2.28 Sharing interests	Joy in realising genuine shared interests with peer when not masking: *“I started off like again asking her what her taste in music is and all this stuff, but then I found out that she likes anime […] and now she’s one of my good friends [small laugh]!”* (P2, 214-219). Sharing interests and personality traits with friends, feeling sense of fun and joy in being real self with others: *“the only two girls I’m actually friends with both like, like, video games and anime […] The two girls I’m friends with are me [small laugh]”* (P2, 68-71).

	P2. 29 Real relationships	Change in interaction style when not masking and when accepted, sense of freedom to be real self: *“I made a good few good friends, one was also autistic, so like, it was a big difference, because I’d be talking more […], so it was a huge difference in who I’d hang out with* (P2, 51-55). Having fun using natural communication style, not monitoring self to maintain neurotypical expectations: *“With my best friends, and like the people in my close circle, I’d be able to talk with them, and like, cos we’d always be switching subjects, and we’d go back and forth with thing to thing”* (P2, 155-157). Easier to make friends if aware that the person is accepting of autism, less fear revealing true personality and preferences: (P2, 208-219). Shocked and happy when accepted, immediately notices difference in quality of relationship: *“just started talking with me about random things, and I was very shocked and confused at the moment, but she is quite accepting of my weirdness”* (P2, 81-82). Fun in genuine relationships: (P2, 556-564). Happy to share real self with friends, aware she is accepted, enjoys using natural communication style, sense of ease in friendship: (P2, 188-194). Recognising own unique traits as positive by seeing them in friend: *“my best friend isn’t autistic, but she had ADHD […] there’s a lot of things that go with autism […] Like she is the funniest, most random person ever, but she wouldn’t be that way like that without her ADHD and I wouldn’t be who I am without my autism so, like, it’s part of our personality”* (P2, 594-601).

Appendix H.6: P3 emergent, subordinate, superordinate and overarching themes

Participant 3 Emily		
Overarching Theme A: The work of masking		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
1. Preparing for masking	**P3.1 Rehearsal**	Rehearsal is fear based, critical of own skill, fearful others will judge negatively: (P3, 161-166). At home, use time to rehearse hand gestures, want to increase fluidity and also distance from an exact copy, fearful of copying others: *"I look at a person I'd probably focus on their hand gestures and then when I get home I would probably like, I do tend to do this a lot, because sometimes I would copy a person like how they speaks or how they move with their body […] I want to do it my own way, not copy it completely like I'm copying off someone else. But like I want to do it in my own way, pretty much"* (P3, 195-204). Look to those considered socially skilled to mirror, will copy style of speaking, unsure of own verbal communication skills and assumes copying others is preferable to own natural presentation: *"I would like I probably, like, copy speaking and I do tend to have, like I do, I do watch a lot of tv and I do tend to, I pretty much I copy their accents as well, so like I watch a lot of American tv, so I do tend to have a little bit of a twang in my accent when I talk"* (P3, 647-650).
	P3.2 Natural presentation a problem	Considers natural presentation unacceptable: (P3, 772-773). Corrected by others on presentation, accepts criticism, believes is natural style is not good enough: *"I do have a problem with, kind of like, speaking too loud […] when I talk to a person, […] she would just like tell me and say like, "don't shout, especially when you're in public"* (P3, 772-777).
	P3.3 Asking family for clarification	Asks others for advice, feels she needs support to rehearse at home: (P3, 717-721). On the look out for advice from many sources to improve presentation socially: *"[…] I would put myself in that situation, in tv or a movie that I'm watching"* (P3, 665-669). Asks for advice, especially when fearful or uncomfortable, new situations trigger planning and preparation, *"Like I would probably ask her questions like "should I do this, should I do that?", and as it, like, I, I, kinda like ask her em this when there's a new situation coming up I would ask her em "should I do this, or should I do that?", and then she, she be like to me, she'd be like, "yeah, you kinda, you can do it" or she'll say, "no I would probably keep that at a minimum", which is, just, like of like, don't, I wouldn't say don't do it at all, but just, try and not do it"* (P3, 853-859).

2. Developing and employing masking strategies	**P3.4 Changes natural presentation**	Feels very aware of natural way of speaking, deliberately changes this for others’ benefit, takes effort and is fear based: *“so they don’t, like, misunderstand my language, because I do tend to talk very fast […] whatever I was saying I would say it very slower […] I wanted my speech to be more calmer for when I come into that situation”* (P3, 165-175). Tries to change natural communication style, take significant effort, sometimes causes distress and overwhelms other abilities: Changing natural approach: *“I try and do it in my own way, I won’t, I wouldn’t change completely, I would, because at one point sometimes I would try and force myself to change, because I would get, like, I try not to get verbally upset”* (P3, 232-234).
	P3.5 Planning conversations	Planned lines to use in conversation, planned follow up responses, goal of conversation is to not be rude: *“like I listen to them […] I introduce like my name, and then I would pretty much, I would ask them what they like, because they’ll get me to start a conversation with them, saying if they like the same subjects as me, I’d be able to have a brief conversation with them”* (P3, 49-54). Allows others to lead conversation, feels insecure starting a conversation, prioritises others: *“[…] I would wait on what topic they’re actually talking about, and then I would start talking […] Because it gives me a brief idea of what they’re talking about […]”* (P3, 725-732). Times joining of conversation based on perceived needs of others, not of self. Does not show genuine conversation style: *“I’d probably wait until their probably interest is over in what they’re talking about, and then I would start talking about my interests and stuff like, and this goes the same when I meet new people as well, in general.* (P3, 743-746). Keeps careful track of conversations as they occur, tries to allow other to lead conversation, fearful of being considered rude, very hesitant: “*it keeps me up to a pace where, that, I know what they’re talking about and then they will start talking, like they will start talking about their interests to me, and then when it comes to the time that I’m able to talk myself I want them to know that […] I’m going to talk about my interests now”* (P3, 738-743). Does not want to be seen as rude, doesn’t judge others similarly, holds back in conversation: *“I would probably wait for the moment to talk, because I don’t want to be rude, I want to let them finish before I can start a new conversation […] I won’t interrupt them while they’re talking”* (P3, 751-754). Planned lines for conversation, used to mask uncertainty, has gone well previously so some confidence in strategy: (P3, 544-547). Uses specific planned conversation topics for meeting new people, well-rehearsed at home, gives sense of security in planned strategy: (P3, 477-482).

	P3.6 Using visual cues	Strategic in approach, uses visual cues to establish if a connection could be made, not confident to initiate if visual cue not present: *"what I would first do is look at their phone case or look at their backpack to see if they like it"* (P3, 339-340). Can start conversation with visual support, not comfortable without support: (P3, 350-351). Reliable strategies uses in most situations, include visual cues. Needs visual support for boost in confidence, more likely to be accepted: (P3, 356). Excited when using visual cues works in making a connection with others: *"and I remember these two girls came up to me […] and I showed them my phone case, they were all getting excited and stuff"* (P3, 345-347).
	P3.7 Judging success	If others show interest considers it a success, regardless of own feelings or work in using strategies, others' interests prioritised: "*if they're excited that means that […] I'm talking what they like*" (P3, 539-540). Will continue a conversation of others are interested, does not consider own interests: *"I would probably like tell by their, maybe by their face or something, like, if they're interested in that subject I would probably listen to it a bit […] I would probably do baby steps saying like, "oh what's this?", and they would explain it to me, and then I would be like, "oh ok", and then, like, if they like me even more, like if they're excited that means that I, I'm pretty much interested*" (P3, 534-540). Really enjoys genuine shared interests with others, noticed different feeling when connection is real, has fun and feels success in those moments: (P3, 358-363).
3. How masking feels	**P3.8 Self-monitoring**	Monitors self for benefit of others and to reduce judgement and correction from others: *"I do tend to know if I'm speaking too loud or I shouted, I would tell myself "oh" like "oh" I'll cover my mouth saying, "oh I'm shouting, I should probably tone my voice down"* (P3, 788-791). Monitors voice, feels others comfort impacted by natural communication style: (P3, 797-799).
	P3.9 Pleasing family	On edge, worried will be corrected, unsure which direction to prioritise: (P3, 633-636). Takes correct immediately and responds, feels is at fault: *"If I was talking to my mum she would tell me when to lower my voice […] she's pretty much my guidance when I'm, I'm pretty much the guidance when she's not with me"* (P3, 842-845). Will accept criticism or guidance from family members, assumes their judgement is better than her own: (P3, 835-840).

	P3.10 Anxious to not draw attention	Keen awareness of when to monitor self, feels uncomfortable in centre of attention: *“especially when you’re in a small space with a group of people, and you’re talking”* (P3, 799-800). On alter when in public, monitors self at all times, feels at risk or making social error: *“there’s people […] walking by and you’re talking and you don’t know if you’re shouting or something […] I mean I do have a, I wouldn’t say a big problem with that, but I would sometimes end up doing it without even noticing”* (P3, 779-782). Corrects self and accepts criticism to avoid attention, fearful of attention (for social errors and if not explained): (P3, 804-808).
Overarching Theme B: The aftermath of masking		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
4: Recovering from Masking	**P3.11 Share if positive**	Does not let others know of mistakes or sense of failure following some interactions, masks feels following interactions: *“keep to myself, because I want to make a good impression of myself”* (P3, 823-824). Will share good review to parent, wants to increase positive impression, sharing to add to good impression of self, not to share good feeling: *“if something good happened I would probably tell […] my mam […]”* (P3, 818-822).
5: Reviewing performance	**P3.12 Review in the moment**	Reviews performance in the moment, checks a range of aspects of presentation that she feels need to be improved, not relaxed in interaction: *“where I would know that I’m shouting, I would probably cover my mouth and I would think to myself, ok just talk to the person and just don’t shout [small laugh]”* (P3, 793-795). Monitors aspects that are most often corrected by others, has internalised criticism and thinks of this during interaction: *“put my volume up or just to tone it down a bit, especially when you’re in a small space with a group of people, and you’re talking […] my voice shouldn’t be that high, so I would tell myself just to tone it down, and then I would start talking in a normal tone”* (P3, 799-806). Checks self, doesn’t want to draw attention, monitors aspects that might catch someone’s attention, does not relax in moment: *“I would probably kind of like whisper, I would probably whisper more than talk normally, because there’s so many people around and they don’t want to listen to your conversation”* (P3, 847-849). Thinks about how to respond during interactions, keen to be honest and make good impression, delays response: (P3, 574-575). Unsure what responses people expect, reviews responses during interaction and tries to judge if it is going well, very unsure: (P3, 568-572).
	P3.13 Review the plan	Asks for others to help review performance, checks if presentation is acceptable to others, does not consider own feelings: (P3, 853-859).
Overarching Theme C: Masking as Essential		

Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
6: Reasons for masking	**P3.14 Avoid judgement**	Fearful of how others will respond if shows natural preferences, feel safer masking: *"react to me even"* (P3, 183). Feels different, has to work hard to hide natural preferences to be accepted, does not feel accepted when not masked: *"since I'm different than everybody else […] I'm pretty much different than, than everybody else, cos I do certain things that they tend to do and […] I would struggle with"* (P3, 185-187).
	P3.15 Avoid bullying and hurt	Wants to mask so is not excluded by peers, experienced this and feels hurt from it, will work hard to avoid this happening again: *"I didn't want to, you know, hurt, the way I was"* (P3, 286). Experienced bullying, others' negative stereotypes about autism, wants to hide autism to prevent bullying: *"I have been pretty much misjudged because of my autism before"* (P3, 61). Feeling of isolation and upset when excluded by others, feels its related to their misunderstanding of autism, sense of anger at their judgement: (P3, 83-94). Sense of real hurt when peers don't have same level of consideration: (P3, 276-277) Upset with self for responding negatively to bullying, feels should mask emotional responses to bullying to reduce further bullying: *"I remember being called names, I remember being kicked in the leg […] she was there kicking my leg […] I got really annoyed, and when I get annoyed I say stuff I shouldn't have said"* (P3, 246-251)
	P3.16 Fear of authority	Very fearful of authority, works hard to avoid drawing attention from authority figures, will mask to reduce attention: (P3, 123-124). On alert to possibility of being in trouble, not relaxed when around others: (P3, 118-121). Will change personal preferences to avoid authority, does not want to be associated with misbehaviour: *"[…] I got uncomfortable and I moved […] but pretty much it was a close call for me, because I did not want to get in trouble […] so I played it safe and I moved"* (P3, 127-137). Fear of judgement increases monitoring of others' presentation: (P3, 143-146).

	P3.17 Not offend others	Wants to be accepted by others, feels does not need to mask if accepted, rarely feels natural responses are good enough: "*if they accept you for who they are, I mean, and that's also like another word for me, if people accept me for who I am, I don't want to change anything*" (P3, 220-222) Keen to show awareness and acceptance of others, worried others feel she is not accepting if she appears autistic: *"she thought that I didn't understand her because she was transgender […] trying to make a point saying that I would not understand […] the LGBT community, because of my autism. But I do"* (P3, 96-99) Worried that she will cause offence, or cause someone to feel hurt, monitors self in this regard during interactions: *"I don't want to be such a bad person pretty much, I don't want to cause harm"* (P3, 151-152) Thinks of many aspects of interactions including how they will be judged by others, fear of judgement: *"I'm pretty specific becoming much friends, especially if they're age gap, because I don't want to be like this grown-up woman friends with a child or something"* (P3, 436-438). Will not tell others her interests freely for fear they may be offended by mismatch in interests: *"I wouldn't say I wouldn't like it […]"* (P3, 549-552). Finds challenge between honesty and not offending others by not sharing interests; masks responses, holds back in conversation to avoid conflict: *"I'm a pretty, a pretty much an honest person […] I wouldn't say if they like it, I wouldn't come up to them and say, "oh I completely hate that movie […] a nicer way, and not get them mad"* (P3, 555-563). Holds back in conversation, worries about being judged as rude: *"I would probably wait for the moment to talk, because I don't want to be rude, I want to let them finish before I can start a new conversation […] I won't interrupt them while they're talking"* (P3, 751-754). Does not want to offend anyone, especially new people, wants to make a good impression, allows others to lead conversation: *"in a new situation and you're meeting new people in general […] let them speak first if they're talking to me"* (P3, 762-766).
7: Masking Situations	**P3.18 New school**	Unsure how to meet new people in second level school, felt nervous and uncertain when trying to make new connections: *"when I finished Sixth Class I knew everybody and then when I went to First Year I was kind of a bit nervous […] there was about fifteen of them that were from my school […] trying to meet new people and trying to talk to them, pretty much it's a bit awkward"* (P3, 38-43). Felt different and unsure in second level school, aware of lots of change and social change: (P3, 470-472).

	P3.19 With younger students	Projects feelings of uncertainty and fear on first year students, wants to look out for them to prevent them feeling as unsure as she did: *"I don't want to make them feel uncomfortable, and especially I always look out for, not just the first-year students, but I also look out for people who have, em, who have disabilities themselves, who are struggling to actually fit in. I mean, that's the struggle that I found when I first went into First Year*" (P3, 459-463). Keen to help others overcome struggles she faced, like the transition to second level: *"I wanted to make it easier for them, like, I don't want them being pretty much being very scared as much, so, that's what I do now, like, they always come talk to me and stuff if they have a problem"* (P3, 465-467). Has prepared lines to use with younger students, mask any discomfort in situation and provide a safe space for them, feels she should be a role model: (P3, 448-456).
	P3.20 Meeting new people	New situations are daunting, unsure how to make link, worried about offending, feels real self won't be accepted or liked: *"when you meet new people for the first time usually [...] trying to meet new people and trying to talk to them [...] it's a bit awkward [...] I don't know what to say to the person in case I offend them or they're not going to like me"* (P3, 37-44). On alert when meeting new people, worried about being judged negatively: *"you pretty much don't know what to expect from people, like, when they look at you are they going to misjudge you [...]"* (P3, 161-163). Makes sure to mask at all times with new people, very concerned about offending others or being seen as rude, feel natural presentation not acceptable: *"I would probably do that like maybe for, like, like a while, because it's in a new situation and you're meeting new people in general [...] it counts as manners, so I won't be rude to them. Especially because, since you're in a new place and they don't know you very well, I would probably let them speak first if they're talking to me first [...]"* (P3, 761-766).
	P3.21 New environment	Concerned about future new situations, planning strategies and thinking of fears for next year: *"when I go to like a new situation [...] what I'm going to be doing next year [...] after I do my Leaving Cert and I'm going to college [...] a big new chapter [...] you pretty much don't know what to expect from people, like, when they look at you"* (P3, 158-162). Has range of strategies to use when going into a new environment, monitoring, holding back in conversation, not express opinions, mirror socially successful peers, cannot relax in new environment: (P3, 872-880).
Overarching Theme D: Moving Away from Masking		
Super-ordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**

8: Not masking	**P3.22 When accepted**	Will mask unless clearly accepted by others, uses responses from others to decide *“if people accept me for who I am, I don’t want to change anything”* (P3, 221-222)
9: Friendships	**P3.23 Not making connections**	Very unsure how to make connections with group if bond exists between group, more comfortable holding back than initiating connect, fully blames self for social dissatisfaction in some environments: *“I went there for about eleven years […] put me in the shadows […] and I don’t know if it was my social, that I didn’t really get into it”* (P3, 391-394). Hard to make friends with some peers if not masking, or not putting self in uncomfortable position: *“I wasn’t forcing myself to be friends with them, I know them for a long time […] difficult pretty much now […] trying to know everybody […] it’s very difficult, it was very difficult, I was finding it difficult”* (P3, 400-407).
	P3.24 Lost friendships	Friendship ended, excluded from group; felt upset and hurt, unsure what had happened *“and the group of friends I was with, when they, when I split apart from them […] I didn’t know if I was being played by that one friend […] there was a group of friends, they were sitting at the back, and I went to sit down on that chair, there was a spare chair right next to her, and I was about to sit on it, I was about to sit down on it and then she goes to me, “oh no that seat was saved for someone else”* (P3, 266-273). Prefer to reduce friendships now than feel hurt by peers, strong sense of loyalty – upset when not reciprocated: *“I’m not friends with her now because, like, there’s no point in being friends with a person that’s just going to stick, so I stopped being friends with her altogether”* (P3, 282-284) Judges self negatively when excluded by some peers, feels has made error with no evidence of error: (P3, 65-71).
	P3.25 Shared interests	Assumed others would not like same things, assumed others would not want friendship, expected to be isolated: *“before I met these people I wasn’t […] going out and stuff, because for the same exact reason I thought they probably didn’t like me or something”* (P3, 378-380). Excited to have fun over shared interests, significant difference in quality of relationships with genuine interests: *“after I met these people I had pretty much a good summer last year […] we went to different places and stuff”* (P3, 380-383). Putting in effort to meeting peers with shared interests, enjoyed talking about genuine interests, feels connection to peers: *“there’s a little tiny shop […] I met a few people that liked it and we would have great conversations in that exact shop and I would joke around saying that that’s the shop that I would pretty much meet people that I would like”* (P3, 359-363)

	P3.26 Shared perspectives	Sense of relief and shared understanding when met autistic peer: *"Like I didn't know she was autistic, but when she told me I was pretty much happy"* (P3, 424-425). Feels understood with peer in way not previously felt, strong link with autistic peer, sense of acceptance: *"she understands completely because she is autistic herself, so she understands my problems and stuff […] when you're with a person that's autistic […] you can tell them what, like, what problems you have, and then they can compare to what their problems were when they were younger as well"* (P3, 423-433) Tries to create a safe space for others to share excitement without judgement, wants to show understanding and acceptance that she wants from others: *"I get a little overly excited sometimes, like, when they tell me stuff […] I have pretty much trust issues with people, like, do I trust them? […] people do tend to trust me a lot, cos I understand them"* (P3, 206-211)

Appendix H.7: P4 emergent, subordinate, superordinate and overarching themes

Participant 4 Colette		
Overarching Theme A: The work of masking.		
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
1. Preparing for masking	**P4.1 Rehearsal required**	Shame in relation to rehearsal, feeling 'not right', presentation needs work to feel acceptable to others: *"I think there are like sometimes, kind of now, it would be a little bit less often now, but I'd still do it, like a good, like a good few times a week, where I'm just like, ok, is this right?"* (P4, 281-283). Rehearsal was very regular when younger, at times of significant change: *"I definitely did it more at like the start of secondary school. But like, I think there are like sometimes, kind of now, it would be a little bit less often now, but I'd still do it, like a good, like a good few times a week […]"* (P4, 280-289).
	P4.2 Research social strategies	Wants to keep research private where possible, feels shame in confusion and uncertainty: (P4, 113-117). Will ask others for support to improve masking, goal is to blend and keep up with conversation: (P4, 119-131).Trying to blend in with others, rehearsal focused on not drawing attention: *"where I'm just like, ok, is this right and, em, I often practice like hand gestures because usually when I'm in social situations I like keep my hands very like stiff and close to my body, and I know that like, people see that and they're like, ok, is something wrong, when like, there is, like I'm anxious in the situation but there's nothing actually, like it's just, it's just, I'm autistic and I'm uncomfortable, but I'm not necessarily, there's nothing wrong with me at the moment, so I don't want to appear like there is"* (P4, 283-289).
	P4.3 Some research enjoyable	History of researching social skills has led to interest in psychology, finds this preparation enjoyable: *"I do it in my free time as an interest […] I also just, really like psychology, I do it in my free time"* (P4, 314-318). Developed research skills when preparing for masking: *"if something does happen where I'm not really sure why, like, why someone has a reaction in that way, then I will also, em, like, look it up, and be like, why, why was someone angry, I guess, in some situations. And I'd definitely research that […]"* (P4, 314-318). Enjoyment in learning about social behaviour: *"I love learning about psychology because I find it hard to learn things about people from being around people, I prefer like, reading about it, and then going, ok, that makes sense now, […]"* (P4, 307-309).
2. Developing and employing masking	**P4.4 Enjoying rehearsal**	Enjoys repeating new words and phrases: *"I often pick up words and then I'll repeat them a lot, and I'll just start saying them, just out of nowhere […] it will be my like "word of the month" is what my mom calls it [small laugh]"* (P4, 233-236). Pays attention to words and phrases used by peers, incorporate these into presentation, finds this enjoyable: (P4, 231-236).

strategies	**P4.5 Notice successful peers**	Notices socially successful or confident peers as inspiration for masked personality: (P4, 231-236). Recognises body language that indicates confidence: *“they’re like, their body language is very loose and they’re like, being very loud and stuff, like not shouting, but they’re just, they have a loud presence, I guess”.* (P4, 239-242). Recognises aspects of others’ social presentation that she feels are desirable to use in developing strategies: *“I typically look at like the most confident person in the group, and then kind of copy what they’re doing like, physically, and I copy their facial expressions and stuff”* (P4, 231-232).
	P4.6 Superficial mirroring	Mirrors aspects of others’ presentation without understanding of social motivation: *“like mouth movements that they’d make, I’d like copy them on my face, and, and like if they open their eyes really wide I’ll do it, even though I don’t know why they’re doing it, I guess”* (P4, 247-249). Mimics facial expression of peers as strategy to appear socially included: “*I also have difficulty like, knowing what emotion I should be feeling in a certain situation, so I like copy other people’s emotions […]”* (P4, 94-99). Sees socially confident peers as skilled, sees their presentation as setting expected standard, mirrors this without understanding: *if something were to happen and they’re like really happy, I’m like I don’t understand why you’re really happy but I’ll pretend that I’m really happy too [small laugh] […] if I’m with some of my close friends then, like afterwards, I’ll ask them like, “why was that funny?” […] but if it’s not one of my close friends, I’d just completely pretend”* (P4, 97-109).
	P4.7 Emotional confusion	Changes facial expression and presentation to suggest emotional understanding, preferable to alerting others to confusion: (P4, 472-475). Significant effort required to alter facial expressions to display a sense of emotional understanding to others: *“with facial expressions and stuff I try really hard to do the right ones […] trying so hard to make it seem like I know what I’m doing with emotions and stuff”* (P4, 462-473).
	P4.8 Open to persuasion	Difficult to look back at vulnerability, did not want to show confusion, appear confident as masking strategy: *“then I think it would have been easier of a time, because I guess, looking back at everything […] if I knew I was autistic I think I would have, like, put up more boundaries in situations, where I’m like, like em people would kind of, I’m not necessarily take advantage of me, but I was very, like, easy to persuade, and I think that if I had known when I was younger, I would have been more, like, sure of myself, and like, sure that I needed those boundaries”.* (P4, 576-583). Not showing weakness led to vulnerability, easily led: “*I think definitely I wanted to fit in a lot, so, I think that just kind of accepting everything that I was asked, I think that was definitely a part of masking”* (P4, 593-595).

	P4.9 Suppressing preferences	A marked difference in displayed personality when masked, meeker, with fewer opinions: *"when I'm with my family I'm very, I like, I have very strong opinions and like, I know how I feel […] with other people, it is, it's kind of like, it's different versions of me, but it's still me. I'm just like, I'm hiding my autistic traits*" (P4, 462-465). Suppressed physical needs, needed for addressing self-soothing, to reduce negative attention: *like I have to like move to soothe myself, but if I'm with people I'll like, try to keep, I try to like hide that like I'm tapping my leg, or like em wringing my hands together"* (P4, 466-468). Suppressed many strong instincts in masked presentation (P4, 476).
	P4.10 Changing voice	Identifying and hiding traits she feels would identify autism to others: *"I don't think my voice would come off as extremely monotone, like my brother has a very flat voice, and he gets mistaken for like being American and stuff, and some friends like that I know were autistic as well, would have very very flat voices. But I try extra hard to not have a flat voice"* (P4, 485-489). Rehearses tone of voice to appear not autistic: (P4, 274). Monitors several aspects of voice, high level of self-criticism and monitoring: *"I'll talk in a different way, like I've quite a, it's not necessarily a flat tone in my voice, but I don't really go up and down much, I don't really raise my voice and I can't whisper at all! But when I'm with people I try to make my voice a little bit more bouncier so that I don't come off as monotone"* (P4, 468-472).
3. How masking feels	**P4.11 Separated from others**	Masking separates her from others in an interaction: *"it's kind of like, em, being in a bubble I guess"* (P4, 9). Busy observing others in interactions, not fully in interaction: *"where like, I feel everyone else is, I think that they're very like, like they're having no difficulties at all […]"* (P4, 11-12).
	P4.12 Developing others' personalities	Taking on personality of whoever is in interaction: *"I'll copy them, and then, kind of, I won't really feel like myself, I guess, in some, some social situations, because I'm copying someone else and I'm more like them"* (P4, 12-14). Does not feel like real self when masking: *"I'll copy them, and then, kind of, I won't really feel like myself, I guess, in some, some social situations […] I'm more like them […]"* (P4, 11-16). Does not feel like real self when masking: (P4, 15-16).
	P4.13 Masking as a habit	Feels like a bad habit, automatic, easier in the moment, damaging over time: *"I think most of it is, it just kind of happens […] I think it was, it was very, I just did it, subconsciously, and like, over the past few months I've been trying to kind of break the habit I guess, which has been really difficult"* (P4, 17-26). Habit gets stronger: *"I think that, over time, it gets easier to mask […] because it's like, it almost becomes habitual"* (P4, 525-527). Comfort in habit, difficult to challenge: *"over the last few months, I've been like, trying to be more myself around my friends, but like, I kind of mask the least around that group, I've been trying to like get rid of it, of the mask altogether, and like, just try to be myself more, which is really difficult [laugh]"* (P4, 533-536).

	P4.14 Two different personalities	At home personality impacted by masking personality: *"I definitely had a very different personality, like in primary school, than I did at home […] at home"* (P4, 150-151). Clear distinction between masked and real personality: *"I was much more like, eh, carefree [..] but in school I was always like really, really quiet and I barely talked to anyone"* (P4, 153-155). Some friends not aware of real self, friendship not genuine, unsure if real self would be accepted: *"I guess, it's kind of like I have a different personality for them. It's, it's still me, but it's just tweaked in a way where like, if I ask them to describe me some of them might say like I'm really outgoing, and I'm not at all, in the slightest […] the very close friends would know me unmasking, but the other friend group wouldn't"* (P4, 391-396). Masked personality takes priority, uses energy, impacts on ability to have real personality: *"most days I'd have to like, like be away, like even from my family for a while after school. But some days it's worse and like, I'd even eat dinner away from my family just because, I don't, I just, I feel like very socially drained I guess and like talking and stuff is very tiring, and everything"* (P4, 179-183). Different at home personality: "*I think I'm very sure of myself. Em, like, when I'm with my family I'm very, I like, I have very strong opinions and like, I know how I feel. Em, but then, like with other people, it is, it's kind of like, it's different versions of me, but it's still me. I'm just like, I'm hiding my autistic traits"* (P4, 462-465).
	P4.15 Tired from masking	Mentally and physically tired from masking*: "I have some friends that would be closer than others, so I wouldn't, I wouldn't have to mask as much, so I'd, I'd feel less tired after that, but then there's some friend where I'm like, ok I can't do anything around them"* (P4, 431-435). Energy going into planning masking, and into masking situations: (P4, 436-440). Felt pressurised to maintain masked appearance: (P4, 358-359). Mentally drained from masking, rest needed to return to self: *"it's very like mentally draining. Like if I'm in school and I've been like masking all day I come home and I'd be very drained, and I'd have to like, go to bed and maybe have a nap or something for an hour, just to like, recuperate I guess"* (P4, 170-175). Tired from split focus, monitoring many things in masking, mentally exhausting: *"[…] like I have to like move to soothe myself, but if I'm with people I'll like, try to keep, I try to like hide that like I'm tapping my leg, or like em wringing my hands together, and I'll talk in a different way, like I've quite a, it's not necessarily a flat tone in my voice, but I don't really go up and down much, I don't really raise my voice and I can't whisper at all! But when I'm with people I try to make my voice a little bit more bouncier so that I don't come off as monotone. And like, with facial expressions and stuff I try really hard to do the right ones or like, when I'm with my family, then I'm just, let my face do what it wants to do rather than trying so hard to make it seem like I know what I'm doing with emotions and stuff […]"* (P4, 462-479).

	P4.16 Restrictions as a relief	Less social demands (covid-19 lockdown restrictions), felt like a relief: *"in one way I have liked it, because I haven't like, had to manage myself as much"* (P4, 443-444). Masking requires self-management: *"in one way I have liked it, because I haven't like, had to manage myself as much"* (P4, 443-444). Less social demand feels freeing "*but I feel a lot less, like trapped in myself, now that I'm away from people"* (P4, 446-447).
		Overarching Theme B: The aftermath of masking
Superordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
4: **Recovering from Masking**	**P4.17 Mentally and socially draining**	Feels mentally drained from prolonged masking: (P4, 170). School days require mental and physical recover time, can be exhausting: *"if I'm in school and I've been like masking all day I come home and I'd be very drained, and I'd have to like, go to bed and maybe have a nap or something for an hour, just to like, recuperate I guess […] yeah"* (P4, 170-175). Feels socially drained from masking, requires complete break from all social interaction to aid recovery: *"most days I'd have to like, like be away, like even from my family for a while after school. But some days it's worse and like, I'd even eat dinner away from my family just because, I don't, I just, I feel like very socially drained I guess and like talking and stuff is very tiring, and everything […]"* (P4, 179-183). Recovery following masking in primary school was exhausting and confusing: *"Sometimes I'd come home, if it was a very long day I might like, start crying, for like no reason at all"* (P4, 191-193).
	P4.18 Recuperation needed	Daily recuperation required from masking: *"usually, usually I'm kind of back to myself after about half an hour to an hour, if it's just a normal day"* (P4, 210-211). Long periods of recuperation required following prolonged or intensive masking: "*if it's like a particularly emotional, emotionally draining day I'd kind of, it would take a good few hours"* (P4, 207-208). Need for recuperation accepted as cost for some interactions: (P4, 443) (P4, 457).
	P4.19 Teenage activities	Recognises rest is needed following demanding social activities, feels some of these are worth it for benefits of friendship: "*I've been to a few sleepovers and, em, the most recent one was at my friend's house and I was, I think there was nine of us staying over and the next day I was completely just, exhausted, and I spent most of the day just in bed cos I just, it was a longer socialising with a lot of different people"* (P4, 214-217). Wants to interact with close friends even with cost to mental and physical energy*: "I haven't like, had to manage myself as much, but then in another way […] I like being with my friends, even if I do like hide parts of me with them"* (P4, 443-445)
	P4.20 Peers versus friends	Less recovery needed when interacting with close friends: *"I wouldn't have to mask as much, so I'd, I'd feel less tired after that, but then there's some friend where I'm like, ok I can't do anything around them"* (P4, 432-434).

		Instinctive understanding of who requires greater recovery time: (P4, 434-435). Masking is for the benefit of peers, not close friends: *“em, with my closer friends, they, they’d kind of pick up on it, and like “you’re not really acting like yourself at the moment”, but, em, if it’s someone that I’m not like really close to, then they wouldn’t notice at all, I think”* (P4, 80-82). Doesn’t mask with close friends: *“with my close friends and my family I wouldn’t, but with anyone outside of that I kind of, I’d definitely be masking a lot more with them”* (P4, 86-87). Peers joining friends causes an immediate switch to masking: *“I’d definitely, kind of, shut and off and pretend, like, and kind of copy my friends, like what they’re doing in the situation”* (P4, 90-92).
5: Reviewing performance	**P4.21 Performance review**	Critiques masked performance, looking for mistakes: *“ I think, em, a lot of the time I’d be going over what happened and just, I guess in a way, making sure I did it right […] if someone kind of reacted in a way that I wasn’t 100% sure if it was, like, what I said was good or bad, then I’d, I’d replay that a lot, over while I’m recuperating, I guess”* (P4, 220-227). Awareness of accepting all presentations for other people, does not apply acceptance to self: “[…] *making sure I did it right, which like, I’m a human I’m always doing it right [small laugh] […] But I always like, if someone kind of reacted in a way that I wasn’t 100% sure if it was, like, what I said was good or bad, then I’d, I’d replay that a lot, over while I’m recuperating, I guess”* (P4, 220-227).
	P4. 22 More confidence in masking than in self	Masked presentation is well-rehearsed, has confidence in masked version: *“[…] I feel, more, I don’t want to say I feel more comfortable around them, but I feel more like comfortable in myself, I don’t, I don’t want them, I don’t want to like go over situations where I’m like do they think that I was being, like weird, in a situation […]”* (P4, 403-418). Has less confidence in presentation of real self, requires much more review than masked version, does not fully accept real self in social situations: *“I suppose it would be that like I feel, more, I don’t want to say I feel more comfortable around them, but I feel more like comfortable in myself, I don’t, I don’t want them, I don’t want to like go over situations where I’m like do they think that I was being, like weird, in a situation […]”* (P4, 403-418).
	P4.23 Social research	Will maintain mask in situation and ask for support in understanding after the interaction, not asking for help to maintain mask: *“then, if, if I’m with some of my close friends then, like afterwards, I’ll ask them like, “why was that funny?” or like “why was that like a sad situation?” or something”* (P4, 104-107). Aware of process of review and research, keeps mask as long as possible: *“Like, em, like what do you mean, people always type “wdym” and I had no idea what it meant for a long time, where I have to like Google that sort of thing and find out […] I’d Google it first, and if I couldn’t find an answer then I’d ask someone […] “* (P4, 119-131). Preference to hide uncertainty, will research privately when possible: *“I’d explain it to my mum sometimes, but like other times like I just, I*

		kind of think about and like, sometimes like if it's something that's kind of, would be reoccurring I guess, I'd like Google it and be like "why?" Like especially with like abbreviations of words, people say them all the time, and I'm like, what? [small laugh]" (P4, 113-117). Notices gaps in understanding during or after an interaction, not feeling safe to ask for advice when masking: *"usually they'd say it once or twice, and I'd just like, not really think about it, cos it's only once or twice, and then once it's happened a couple of times I think like it's too late to ask then, because they've said it so many times [...]"*(P4, 141-146)
	P4.24 Interest in psychology	Easier to learn through research than with people: *"I like, I love learning about psychology because I find it hard to learn things about people from being around people, I prefer like, reading about it, and then going, ok, that makes sense now [...]"* (P4, 307-310) Turn to psychology research when confused in review time: *"I do it in my free time as an interest, but then if something does happen where I'm not really sure why, like, why someone has a reaction in that way, then I will also, em, like, look it up, and be like, why, why was someone angry, I guess, in some situations. And I'd definitely research that, but I also just, really like psychology, I do it in my free time"* (P4, 314-318).
Overarching Theme C: Masking as Essential		
Super-ordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
6: Reasons for masking	**P4. 25 Discomfort**	Masking triggered by discomfort in certain company, sense of fear in company: "*I think there'd be certain people I'd mask with them forever, em, some people like, if they're, it's not necessarily the amount of time, it's more like, if they get closer to me"* (P4, 422-424). Increased use of strategies for many aspects of presentation when uncomfortable: *"I think a lot of the time with the facial expressions, that would be like, em, subconscious, but sometimes if I'm in a situation and I'm like very uncomfortable"* (P4, 255-257). Deliberately choses to mask when uncomfortable, wants to hide autism and not attract attention: *"I can feel that I'm uncomfortable, I can't always identify it, but like if I'm feeling it very strongly, then I'm like, ok, I need to, I need to look normal now, so then I choose it at that point"* (P4, 257-259).
	P4. 26 Avoid judgement	Wants to avoid judgement of peers: (P4, 348-353). Witnessed judgement of others, conscious decision to avoid similar judgement: (P4, 348-353). Wants to fit in with peers in second level, avoid their obvious judgement: *"[...] I was part of them and they'd like look at other people, who I would have considered like, "oh, you know, they look fun and nice", and they'd be like, "they're actually weird", and I'm like, ok, I won't act like that then [...] It was girls and boys"* (P4. 348-359). Sense of being different from a young age, wanting to hide this from peers: *"I think from a very early age I've always like, being aware that I'm not quite the same as everyone else [...] but I, I didn't know in what*

		way, so I was always like very conscious of that […] Probably from about Juniors and Senior Infants" (P4, 157-166). Doesn't want others to see her as weird, feels masking protects against this judgement: *"it would be that like I feel, more, I don't want to say I feel more comfortable around them, but I feel more like comfortable in myself, I don't, I don't want them, I don't want to like go over situations where I'm like do they think that I was being, like weird, in a situation"* (P4, 403-406). Feels masking is a shield against people thinking she is weird or different*: "I don't want to mask, I don't want to like be someone else around different people, but I just, I feel like I have to, so that I don't get like, you know, pointed out for being weird or different"* (P4, 500-502). Aware of people's prejudices, doesn't want others to underestimate her or judge her*: "I don't want people to, like, think less of me"* (P, 504-505).
	P4. 27 Hiding autism	Some concern that peers recognised autism, despite efforts to hide it: (P4, 267-269). Interested, and concerned, with how people can identify autism: (P4, 263-264). Doesn't want other people to make snap judgements about her personality based on external presentation: (P4, 70-73). Feels unmasked presentation would reveal mental health difficulties, wants to hide these from others: (P4, 63-66).
	P4.28 Complex feelings around autism	Does not want to feel shame about autism but does not want others to see it: *"afterwards I'd be like, ok, like, what was I doing that made me look autistic, I guess […] But like, I'm not, I'm not necessarily like, embarrassed being autistic"* (P4, 263-266). Confused when friends agreed with diagnosis, concern that mask was not effective: *"Like all my friends know, and like, when I told some of them, some of them were like, "oh yeah, that makes sense", and I'm like, why did that make sense? [small laugh]"* (P4, 267-269). Doesn't want others to see autism but recongises nothing wrong with being autistic, concerned with potential judgement: *"[…] I'm autistic and I'm uncomfortable […] there's nothing wrong with me at the moment, so I don't want to appear like there is."* (P4, 280-289). Frustrated when she feels masking is essential, wants to feel confident in a situation that she does not appear autistic*:* (P4, 296-302).
	P4. 29 Autism diagnosis	Diagnosis was a relief, provided understanding about herself that was previously missing: *"I think it's been a lot easier to understand myself since I got it*" (P4, 32-33). Was prepared for diagnosis as felt it made sense for her experience: *"It wasn't really a surprising because I had done a lot of research prior to it and I was like, yeah, that's definitely me [laugh] […] I kind of, it was like, this kind of applies to me"* (P4, 35-42). Friends helped recognise effort in masking which led to diagnosis, felt supported and not judged by them: "*I got different friends, and I felt more comfortable around them, and like I talked to them and they'd be like, "that's, that's not normal". And like, they weren't saying it in a bad way, they were just like, like there's something there, and they all knew*

		that my brother was autistic and they were kind of like, maybe you too" (P4, 369-373). Diagnosis provided relief and an explanation that made sense for her lived experience: *"it was quite relieving [...] it wasn't actually difficult to come to terms with"* (P4, 378-380). Diagnosis helped explain experience of masking, motivations for masking, impact of masking: *"I definitely kind of looked into it more and understood then that it was autism rather than everyone does this, or I'm just weird, I guess"* (P4, 375-376). Mixed emotional response to diagnosis*: "it was quite relieving, but also kind of, terrifying, because I was like, what, like what, what do I do now, but like, I might be autistic [...] wasn't actually difficult to come to terms with, but it was kind of, like, what do I do now, I guess"* (P4, 378-381).
7: Masking Situations	**P4.30 Masking as default**	Masking without conscious decision: "*So I didn't really even know what was going on. So, I think it was, it was very, I just did it, subconsciously [...]"* (P4, 24-26). Masking as default position when in any discomfort: (P4, 86-88).
	P4.31 Masking in second level	Masked in school from young age, different versions of self, awareness of difference: *"I definitely had a very different personality, like in primary school, than I did at home [...] I was like, at home, I was much more like, eh, carefree I guess [small laugh], at home, but in school I was always like really, really quiet and I barely talked to anyone"* (P4, 150-155). Volume of masking in school is exhausting: "*it's very like mentally draining. Like if I'm in school and I've been like masking all day I come home and I'd be very drained, and I'd have to like, go to bed and maybe have a nap or something for an hour [...]"* (P4, 170-175). Social energy used by school masking: (P4, 179-186). Masking was required in transition to school: "*I think I definitely did it more at like the start of secondary school"* :(P4, 280-281). Noticing a change in peers' presentations impacted demand for masking: *"I think in primary school, em, I guess the way that like, I'd act seems very childish, like, like the way that I'd move my body, so, I guess doing that in primary school it wasn't really looked at as weird. But then in secondary school everyone was like, more mature, and they were like, doing a lot of things that I didn't want to do [...] so I was definitely like, okay, I need to, I need to change myself now for these people"* (P4, 323-330). Heightened awareness of less acceptance in second level of different presentations: (P4, 323-335). Clear recall of threat of judgement from peer group: "*the first day in secondary school, the only girl that I had known from primary school became very good friends with like a popular group, so I just kind of went with her, and then I was part of them and they'd like look at other people, who I would have considered like, "oh, you know, they look fun and nice", and they'd be like, "they're actually weird", and I'm like, ok, I won't act like that then* [...]" (P4, 348-359). No alternative to masking available, *"throughout secondary school, like throughout first to third year anyways, it was very em, it was very difficult but I think it was definitely needed for me to mask, cos I think*

		em, it was em, it was easier for me at that time to mask […] I think that, even if I had been told, I would have been masking throughout but like, my early secondary school years […]" (P4, 583-589).
	P4.32 New situations	Deliberately mask in new situations, attempt to hide autism: *"I'd be like, oh this, like, especially if it's a new situation I'd like actively like try to suppress my autism I guess"*: (P4. 54-55). Anxious in new situations, want to appear confident: *"I get very nervous in new situations and, I don't, I don't want to come off as nervous, because I, I don't want people to sort of like pity me I guess, so like, so I just, I try to come off as more confident than I am in situations?"* (P4, 63-66). Revert to masking if anyone new joins interaction: *"I'd definitely, kind of, shut and off and pretend, like, and kind of copy my friends, like what they're doing in the situation":* (P4, 90-92).
	P4.33 Habitual	Masking is automatic, would take a conscious effort to not mask: (P4, 18-21). Masking is habitual and well-rehearsed, takes effort to not mask: "*So I didn't really even know what was going on. So, I think it was, it was very, I just did it, subconsciously, and like, over the past few months I've been trying to kind of break the habit I guess, which has been really difficult"*: (P4, 24-26). Noticing automatic use of masking when trying not to mask: (P4, 534-537). Realising using masking without conscious decision to mask: *"sometimes I'd like, be in a social situation and like, oh wait, I'm, I'm, you know, hiding myself, basically"* (P4, 57-58)
Overarching Theme D: Moving Away from Masking		
Super-ordinate Themes	**Subordinate Themes**	**Emergent themes: interpretations with line numbers and/or quotes**
8: Not masking	**P4.34 Want to stop masking**	Trying to force self to stop masking, harder to be real self than to mask: *"over the last few months, I've been like, trying to be more myself around my friends, but like, I kind of mask the least around that group, I've been trying to like get rid of it, of the mask altogether, and like, just try to be myself more, which is really difficult [laugh]"* (P4, 533-536). Actively trying to stop masking since diagnosis, awareness of diagnosis supportive: *"it was very, I just did it, subconsciously, and like, over the past few months I've been trying to kind of break the habit I guess, which has been really difficult" (*P4, 24-26). Masking with close friends feels like a lie, presenting a false version of self: *"I feel like I'm lying to them sometimes"* (P4, 408). Wants to stop masking, despite skill; masking feels forced on her, not a choice: *"I don't necessarily consider that, like, a good thing […] cos I guess, I don't want to mask, I don't want to like be someone else around different people, but I just, I feel like I have to"* (P4, 498-501).
	P4.35 Not-masking	Felt safe to trial being real self with only very close friends: *"I'd only have two friends that I'd be like completely comfortable not masking with"* (P4, 389-390).

	experience	Fear of showing real self to most peers: (P4, 389-399). Allowed trusted friends to get to know genuine personality: *"very close friends would know me unmasking, but the other friend group wouldn't"* (P4, 395-396). Very few people know her genuine personality: *"with my close friends and my family I wouldn't, but with anyone outside of that I kind of, I'd definitely be masking a lot more with them"* (P4, 86-87). Relief and sense of relaxation when taking a long break from masking: (P4, 443-449). Building confidence in lockdown not masking with family (P4, 443-449). Wants opportunities to not mask socially, to challenge self to break the habit of masking: *"breaking any habit is difficult, em, so, and it's been even more difficult now that I'm in quarantine because there's no situation where I have to actively break the habit [laugh]"* (P4, 549-559). Gaining confidence in not masking: *"I understand that I can be different, I don't need to fit these people's like view of me"* (P4, 599-600).
	P4.36 Considerations when unmasking	Needs to feel safe and confident in relationship to allow unmasking: (P4, 422-426). Linking unmasking discomfort to neurotypical challenges to be real self in interactions: (P4, 538-539). Concerned she will be viewed as making excuses: *"it's very difficult because some of the people have been like, "oh why are you doing this?" and then I'm like, "oh it's because I'm autistic", and then sometimes some of them will like say, "you can't use that as an excuse for everything", but like, I wasn't, I'm not necessarily using it as an excuse, I'm just like, this is why I'm doing this, like, you know, this is why I'm doing this"* (P4, 549-554). Using same group to build up comfort not masking, wants to develop not masking as a skill: (P4, 533-536). Feels others will think badly of her, significant concern*: "I don't want to mask, I don't want to like be someone else around different people, but I just, I feel like I have to, so that I don't get like, you know, pointed out for being weird or different […] I just, I don't want, I don't want people to, like, think less of me"* (P4, 500-505) Making plans about how to successful transition to not masking, planning required for big change: (P4, 564-570).
	P4.37 Vulnerability	Knowing diagnosis earlier might have been protective against others taking advantage: (P4, 576-583). Allowing self to not mask at a younger age may have been a protective measure against bullying: *"I think that, if I had known younger, then I think it would have been easier of a time, because I guess, looking back at everything, I'm like, ok, if I was autistic I would have, oh sorry if I knew I was autistic I think I would have, like, put up more boundaries in situations, where I'm like, like em people would kind of, I'm not necessarily take advantage of me, but I was very, like, easy to persuade, and I think that if I had known when I was younger, I would have been more, like, sure of myself, and like, sure that I needed those boundaries"* (P4, 576-583).

		Not masking now provides safety in some situations: *“When people, like, ask me to do things and I know that I would be uncomfortable with that, I’m like “no”. I, I’ve definitely learned to say no now that I understand what masking is, and I understand that I can be different, I don’t need to fit these people’s like view of me”* (P4, 597-600).
9: Friendships	**P4. 38 Friendships over the years**	Sharing with friends helped identify autism, only possible as older teenager: (P4, 369-373). Recently pushing self to interact more with friends: *“I’ve been to a few sleepovers and, em, the most recent one was at my friend’s house and I was, I think there was nine of us staying over and the next day I was completely just, exhausted, and I spent most of the day just in bed cos I just, it was a longer socialising with a lot of different people”* (P4, 214-217). Retreated from peers and friendships in primary school: (P4, 150-155).
	P4.39 Close friends	Sense that close friends provide safety net, lookout for wellbeing: *“my closer friends, they, they’d kind of pick up on it, and like “you’re not really acting like yourself at the moment” […]”* (P4, 80-87). Close friends recognise different versions of personality: (P4, 80-84). Friends create feeling of safety and security, required to stop masking*: “there’d be certain people I’d mask with them forever, em, some people like, if they’re, it’s not necessarily the amount of time, it’s more like, if they get closer to me […] Then I will like, letting my walls down, I guess”* (P4, 422-426). Close friends supportive in recognising and accepting autism, sense of freedom in being honest: *“I felt more comfortable around them, and like I talked to them and they’d be like, “that’s, that’s not normal”. And like, they weren’t saying it in a bad way, they were just like, like there’s something there, and they all knew that my brother was autistic and they were kind of like, maybe you too”* (P4, 369-373). Felt benefit from genuine friendships: (P4, 369-373). Pushes self to interact in manner that is overwhelming to facilitate hanging out with close friends (P4, 214-222). Recovery time is less when interacting with close friends; less energy required to be self when friends are supportive: “*I have some friends that would be closer than others, so I wouldn’t, I wouldn’t have to mask as much, so I’d, I’d feel less tired after that, but then there’s some friend where I’m like, ok I can’t do anything around them, it’s not necessarily anything they’ve done, it’s more just my perception, I guess […]”* (P4, 429-440).
	P4.40 Unmasking with friends	Strong desire to unmask with friends, challenging herself unmask in friendships: (P4, 533-536). Sees logic in not masking but finds reality of not masking challenging: *“if you do take the time to know me, then, like, over time I’d, I’d mask less with you, so there’s no point in me masking in the first place, like, kind of, I want to get to a point where it’s take me as I am, rather than, I have to pretend who I am until you know me [laugh]”* (P4, 567-570). Feels deceptive masking with friends: *“I feel like I’m lying to them sometimes”* (P4, 408).

		Needs to feel confident in relationships prior to unmasking: (P4, 389-396). Distinction between close friends and other friends based on comfort unmasking with them: (P4, 390-396). Wants to be with friends, enjoys some social interaction: "*I like being outside and I like being with my friends, even if I do like hide parts of me with them"* (P4, 444-445).

Appendix H.8: IPA Stages 1-3, Excerpt of P1 (Róisín) Analysed Transcript

Initial Notes			Transcription	Emergent themes
Descriptive	Linguistic	Conceptual		
When asked how masking feels, she describes being on alert, looking at the reactions of other people to her presentation. Describes herself as different. Once she leaves the situation, she retreats into her thoughts to review her interaction. Delays reviewing when with people as it reduces ability to control her appearance. Has a range of questions she asks of herself after an interaction, judges herself and the person she met to decide if future meetings are possible, if this meeting was successful, if it would be upsetting. Feels stressed and anxious following an interaction.	Uses metaphor to describe the feeling experienced during masking. There is a distance between Róisín and her masked personality (several uses of 'kind of' and 'like'). Is not a comfortable spot; on alert, unsure, panicked and at risk- like a deer in the headlights.	There is a sense of fear and panic, on alert that others will spot her difference. Looking for the reactions of others. Retreats internally after masking. This is a stressful and tiring experience. Hiding herself, concerned with how people see her, not focused on her feelings. Prioritising appearance over mental health.	(P1, 492) Ro: I kind of feel like a deer in the headlights and looking around trying to like see if, kind of like if they've spotted that I'm different kind of, and like try hide it any way I can and, then after I've worked out that they haven't spotted it yet, I'll go and become very much in my head. DJ: Ok, so afterwards you'll go into your head. (P1, 497) Ro: Yeah. DJ: and what's that like? (P1, 499) Ro: I try not to go into the head when I'm, like, around new people, because I become very quiet and it's less likely that I'm going to properly interact with them DJ: ok (P1,503) Ro: so I try to do it afterwards and then like go through like what I've done, will, would I be ok seeing the person again, would seeing them again bring up something I've accidently done wrong and just, like, as, stress and anxieties around it (P1, 507).	**P1.7 Not fully present:** Review all interactions, as if not really present during interaction, working hard on strategies (P1, 503-506). On alert at being found out, not in moment as busy monitoring (P1, 492-495). Cannot relax, on alert, not truly in moment when working so hard, monitors others' reactions. (P1, 492-495). **P1.9 Ignores own needs:** Ignores own preferences, doesn't allow thinking time, or withdrawal (P1, 499-501). **P1.10 Recovery time:** Trying to stay alert to masking requirements, no pause, fully focused (P1, 492). **P1.13 Reviewing interactions:** Retreats internally when reviewing (P1, 497). Critiques masking, looks for flaws, thinks about other person's reactions (P1, 503-506). **P1.19 Fear of judgement:** On alert to see if others see autism, uses mental energy, fear based (P1, 492-495).

Appendix I: Word Count Information

Word Count Full Document

Section	**Original Word Count**	**Word count when allowable subtractions* are made**
Cover Sheet	34	0
Acknowledgements	155	0
Abstract	288	0
Table of Contents	1432	0
List of Tables & Figures	122	0
Chapter 1	3408	2823
Chapter 2	6860	6091
Chapter 3	9415	7685
Chapter 4	14325	11938
Chapter 5	10037	9268
Bibliography	6361	0
Appendices	36186	0
Final Total	N/A	**37985**

* "excluding appendices, tables (including tables of contents), figures, abstract, references, acknowledgements, bibliography and footnotes (as long as the latter do not contain substantive argument)" (University of Essex, 2021).

University of Essex, 2021. Thesis word count and format. Accessed online: https://www.essex.ac.uk/student/postgraduate-research/thesis-format.