Review Article

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Masking behavior in autistic adults in occupational settings: risks, consequences, and support strategies

Comportamento de masking (camuflagem social) em adultos autistas em contextos ocupacionais: riscos, consequências e estratégias de apoio

Comportamiento de enmascaramiento (camuflaje social) en adultos autistas en contextos laborales: riesgos, consecuencias y estrategias de apoyo

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ABSTRACT:
Introduction: Social camouflaging, or masking, describes the deliberate or automatic effort that autistic adults use to conceal autism-related traits and adopt behaviors that predominantly non-autistic environments consider typical. Although its psychosocial effects and implications for workplace inclusion are increasingly recognized, evidence in occupational settings remains limited and fragmented. **Objective:** To critically analyze recent literature on masking among autistic adults in the workplace, focusing on its motivations, manifestations, psychosocial impacts, and the organizational strategies that may mitigate its occurrence and effects. **Method:** Narrative review guided by the SANRA criteria. We searched PubMed, Scopus, Embase, and Google Scholar for studies published between January 2017 and January 2025, including original articles, reviews, qualitative studies, case reports, and institutional documents in English and Portuguese that addressed masking among autistic adults at work. **Results:** Four thematic categories emerged: motivations and masking strategies (compensation, behavioral suppression, and adaptive assimilation); psychosocial impacts (anxiety, depression, autistic burnout, and identity conflicts); organizational factors that maintain masking (limited autism knowledge, lack of accommodations, and cultural barriers); and institutional support strategies (structural interventions, manager training, environmental adjustments, and inclusive organizational culture). **Conclusion:** The findings indicate a need for multidimensional interventions that combine individual support with structural workplace changes. Given the heterogeneous and largely qualitative evidence base, we recommend further longitudinal, standardized, representative, and participatory studies that involve autistic individuals.

Keywords: autism spectrum disorder, imitative behavior, psychological adaptation, occupational stress, ASD.

RESUMO:
Introdução: A camuflagem social, ou *masking*, descreve o esforço deliberado ou automático que adultos autistas empregam para ocultar características associadas ao autismo e adotar comportamentos que ambientes predominantemente não autistas consideram típicos. Embora seus efeitos psicossociais e suas implicações para a inclusão no trabalho sejam cada vez mais reconhecidos, as evidências em contextos ocupacionais permanecem limitadas e fragmentadas. **Objetivo:** Analisar criticamente a literatura recente sobre *masking* em adultos autistas no ambiente de trabalho, com foco em suas motivações, manifestações,

impactos psicossociais e nas estratégias organizacionais capazes de mitigar sua ocorrência e seus efeitos. **Método:** Revisão narrativa orientada pelos critérios de SANRA. Foram pesquisadas as bases PubMed, Scopus, Embase e Google Scholar, para estudos publicados entre janeiro de 2017 e janeiro de 2025, incluindo artigos originais, revisões, estudos qualitativos, relatos de caso e documentos institucionais, em inglês e português, sobre o *masking* em adultos autistas no trabalho. **Resultado:** Emergiram quatro categorias temáticas: motivações e estratégias de *masking* (compensação, supressão comportamental e assimilação adaptativa); impactos psicossociais (ansiedade, depressão, *burnout* autista e conflitos de identidade); fatores organizacionais que mantêm o *masking* (conhecimento limitado sobre autismo, ausência de adaptações e barreiras culturais); e estratégias de apoio institucional (intervenções estruturais, capacitação de gestores, ajustes ambientais e cultura organizacional inclusiva). **Conclusão:** Os achados indicam a necessidade de intervenções multidimensionais que combinem apoio individual e mudanças estruturais no ambiente de trabalho. Dada a heterogeneidade e a natureza predominantemente qualitativa das evidências, recomendam-se estudos longitudinais, padronizados, representativos e participativos que envolvam pessoas autistas.

Palavras-chave: transtorno do espectro autista, comportamento imitativo, adaptação psicológica, estresse ocupacional, TEA

RESUMEN:
Introducción: El camuflaje social, o enmascaramiento (masking), describe el esfuerzo deliberado o automático que los adultos autistas emplean para ocultar características asociadas al autismo y adoptar comportamientos que los entornos predominantemente no autistas consideran típicos. Aunque sus efectos psicosociales y sus implicaciones para la inclusión laboral son cada vez más reconocidos, la evidencia en contextos laborales sigue siendo limitada y fragmentada. **Objetivo:** Analizar críticamente la literatura reciente sobre el enmascaramiento en adultos autistas en el ámbito laboral, con foco en sus motivaciones, manifestaciones, impactos psicosociales y en las estrategias organizacionales capaces de mitigar su ocurrencia y efectos. **Método:** Revisión narrativa orientada por los criterios SANRA. Se buscaron estudios publicados entre enero de 2017 y enero de 2025 en PubMed, Scopus, Embase y Google Scholar, incluyendo artículos originales, revisiones, estudios cualitativos, informes de casos y documentos institucionales, en inglés y portugués, sobre el enmascaramiento en adultos autistas en el

trabajo. **Resultado:** Surgieron cuatro categorías temáticas: motivaciones y estrategias de enmascaramiento (compensación, supresión conductual y asimilación adaptativa); impactos psicosociales (ansiedad, depresión, burnout autista y conflictos de identidad); factores organizacionales que lo mantienen (conocimiento limitado sobre el autismo, falta de adaptaciones y barreras culturales); y estrategias de apoyo institucional (intervenciones estructurales, capacitación de gestores, ajustes ambientales y cultura organizacional inclusiva). **Conclusión:** Los hallazgos indican la necesidad de intervenciones multidimensionales que combinen apoyo individual y cambios estructurales en el entorno laboral. Dada la heterogeneidad y la naturaleza mayormente cualitativa de la evidencia, se recomiendan estudios longitudinales, estandarizados, representativos y participativos que involucren a personas autistas.

Palabras clave: trastorno del espectro autista, conducta imitativa, adaptación psicológica, estrés laboral, TEA.

INTRODUCTION

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by differences in social communication and by restricted and repetitive patterns of behavior and interests. [1] Autistic individuals may interpret body language and social cues differently from non-autistic people, adapt less flexibly to changes in routine, and show hypo- or hypersensitivity to environmental stimuli. [1]

Over the past decades, the global prevalence of autism diagnoses has increased significantly, with direct implications for the labor market and occupational inclusion policies. [2]

A U.S. surveillance program identified ASD in 1 in every 150 eight-year-old children in the year 2000; by 2023, this rate had risen to 1 in every 36 children in the same age group, reflecting expanded diagnostic criteria and greater clinical recognition of the condition [3].

The Centers for Disease Control and Prevention (CDC) projected that more than 500,000 young autistic adults would enter the U.S. workforce between 2015 and 2020, marking an unprecedented transition to adulthood among autistic individuals [4].

In Canada, autism currently affects 1 in every 66 individuals, and researchers expect approximately 50,000 autistic teenagers to reach adulthood each year [5].

In Brazil, the 2022 Census identified 2.4 million people with a declared autism diagnosis, more than half of whom (1.3 million) are children and adolescents aged 5 to 19 years [6]. For the first time, the Brazilian Census included a specific question about autism diagnosis, which highlights the topic's growing social, political, and epidemiological relevance in the country [6].

These data align with an internationally observed reality: increasing numbers of autistic teenagers and adults will enter or remain in the labor market in the coming years, which requires structured actions for inclusion, adaptation, and organizational support [5 - 6].

Despite the progressive increase in case identification, employment rates for autistic adults remain dramatically lower than those for non-autistic individuals and even for other groups with disabilities [4, 5, 6].

Up to 80% of autistic adults remain unemployed in various parts of the world, one of the highest rates among all mental health and neurodevelopmental conditions [7].

In North America, only 34% of autistic adults participate in the workforce, compared with 54% of individuals with other disabilities and 79% of the non-disabled population [7].

In the United Kingdom, only 29% of autistic individuals hold jobs, compared with 81.6% of non-disabled individuals [8]. A 2020 survey also found that half of employers would not hire a neurodivergent candidate, which exposes structural barriers that persist in the workplace [9].

Even when employed, many autistic adults occupy positions below their qualifications or abilities, work reduced hours, and earn lower salaries than colleagues in equivalent positions [7, 8, 9].

Autistic workers also experience higher rates of job turnover, which further underscores the urgent need for accommodation policies, individualized support, and restructured organizational inclusion practices [10].

Given this pattern of exclusion and instability, researchers increasingly emphasize the adaptive strategies autistic adults use to preserve their employment. Among these strategies, camouflaging (masking) behavior stands out [10 - 11].

Researchers define masking as the deliberate or automatic effort to conceal autistic traits while adopting characteristics that predominantly non-autistic contexts consider socially desirable [11].

Autistic adults often use these strategies to facilitate social adaptation, minimize the perceived risk of stigmatization, and increase the likelihood of acceptance in occupational settings [11].

Although masking may, in certain circumstances, help individuals maintain professional relationships [12 - 13]. the literature describes it as a complex psychosocial response that frequently emerges in organizational contexts characterized by implicit expectations regarding social communication and limited accommodations for neurodivergent needs [12].

Even well-meaning supervisors often have a limited understanding of the accommodations autistic employees need, and they tend to focus predominantly on the physical aspects of the workplace while overlooking social demands and the need for clear, accessible communication [10, 11, 12].

Understanding what motivates masking, how it manifests day to day, and how it affects the psychosocial wellbeing of autistic individuals is therefore a fundamental step toward developing more inclusive workplace practices that support mental health and neurodiversity.

Despite growing recognition of this phenomenon, researchers have not yet developed a robust body of research on masking in occupational settings [1, 2, 5].

Available studies primarily use qualitative, exploratory, or descriptive approaches, employ heterogeneous methodologies, apply differing operational definitions, and rely on limited samples [7, 11].

Few publications examine the organizational factors that influence the adoption of camouflaging strategies at work, and little consensus exists on effective interventions to mitigate its effects.

Given this gap, the present narrative review does not aim to exhaust the topic; rather, it provides a critical synthesis of recent literature focused on understanding the motivations, manifestations, and psychosocial consequences of masking among autistic adults in the labor market.

We selected a narrative, non-systematic design over a systematic review because the existing evidence remains heterogeneous, largely qualitative, and conceptually fragmented, which limits the feasibility of formal quality appraisal and quantitative synthesis at this stage; a narrative synthesis instead allows us to integrate diverse study designs and identify convergent themes across the literature.

This review also discusses proposals for institutional support and organizational adjustments with the potential to foster more inclusive, neurodiversity-responsive workplace environments.

OBJECTIVE

This narrative review critically analyzes recent literature on masking behavior among autistic adults in occupational contexts. We aim to identify the primary motivations and manifestations of masking in workplace settings, discuss its psychosocial effects, and examine organizational strategies that could mitigate its occurrence and impacts.

This analysis seeks to contribute to improved labor inclusion practices for autistic individuals by promoting authenticity, mental health, and a sense of belonging. By compiling relevant evidence, this review aims to support the development of neurodiversity-sensitive policies and institutional actions, while acknowledging the methodological limitations and non-systematic nature of the approach adopted.

METHODS

This narrative literature review adopted a qualitative, exploratory, and interpretative approach to critically analyze studies addressing camouflaging (masking) behavior among autistic adults in occupational contexts.

To strengthen methodological transparency and reporting quality, the review was guided by the Scale for the Assessment of Narrative Review Articles (SANRA), addressing the justification of the topic's importance, the statement of specific aims, the description of the literature search, the referencing of the evidence, and the appropriate presentation of the data.

We searched PubMed, Scopus, Embase, and Google Scholar for records published between January 2017 and January 2025.

In each database, we combined Medical Subject Headings (MeSH) descriptors: "Autism Spectrum Disorder," "Imitative Behavior," "Psychological Adaptation," "Occupational Stress," "Workplace,"

"Organizational Policy," and "Social Support", and their Portuguese equivalents (DeCS), using the Boolean operators AND and OR to associate and refine terms for example: ("Autism Spectrum Disorder" AND ["Imitative Behavior" OR "Psychological Adaptation"] AND ["Workplace" OR "Occupational Stress"]).

We defined the inclusion criteria operationally as follows: (**1**) studies addressing masking/camouflaging among autistic adults in occupational settings, or reporting relevant psychological, social, or organizational repercussions; (**2**) publications in English or Portuguese; (**3**) records published within the defined period; and (**4**) theoretical relevance, currency, and practical applicability. We included original articles, literature reviews, qualitative studies, case studies, and institutional position papers. We excluded studies that did not focus on autistic adults or that did not address occupational contexts.

The study-selection process comprised the sequential screening of titles, abstracts, and, subsequently, full texts. To minimize selection bias, two reviewers independently screened the studies in a process blinded to the initial inclusion decisions and reached consensus in cases of disagreement. Of the records identified in the searches, 255 were assessed for eligibility, and 55 references met the criteria and composed the final narrative synthesis. The study-selection process is summarized in Figure 1 (PRISMA flow diagram).

We analyzed the selected material through narrative synthesis, grouping the findings into analytical axes defined a posteriori according to the recurrence and relevance of the themes identified. Consistent with the narrative design, we did not apply systematic protocols for methodological quality appraisal or quantitative synthesis; the results therefore reflect a critical, interpretative reading intended to systematize existing knowledge and to identify gaps that may guide future research on mental health and occupational inclusion.

RESULTS AND DISCUSSION

This narrative review identified four central thematic categories in the literature on camouflaging behavior among autistic adults in occupational contexts: (**1**) motivations and masking strategies, (**2**) associated psychosocial impacts, (**3**) organizational factors related to the perpetuation of masking, and (**4**) proposals for institutional support and accommodations.

Motivations and masking strategies

Masking behavior refers to a set of cognitive, behavioral, and communicative actions that autistic individuals adopt to conceal or modulate characteristics of the autism spectrum while seeking to conform to conventional sociability standards in a predominantly non-autistic society [11, 13].

This camouflaging can occur consciously and deliberately, functioning as an adaptive strategy in interpersonal contexts with high social demands, or it can occur automatically, developing over a lifetime in response to environmental reinforcements and social contingencies [13].

Studies indicate that the motivations for using masking are multifactorial and often interconnected [14]. The most frequently cited factors include avoiding discrimination, seeking social acceptance, preventing past negative experiences from recurring, fearing stereotypical interpretations, and perceiving a need to meet normative behavioral expectations [14 - 15].

In the workplace, autistic adults frequently use these strategies to maintain employment, ensure professional stability, manage social impressions, and avoid exclusion [16]. Many autistic adults describe masking as a tacit requirement for participation in formal social contexts, including job interviews, meetings, and informal interactions in corporate environments [16, 17, 18].

The literature organizes the masking strategies it identifies into three main domains: (**a**) compensation, (**b**) behavioral suppression, and (**c**) adaptive assimilation [19].

a) The compensation domain involves cognitive tactics aimed at overcoming interpersonal challenges [19, 20, 21] such as observing and imitating social interactions, studying conversational rules, practicing facial expressions in front of a mirror, using pre-structured social scripts, and employing memorized phrases [20]. Autistic adults often describe these actions as cognitively demanding, requiring selective attention, working memory, and heightened real-time inhibitory control [21].

b) Behavioral suppression, by contrast, refers to inhibiting natural responses such as stimming (self-stimulatory behaviors), spontaneous vocalizations, unconventional body postures, and explicit sensory manifestations [21].

This includes strategies such as continuously monitoring body posture, voice volume, interpersonal distance, and eye contact [22].

Autistic adults also frequently use verbal self-limitation behaviors, such as avoiding personal remarks or restricting the initiation of conversations, to reduce social exposure and prevent colleagues and supervisors from misinterpreting their behavior [22 - 23].

Researchers describe this constant behavioral vigilance, aimed at conforming to implicit social norms, as cognitively exhausting and emotionally draining, representing a continual investment of attentional and emotional resources by autistic individuals [23].

c) The third domain, adaptive assimilation, encompasses efforts to internalize a "social mode" that allows individuals to navigate interpersonal environments with reduced risk of social exposure [20 - 21]. In this context, participants report adopting a "social persona," whose rules of conduct they rigidly internalize for each situation, often describing it as an "invisible mask" [22].

This mode of functioning involves both reproducing socially acceptable behaviors and temporarily suppressing identity traits that conflict with prevailing norms [22 - 23]. In workplace settings, this includes maintaining behaviors aligned with professionalism standards, often at the expense of sensory comfort and emotional authenticity [24].

This highly complex social regulation strategy relies on continuous emotional and cognitive monitoring to reduce exposure to potential negative evaluations [24].

However, while functional in certain contexts, this form of adaptation may produce cumulative psychological costs over time, particularly when autistic adults maintain it for prolonged periods without adequate organizational support [25].

Hull and colleagues' psychometric validation of the Camouflaging Autistic Traits Questionnaire (CAT-Q) helped systematize these domains, consolidating them as distinct but often coexisting categories in the experience of autistic adults [20, 25].

Although masking may facilitate social interactions or help autistic adults achieve professional goals, many autistic individuals describe it as a non-optional practice [25].

Autistic adults frequently describe masking as an automated behavior that begins in childhood and that social contingencies reinforce throughout life [25].

Qualitative reports describe this experience as a "second nature" that operates on "autopilot," even in contexts with no explicit social threat [25, 26].

Autistic individuals therefore employ these strategies flexibly, despite their distinct nature and complexity, depending on the social context and the demands they perceive [26 - 27]. The simultaneous use of compensation, behavioral suppression, and adaptive assimilation demonstrates the sophistication and cognitive effort involved in managing social self-presentation [27 - 28].

Individual factors, including previous social interaction experiences, history of stigmatization, and familiarity with the environment, shape the intensity and combination of strategies autistic individuals choose [28]. In occupational settings, autistic adults combine these strategies to simultaneously meet expectations of professional performance and social conformity, which underscores the complexity of their experiences in predominantly non-autistic environments [24, 28].

Associated psychosocial impacts

This review's findings indicate that masking, although autistic adults may initially perceive it as facilitating inclusion and job retention, consistently produces negative psychosocial repercussions [28].

Quantitative studies reveal a correlation between high levels of camouflaging and increased generalized anxiety, social anxiety, and depressive symptoms, regardless of age or the intensity of autistic traits [29].

Qualitative research further describes masking-related exhaustion as a factor that directly affects self-image, identity, and emotional regulation processes over time [23, 25, 28, 29].

An emerging area of discussion concerns the association between masking and "autistic burnout"[30]. Many participants describe the continuous effort to monitor and adjust social behaviors as both cognitively and emotionally draining[30]. This prolonged strain can produce states of physical and emotional exhaustion, characterized by intense fatigue, emotional detachment, and a reduced sense of personal efficacy [31].

Autistic adults often report needing periods of isolation to recover emotionally, describing this as an essential resource for managing social demands, particularly in occupational settings [31].

Regarding identity and self-perception, researchers have associated masking with feelings of inauthenticity, self-alienation, and conflicts in constructing social identity [32].

Participants describe the experience of "wearing an invisible mask" as a chronic condition that affects self-esteem and internal coherence [32]. This strategy also often functions as a psychosocial response to stigma and discrimination, fear of judgment, and experiences of social exclusion [33].

Although some autistic adults report perceived benefits of masking, such as access to interpersonal relationships and professional opportunities, the literature emphasizes that these gains stem from social conditions rather than from the act of camouflaging itself [34].

Moreover, autistic adults describe the process of "removing the mask" as highly complex and challenging, often associating it with emotional exhaustion or vulnerability, particularly in environments that do not adequately support the authentic expression of neurodivergent identity [34].

Environments that foster relational safety and recognize neurofunctional diversity therefore emerge as protective factors against the psychosocial risks of masking [33 - 34].

Given these findings, the literature increasingly examines not only the individual effects of masking but also the organizational factors that perpetuate it in the workplace.

Organizational factors related to the perpetuation of masking
The literature links the adoption and maintenance of masking strategies among autistic adults in the workplace to multiple organizational factors, including implicit social pressures, perceptions of stigma, and restrictive interpersonal dynamics [14, 34].

Concerns about negative judgments, stereotypes, and misinterpretations of autistic traits often motivate the continuous use of camouflaging [34].

Past experiences of discrimination, bullying, or rejection further reinforce autistic adults' internalization of these strategies as a mechanism for social and occupational safety [31, 34].

Recent data support this pattern: approximately 72% of autistic adults have not received any form of occupational support related to autism, and two-thirds report wanting greater institutional support [7]. A lack of effective accommodation and fear of disclosing a diagnosis consistently emerge as critical barriers to reducing masking [35].

Managers' and team members' lack of technical knowledge represents one of the main obstacles, and it often leads them to misinterpret autistic behaviors as performance deficits or misconduct [34 - 35].

This knowledge gap places an additional burden on autistic individuals, who often end up identifying, communicating, and justifying their own accommodation needs [35].

Participants report that colleagues sometimes perceive requests for reasonable adjustments as privileges or special favors, which further increases their hesitation about disclosing a diagnosis or expressing difficulties related to autism in the workplace [35].

Moreover, organizations do not always implement accommodations effectively or sustainably, even when requested [35 - 36]. Critical factors include the lack of clear guidelines for reasonable accommodations, the scarcity of empirical research on effective environmental interventions, and a tendency to focus efforts on modifying the individual's behavior rather than the environment [36].

The difficulty of operationalizing adjustments for non-visible disabilities, such as autism, increases the risk that organizations underreport needs and perpetuate masking.[36] When present, intervention strategies often focus on individual training (e.g., developing social skills) without broader structural efforts to modify organizational characteristics [36].

Finally, interpersonal communication and social expectations play a significant role in sustaining masking [34]. Environments with high demands for social interaction, implicit communication, and unpredictable routines can intensify the adaptive effort autistic individuals must invest [37].

Many autistic workers report needing to maintain a high level of masking to secure their professional position, particularly in contexts with a history of stigma or an absence of institutional support [11, 14, 37].

Employers, on the other hand, note that many of the adjustments necessary to support autistic workers cost little, which suggests that structural barriers relate more closely to cultural and knowledge-related factors than to logistical or financial limitations [38].

These findings underscore the importance of institutional interventions that foster an informed, inclusive organizational culture that recognizes and values neurodiversity as a legitimate aspect of the workforce [38].

This scenario highlights the importance of expanding the discussion on inclusion practices and developing workplaces that address the specific needs of autistic individuals proactively and through evidence-based practices [39].

Proposals for institutional support and accommodation
The literature this review analyzed highlights five main axes of intervention aimed at reducing the need for masking and promoting more inclusive workplaces: (**a**) community and institutional support for families, (**b**) transition planning and pre-employment training, (**c**) employer capacity building, (**d**) workplace accommodations, and (**e**) expansion of research and evidence-based policymaking.

a) Family support, particularly in contexts with higher social capital and educational levels, is associated with better employability rates and job retention [40]. Families with greater access to resources can facilitate participation in vocational training programs, access to occupational counseling services, and integration into areas with better public transport and employment opportunities [40 - 41]. These conditions help autistic adults secure formal employment and build behavioral repertoires that reduce the need for excessive masking in the workplace [41 - 42].

b) The second axis concerns transition planning and pre-employment training [42]. The literature highlights the positive impact of prior work experiences, such as internships and volunteer activities, on enhancing social skills and building professional profiles aligned with labor market demands[42]. The Project SEARCH plus Autism Spectrum Disorder Supports (PS-ASD) model, for example, demonstrated statistically significant efficacy in placing young autistic individuals in competitive

employment [43]. This nine-month program integrates academic instruction, specialized behavioral support, and practical experience within companies; it achieved an employment rate of 87% in the experimental group, compared with 12% in the control group, after 12 months of follow-up [43].

These findings emphasize the importance of structured, individualized interventions oriented toward developing social and occupational skills [43].

c) Regarding employer capacity to provide effective support, tools such as the Integrated Employment Success Tool (IEST) offer a framework divided into five critical phases of the employment cycle, including recruitment processes, initial accommodations, ongoing adjustments, and sustained support [44].

Promising data reveal a positive impact on managers' self-confidence in implementing accommodations and a reduction in misconceptions about the associated costs [44]. Beyond structured interventions, organizational culture plays a fundamental role in reducing the need for masking.

Supervisors' and team members' respect, patience, and understanding consistently emerge as protective factors that foster the authentic expression of neurodivergent traits in the workplace [44 - 45].

Awareness and training programs about autism, targeted at leadership and teams, have demonstrated positive impacts on reducing stigma and promoting a more welcoming, informed organizational environment [45 - 46].

Evidence also suggests that genuine inclusion initiatives, characterized by effective opportunities for participation, skill development, and the prevention of segregationist practices, mitigate the negative effects of occupational discrimination that autistic individuals face [45 - 46].

d) The fourth axis concerns workplace accommodations and emphasizes that organizational interventions aimed at modifying processes, physical environments, and management styles can significantly reduce the need for masking behavior among autistic adults [10, 30, 31, 36] Clear, objective, and predictable communication ranks among the most frequently cited elements [36, 47].

Autistic individuals tend to benefit from direct instructions with continuous, specific feedback, preferably from a single supervisor or consistent point of contact [36, 43, 47]. This approach helps reduce ambiguity and minimizes the cognitive overload related to interpreting implicit social norms [47].

In this context, task content modifications, such as breaking tasks into steps and providing written guidelines with clear responsibilities and deadlines, are equally recommended. These practices reduce the need for masking behavior to manage communicative uncertainties [48].

Regarding the physical environment, the literature suggests strategies such as minimizing environmental distractions, including reducing excessive noise, managing lighting levels, and controlling unplanned interruptions during the workday [48 - 49]. Implementing acoustic barriers, using adjustable lighting, and creating more predictable workspaces are commonly cited interventions that effectively promote a more sensory-accessible environment [48, 49, 50, 51].

The literature also highlights the growing use of assistive technologies, such as smartphone and tablet apps that provide task reminders, sequencing prompts, and video modeling for teaching social and occupational skills [50, 52]. Tools such as audio devices with real-time feedback (bug-in-ear devices) have proven effective in increasing productivity, task engagement, and social interactions with colleagues and clients.

Collectively, these environmental interventions can reduce contextual barriers, mitigate the need for masking, and promote a more accessible, psychologically safe workplace for autistic individuals [52 - 53].

e) Finally, the fifth axis addresses the need to expand the empirical foundation that supports institutional inclusion policies. The literature highlights significant methodological gaps, such as the scarcity of longitudinal studies and the lack of standardized measures of occupational outcomes [7, 10, 54].

Researchers recommend strengthening participatory research that actively involves autistic individuals in all stages of the investigative process [14, 16, 54]. They also emphasize the need for interventions that prioritize modifying the workplace environment rather than focusing exclusively on changing the individual's behavior [7, 35, 36, 54, 55].

Facilitated, safe disclosure of diagnosis, though not mandatory, combined with an organizational culture that embraces neurodiversity, emerges as a critical factor in reducing stigma and creating workplaces where neurodivergent authenticity can be expressed with lower psychosocial costs [4, 11, 18, 54, 55].

Masking and the diagnostic process of ASD

Beyond its occupational consequences, masking has direct implications for the diagnostic process of ASD, a concern that has gained clinical salience with the growing number of adults, particularly women, seeking assessment later in life [34, 56].

Because standardized diagnostic instruments rely largely on observable behaviors, individuals who have developed sophisticated strategies to suppress or compensate for autistic traits may not display the presentations these tools expect, which can contribute to delayed or missed identification [11, 56, 57] Masking thus operates as a barrier to recognition at the same time that it is increasingly invoked to explain atypical or subthreshold presentations [13, 56].

This tension is reflected in the diagnostic criteria themselves. The current edition of the DSM acknowledges that autistic features may not be fully manifest in observation when they are attenuated by learned strategies, allowing symptoms to be met by current presentation or by historical report [1, 56].

It has been argued that, taken to its limit, this allowance risks lowering the diagnostic threshold, since masking may be used to account for the very absence of observable signs. In this respect, it is important to distinguish masking from compensation: whereas compensation refers to using alternative cognitive routes to meet social demands, masking denotes the concealment of difficulties in order to blend in, a distinction that bears on how clinicians interpret an apparently typical presentation [15, 22, 56].

The interaction between masking and assessment introduces a bidirectional diagnostic risk. On the one hand, observation-based instruments may fail to capture the autistic phenotype in high-masking individuals, producing false negatives and long diagnostic delays [56 - 57].

On the other hand, the broadening of the ASD construct, the popularization of the label, and an uncritical reliance on self-report may contribute to the

over-identification of non-autistic social difficulties, that is, false positives [56].

Gender-related bias may compound both risks: frameworks historically calibrated to male-typical presentations may overlook the ways in which autistic traits manifest and are camouflaged in women, further reducing the sensitivity of standard tools [56 - 57].

These dynamics also frame the contemporary rise of self-identification. Self-diagnosis frequently reflects genuine barriers to formal assessment, such as cost, limited access to specialists, and histories of unrecognized childhood presentations, and it may represent a valid recognition of previously overlooked autism [56 - 57]. It remains, however, distinct from clinical diagnosis: subjective insight, although valuable, does not substitute for the comprehensive, multidimensional evaluation required to establish ASD, and an uncritical reliance on self-report can fuel diagnostic inflation by pathologizing ordinary variation [56].

Masking may help explain why a person reports lifelong social difficulty without meeting the criteria of standardized instruments, but it cannot, on its own, confirm a diagnosis in the absence of professional assessment [56, 57].

For clinical practice, these considerations point less to relaxing diagnostic rigor than to refining it. Instruments designed specifically to capture camouflaging, such as the Camouflaging Autistic Traits Questionnaire (CAT-Q), can complement observation-based measures and help make masked presentations visible [20, 29].

Best-practice recommendations further emphasize multidimensional assessment that moves beyond behavioral checklists to incorporate developmental history and the individual's subjective experience, explicit attention to gender and personality in symptom expression, and recognition of the identity dimension and the psychological cost of sustained masking [13, 56, 57].

Understanding masking is therefore relevant not only to workplace inclusion but also to the accuracy of diagnosis itself: the same compensatory strategies that allow autistic adults to remain employed may simultaneously obscure the traits on which their recognition and support depend [11, 56].

CONCLUSION

This narrative review critically analyzed recent literature on masking behavior among autistic adults in occupational contexts, focusing on its motivations, manifestations, psychosocial impacts, and organizational strategies capable of mitigating its occurrence and effects.

We achieved this objective by selecting studies published between 2017 and 2025 that encompass different methodological approaches and international contexts.

The main findings indicate that masking is a multifaceted psychosocial response to organizational contexts with implicit socio-communicative demands, often characterized by structural and attitudinal barriers to neurodiversity inclusion.

The masking strategies the literature describes involve distinct domains, such as compensation, behavioral suppression, and adaptive assimilation, whose combination appears to increase adaptive effort and produce cumulative impacts on mental health. Evidence points to a relationship between elevated levels of masking and negative outcomes, such as anxiety, depression, autistic burnout, inauthenticity, and reduced psychological wellbeing.

This review's academic contribution lies in its critical synthesis of a body of literature that remains scattered and methodologically heterogeneous, offering an integrated perspective on masking in occupational contexts.

By bringing together evidence from different methodological approaches and cultural contexts, this study enhances understanding of the interface between mental health, organizational inclusion, and social regulation strategies among autistic adults.

Because the narrative, non-systematic nature of this approach limits the strength of its conclusions, we believe this review can nonetheless advance academic debate and support the development of organizational interventions more sensitive to the specific needs of autistic individuals.

On a practical level, the findings underscore the need to develop institutional policies that foster more accessible, predictable, and psychologically safe workplaces. Strategies such as employer training, adjustments to work routines, the use of assistive technologies, and the implementation of individualized accommodations can offer viable

pathways to reduce the need for masking and promote the occupational wellbeing of autistic workers.

As a limitation of this review, we did not apply systematic methodological evaluation criteria to the included studies. We recommend that future investigations adopt longitudinal designs, incorporate standardized measures of occupational outcomes, and broaden sample representativeness, including diverse support profiles and economic sectors.

The inclusion of participatory methodologies that actively engage autistic individuals in the knowledge-production process also emerges as a relevant guideline for the continued development of research in this area.

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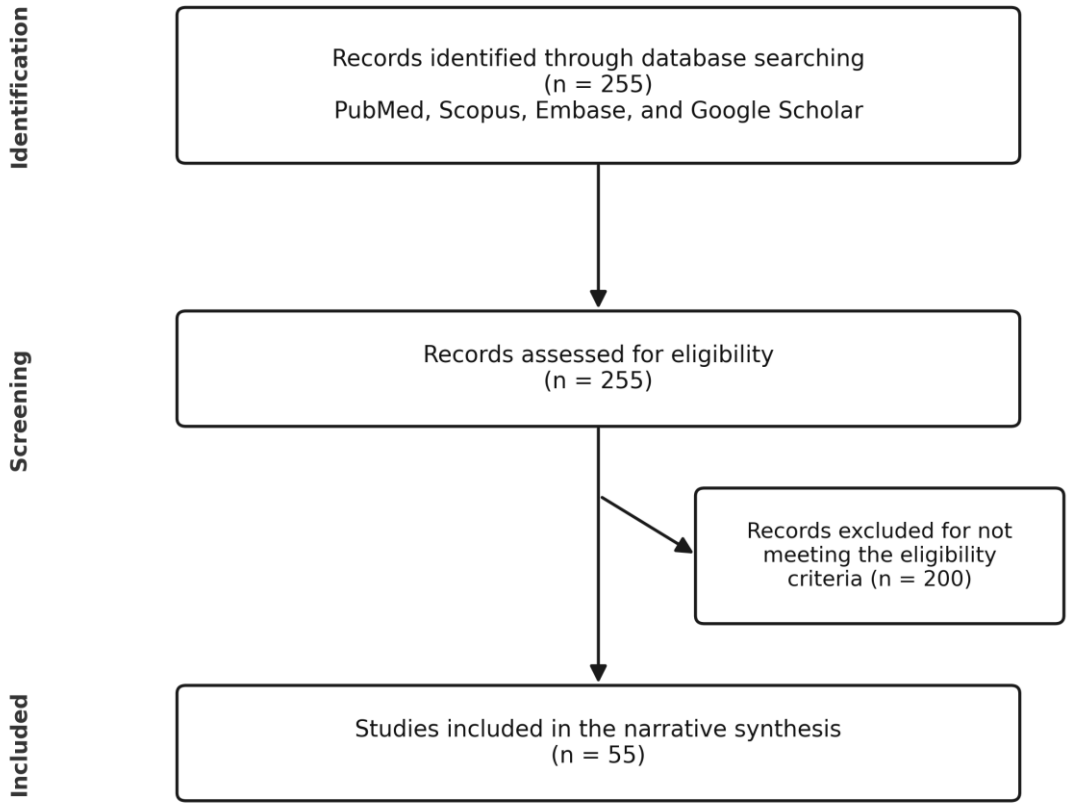

Figure 1. Flow diagram of the study identification and selection process, adapted from the PRISMA 2020 statement
Source: The authors
Note: Records were identified through database searching (PubMed, Scopus, Embase, and Google Scholar) and assessed for eligibility; records that did not meet the eligibility criteria were excluded, yielding the studies included in the narrative synthesis.