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Letter to the Editor

Differentiating ASD from Personality Disorders: The Impact of Masking, Burnout, and Intersectionality

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Differentiating ASD from Personality Disorders: The Impact of Masking, Burnout, and Intersectionality

Running head: Between autism and personality disorders

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Dear Editors,

We would like to acknowledge Figueiredo and Caixeta (2025)¹ for their recent narrative review paper entitled *Autism Spectrum Disorders and Personality Disorders: Differential Diagnosis or Comorbidity?*. This paper is timely and highly relevant to adult psychiatry as it sheds light on the relationship between neurodevelopmental traits and personality constructs. We would like to provide a few additional comments regarding the differential diagnoses of adult autism spectrum disorder (ASD) considering the wide range of symptom severity levels that are presented by the authors, as well as suggestions for possible future research in the field, such as cognitive aging, intersectionality, and twice-exceptionality.

Firstly, while the authors correctly observe that ASD symptoms may present with varying intensity or appear in a less overt manner in adults, it is crucial to distinguish clinical “improvement” from social masking. As highlighted by Torenvliet et al. (2023)² and Lever and Geurts (2015)³, cognitive aging in autism does not necessarily follow an accelerated decline, but the long-term metabolic cost of having to camouflage one’s autistic features due to societal pressure is extremely high for many individuals with autism and this can lead to a diminished ability to camouflage or to Autistic Burnout^{4,5}. Consequently, when autistic individuals experience Autistic Burnout they may lose the competences they have worked to achieve and may become highly sensitive to stimuli. This “crisis” of the compensatory mechanisms developed by the individual to cope with the social demands of society, is not always recognised in the clinical practice as the stress caused to the neurodivergent system being pushed to its limits, but rather as a developing personality disorder.

Secondly, the Figueiredo and Caixeta’s review¹ focus on the female and elderly phenotypes should be extended to the LGBTQIA+ population. Indeed, there is a growing literature suggesting that that sexual and gender diversity is overrepresented in autism, as highlighted by George and Stokes (2018)⁶, Pecora et al. (2020)⁷, and Sala et al. (2020)⁸. In this group of individuals, as well as in other marginalized/underrepresented groups⁹, “double masking” is used as a coping and surviving strategy to deal with minority stress, and as a consequence they are even more likely to present atypical features and to be misdiagnosed. Standard personality assessments, often not validated for these groups, would not be appropriate for them and would likely lead to further stigmatization of neurodivergent compensatory strategies.

Personality traits in autistic adults are merely the sediment of years of camouflage in order to cope with the world. This is supported by Nistor Escudero et al. (2026)¹⁰ and Atherton et al. (2022)¹¹ that the adult autistic identity is built over all the compensatory and communication strategies that an individual has had to learn in order to seem to belong to the neurotypical society. And if we do not take into account the coping mechanisms of neurodivergent people, these are simply reduced to personality pathology.

Finally, we also believe that the term “high-functioning ASD” should be avoided from the language used to describe autism. Alvares et al. (2020)¹² pointed out that the IQ does not

predict the level of functional skills and adaptive behaviors. Labeling people as “high-functioning” contributes to unmet support needs being ignored, due to the impression of competency that masks them, and places a greater burden on the individual and their caregivers, in the absence of any Intellectual Disability. This is especially true for twice-exceptional individuals. Foley-Nicpon and Assouline (2020)¹³ discussed that many gifted children with social challenges learn to use their intellect to camouflage their social difficulties, so that these individuals may not be diagnosed as gifted until later in life. At that time, they may have developed other psychopathologies in compensation for their social difficulties.

In conclusion, a robust differential diagnosis must look beyond the clinical intensity of symptoms and account for the invisible cost of adaptation throughout the lifespan, considering one’s unique trajectory.

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