

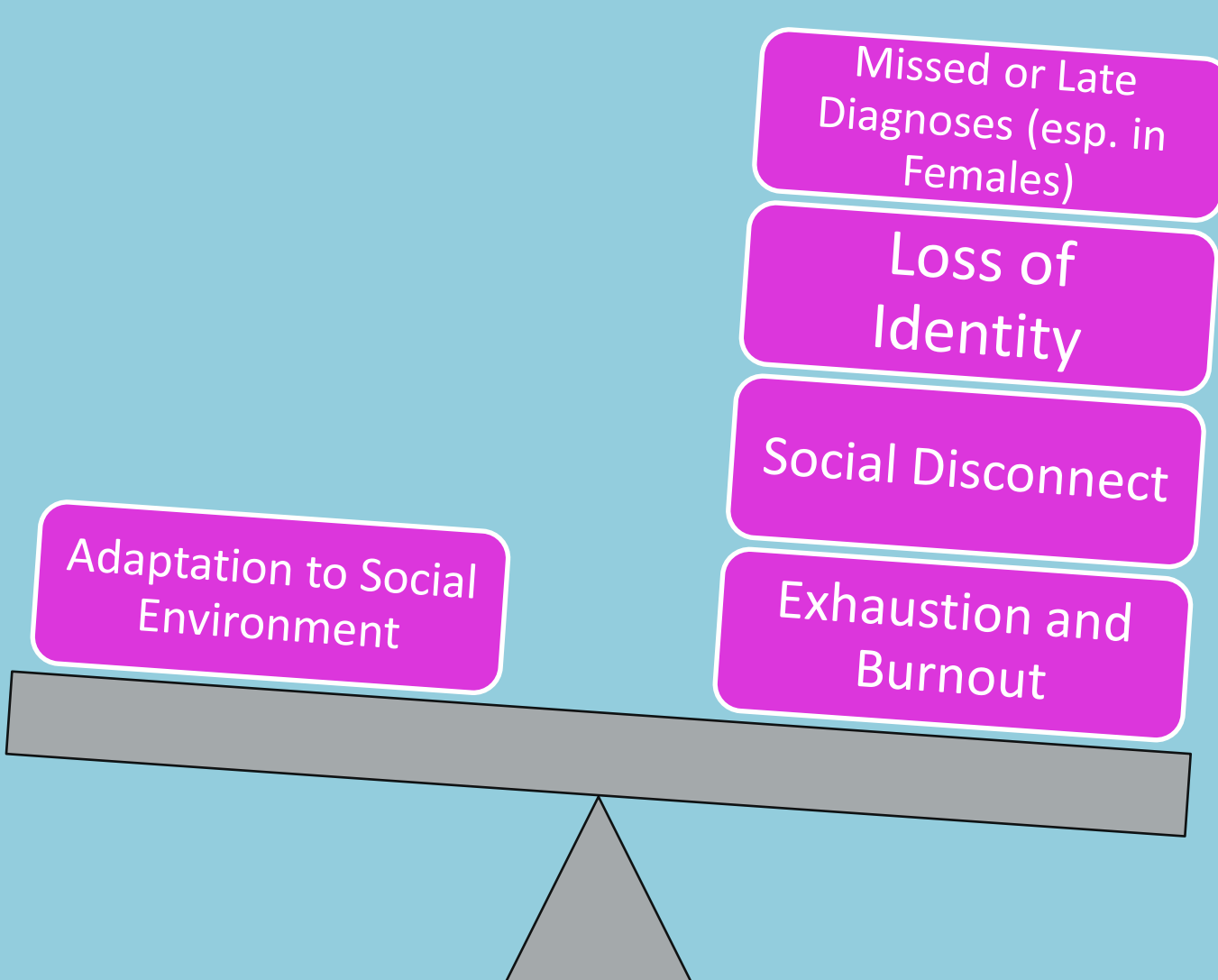
Introduction

- Efforts to research autistic masking (i.e., camouflaging) have increased significantly, yet the same cannot be said for masking in ADHD.
- **Masking** is a coping strategy neurodivergent persons employ to conceal their differences, suppress “atypical” traits, and manage the impressions they give.
- As there is limited data on ADHD masking, this **scoping review** and **thematic analysis** also investigated literature describing masking with synonymous terms.

The Neurodevelopmental Academic Landscape

Positives

Negatives



Method

The search captured articles and grey literature from three research databases (Google Scholar, PubMed, and Scopus).

Publication dates were set to January 1, 2000, to July 1, 2023, including quantitative, qualitative, and mixed methods research; systematic, scoping, and narrative reviews; brief reports, commentaries, theoretical papers, and perspective pieces; and grey literature.

A six-step reflexive thematic analysis was used to evaluate the data and identify three core themes.

A critical paradigm and a neurodiversity-affirming framework was applied to articulate the underlying motivations and consequences of masking behaviors.

A questionnaire on ADHD masking was developed to account for lived experiences and social interactions, with the goal of helping researchers and practitioners to better understand the phenomenon.

Primary Keyword: Attention-deficit/hyperactivity disorder

- **Boolean Operators:** “+/AND”
- **Keyword Pairs:** “masking,” “camouflaging,” “impression management,” “behavioral suppression,” “compensation,” “concealment,” “mimicry,” “burnout,” “exhaustion,” “mental health,” and “social anxiety”

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Figure 1. Literature Review Flow Chart

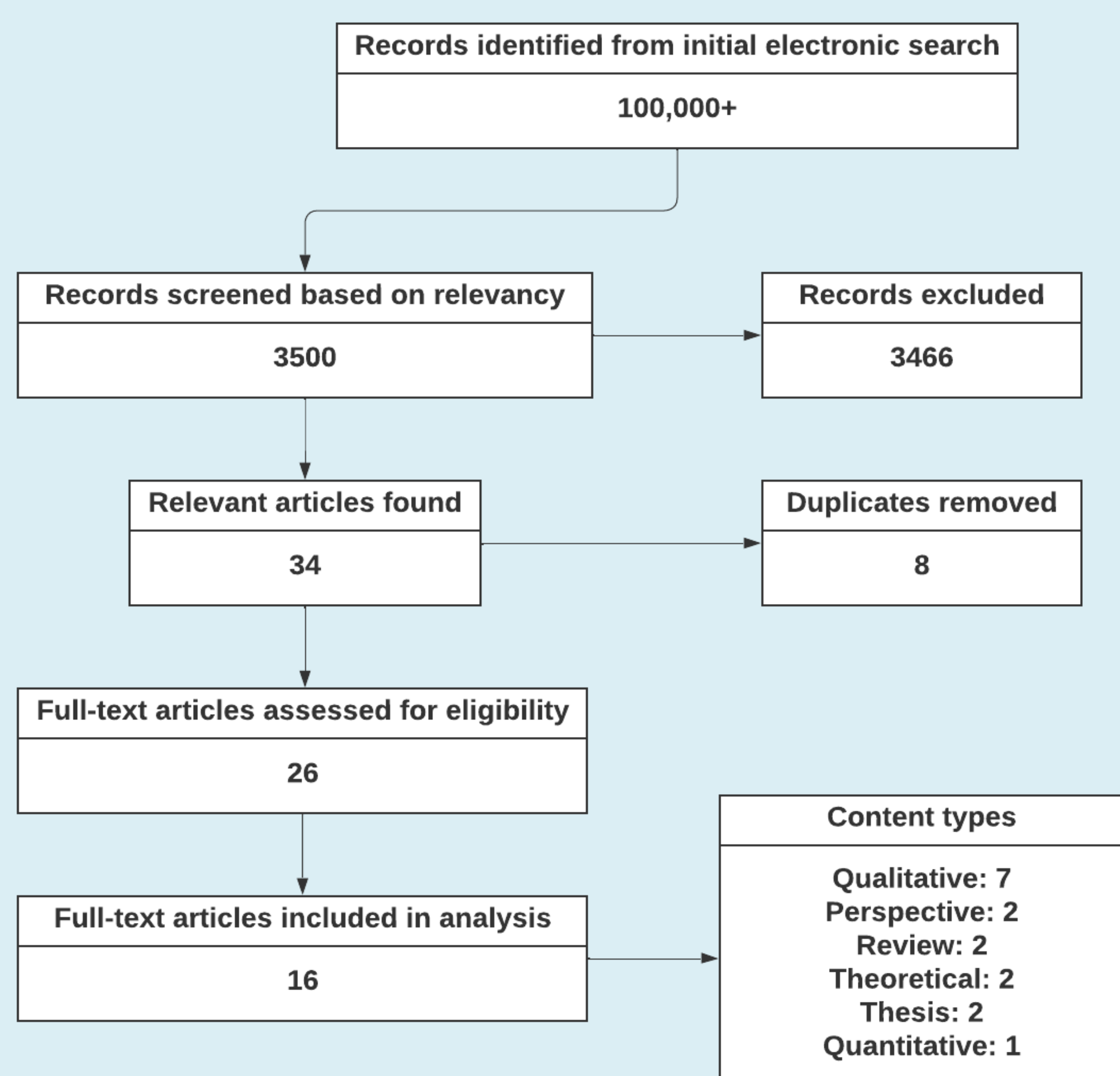
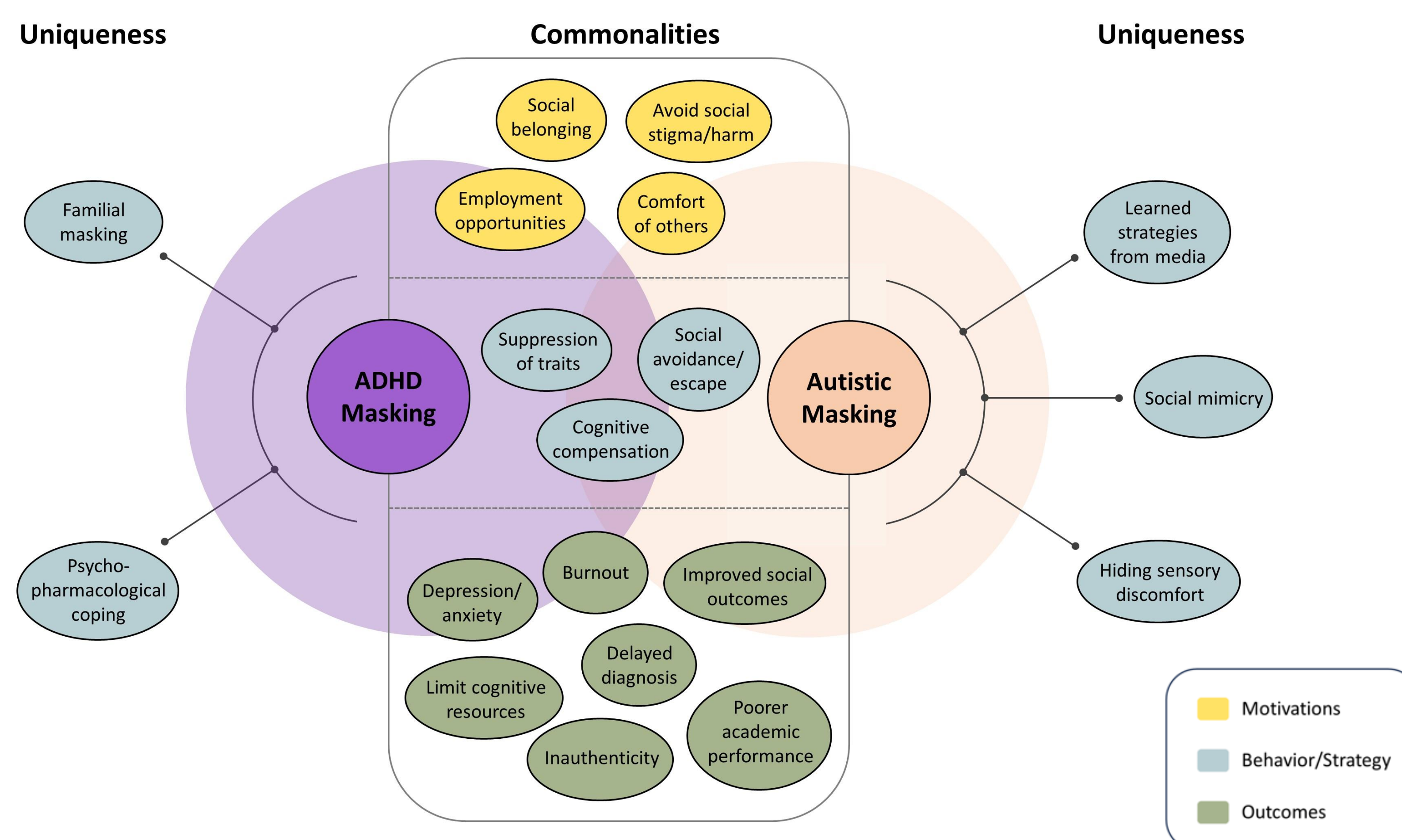


Figure 2. Commonality and Uniqueness of ADHD vs. Autistic Masking



Masking Experiences Questionnaire (MEQ)

Motivation Questions

- Do you feel the need to hide or alter certain aspects of yourself/your behaviour, and for which reasons? (e.g., to fit in or avoid criticism, insults, bullying, or stigma).
- In what situations do you camouflage? (e.g., with family, at work, during interviews, meeting strangers, or making friends).
- In your own words, why do you believe some neurodivergent people engage in camouflaging, but others do not?

Strategy Questions

- What are your primary camouflaging strategies/behaviours? Please provide detailed examples from your personal experiences.
- Which aspects of your neurodivergence do you feel are particularly important to be camouflaged?
- Have you ever coped with social situations by camouflaging through the use of medication, other pharmacological drugs, or recreational substances?
- Do you feel like you have to learn new social skills/rules to camouflage and fit into social situations? If so, in what ways do you learn these skills/rules?
- Do you think camouflaging is something only neurodivergent people experience?
- How effortful or automatic (unintentional) is camouflaging for you?
- Do your friends and family play a role in your camouflaging? If so, how do they influence the strategies or success of your camouflaging?
- Have you used or considered using medication or recreational drugs to camouflage your neurodivergence in social scenarios? If so, what are some examples of this?

Outcome Questions

- How effective do you think your camouflaging is in concealing your neurodivergent traits or mitigating social stigma? Which factors (e.g., social environment, skills, or mental resources) determine whether the process is successful or not?
- In your experience, do social situations become more predictable and controllable through camouflaging?
- How do your body and mind feel after camouflaging? What are the positive and negative consequences of camouflaging? (e.g., on your mental health, self-identity, social relations, work, or personal life).
- Overall, do you view camouflaging as a positive strength, skill, or asset in your social life, a negative experience, or both? Are the short- and long-term consequences of camouflaging different for you? Please elaborate on your answer.

Discussion

- The literature review yielded a high number of results, but there was limited focus on masking behaviours in ADHD. The vast majority of studies on ADHD focused on objective measures (e.g., performance and executive function) rather than participants' subjective experiences and impression management strategies.
- ADHD and autistic masking showed overlapping and distinctive features, as shown in **Figure 2**, with our analysis revealing three core themes: motivations, strategies, and outcomes.
- The motivations for masking and its outcomes in autistic individuals and those with ADHD had many similarities, while the strategies had both commonality and unique features.
- Those with ADHD, for example, were found to engage in familial masking (i.e., suppressing their ADHD traits and behaviours around family members) and psychopharmacological masking (i.e., using medication and pharmacological means to appear more normal or neurotypical around others).
- Although masking may serve an adaptive function in social environments, it is also associated with numerous negative consequences for autistic individuals and those with ADHD.
- With these implications, researchers should continue studying masking motivations, strategies, and outcomes to support the psychological wellbeing of individuals with ADHD across lifespan development.

