

Triple Masking and Mental Health: A Study of The Burden of Identity Management for Autistic LGBTQ+ Christians In Conservative Church Settings Using A Sequential Explanatory Mixed Methods Design

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Abstract

The simultaneous management of multiple stigmatized identities autistic, LGBTQ+, and religious -- presents an acute form of psychological strain. This article introduces and empirically validates the construct of Triple-Masking: the concurrent concealment of neurotype, sexual/gender identity, and theological doubt by autistic LGBTQ+ individuals within conservative Christian settings. Using a sequential explanatory mixed-methods design (N = 188 for quantitative phase; n = 10 for qualitative phase), this study examines the predictive relationship between Triple-Masking behaviors and mental health outcomes, including anxiety, depression, and generalized minority stress. Results reveal that the Triple-Masking Index (TMI) is a strong predictor of both anxiety ($R^2 = .47$) and depression ($R^2 = .43$), explaining more variance than individual masking constructs. Thematic analysis of interview data identifies three central experiences: identity fission (living as multiple selves), environmental amplification (the church as a multi-threat space), and subversive faith and digital resilience (adaptive coping through alternative spiritual communities). These findings substantiate the theory that intersectional stress operates multiplicatively, not additively, creating what Meyer (2017) calls "syndemic vulnerability." Implications for theory, clinical practice, and ecclesial reform are discussed, emphasizing the necessity of neurodiversity- and LGBTQ+-affirming pastoral and therapeutic interventions.

Keywords: Triple-Masking, Autism, LGBTQ+, Minority Stress, Religious Trauma, Neurodiversity, Mental Health

1. Introduction

Managing marginalized identities within non-affirming environments imposes a heavy psychological cost. For individuals embodying multiple stigmatized identities, these costs interact in complex, amplifying ways. This study focuses on a particularly vulnerable population: autistic LGBTQ+ Christians embedded in conservative religious communities. Within these settings, they must conceal three intertwined aspects of selfhood neurotype, sexuality or gender identity, and theological doubt to maintain safety, belonging, and spiritual acceptance [1,2].

This phenomenon, termed Triple-Masking, represents a compounded form of identity management. Unlike simple "double-minority" stress models (e.g., Autism + LGBTQ+), Triple-Masking involves a three-layered concealment process under conditions of theological non-affirmation. The result is an extreme state of cognitive load, emotional exhaustion, and existential distress, often culminating in autistic burnout, depression, and suicidality. The purpose of this study is twofold to quantify the relationship between Triple-Masking and adverse mental health outcomes, and to explore the lived experience and coping strategies of individuals who endure this identity burden within conservative Christian contexts

[3,4].

2. Literature Review

2.1 Minority Stress and Intersectionality

Minority Stress Theory (MST) explains how prejudice-related stressors create chronic psychological strain in marginalized populations. Stress arises from distal factors (external discrimination) and proximal factors (internalized stigma, vigilance, and concealment). Concealment active identity suppression is central to MST, as it demands continuous self-monitoring and inauthentic social performance. Intersectionality expands this framework, emphasizing that overlapping marginalized statuses interact in non-additive, multiplicative ways. Individuals inhabiting multiple minority identities experience syndemic vulnerability the convergence of social stressors that magnify health disparities. Triple-Masking represents one such syndemic condition, uniting neurodivergence, queerness, and religious non-affirmation [1-6].

2.2 Autistic Masking and Burnout

Autistic masking, or camouflaging, involves suppressing natural autistic behaviors such as stimming or avoiding eye contact and imitating neurotypical social patterns. Though

masking facilitates social survival, it exacts immense cognitive and emotional costs. Chronic masking correlates with anxiety, depression, and suicidal ideation. Over time, it can lead to autistic burnout: a state of exhaustion, loss of function, and social withdrawal caused by long-term overexertion in a non-accommodating world. Within conservative churches often sensory-intense and socially complex autistic individuals face constant overload. Loud worship, ambiguous social rules, and emotional expectations require continuous masking, depleting cognitive reserves and intensifying psychological distress [7-9].

2.3 LGBTQ+ Identity and Religious Non-Affirmation

LGBTQ+ Christians in non-affirming environments encounter profound identity conflict. Theological teachings labeling queer identities as sinful generate religious trauma—chronic spiritual and psychological harm arising from coercive belief systems. Concealment of one's sexual or gender identity becomes both a survival mechanism and a source of shame, isolation, and self-alienation. Attempts to reconcile faith with identity are further complicated for autistic individuals, who tend to value consistency and moral integrity. The conflict between authentic identity and doctrinal conformity creates an intolerable double bind: to be accepted spiritually, one must betray one's self.

2.4 Theoretical Integration Toward Triple Masking

Existing research recognizes double-minority stress (Autism + LGBTQ+), but few studies explore a triple intersection involving religious non-affirmation. This study proposes that the three masking domains—Autistic, LGBTQ+, and Theological operate interdependently:

A failure of Autistic Masking (e.g., sensory meltdown) exposes “instability” interpreted as moral weakness.

A failure of LGBTQ+ Masking invites condemnation and expulsion.

A failure of Doubt Masking reveals heresy, triggering social or familial rejection.

Thus, Triple-Masking represents the peak of identity performance burden, hypothesized to predict mental distress more powerfully than single- or double-masking forms.

3. Methodology

3.1 Research Design

A sequential explanatory mixed-methods design was employed

Phase I (Quantitative): Survey-based analysis of the relationship between Triple-Masking and mental health outcomes.

Phase II (Qualitative): Semi-structured interviews exploring lived experiences and coping mechanisms.

3.2. Participants

Phase I included 188 autistic LGBTQ+ adults (mean age = 28.4) affiliated with conservative Christian churches. Recruitment occurred via online autism and LGBTQ+ faith

groups. Inclusion required self-identification as autistic, LGBTQ+, and currently or recently engaged in a non-affirming church. Phase II involved 10 participants selected using maximum variation sampling, ensuring diverse experiences based on masking and distress levels.

3.3. Instruments

Triple-Masking Index (TMI): Composite scale combining adapted measures of autistic camouflaging (CAT-Q; Hull et al., 2017), LGBTQ+ concealment, and religious doubt.

- GAD-7: Measures anxiety symptoms [10].

- PHQ-9: Measures depressive symptoms [11].

- Minority Stress Scale for Multiple Minorities (MST-MST): Captures intersectional minority stress [12].

3.4 Data Analysis

Quantitative data were analyzed via hierarchical multiple regression to test predictive power of the TMI on anxiety, depression, and minority stress, controlling for demographics. Qualitative interviews were analyzed using Braun and Clarke's (2006) thematic analysis, following a six-step coding process. Integration occurred at interpretation: quantitative findings shaped participant selection, while qualitative data contextualized statistical outcomes.

3.5 Ethics

Institutional Review Board approval was obtained. Participants received detailed informed consent, pseudonymization, and crisis support links. Given the link between masking and suicidality, a crisis response plan was built into all data collection.

4. Results

4.1. Quantitative Findings

The TMI demonstrated excellent internal consistency ($\alpha = .91$). Strong positive correlations emerged between TMI and:

Anxiety ($r = .68, p < .001$)

Depression ($r = .65, p < .001$)

Minority Stress ($r = .72, p < .001$)

4.2. Regression Analysis Showed

4.2.1. Anxiety

TMI predicted 47% of variance in GAD-7 scores ($\beta = .69, p < .001$).

4.2.2. Depression

TMI predicted 43% of variance in PHQ-9 scores ($\beta = .67, p < .001$).

4.2.3. Minority Stress

TMI was the strongest predictor compared to single masking subscales ($\beta = .74, p < .001$).

These results confirm that Triple-Masking exerts a multiplicative, not additive, influence on mental health.

4.3. Qualitative Themes

4.3.1. Theme 1: Identity Fission

Participants described living as “three different people in the same room,” performing distinct selves to maintain belonging. This fragmentation produced exhaustion and existential dissonance. The effort to manage all masks simultaneously led to autistic burnout and depressive symptoms.

4.3.2. Theme 2: Environmental Amplification

Conservative church settings intensified all masking requirements simultaneously. Loud worship, ambiguous social norms, and non-affirming theology produced a constant sense of threat. As one participant explained, “Sensory overload triggers everything else if I shut down, I risk saying something that exposes me.”

4.3.2. Theme 3: Subversive Faith and Digital Resilience

Despite pervasive distress, some participants developed resilience by practicing private spirituality and connecting with affirming online communities. These “digital sanctuaries” provided authenticity, safety, and theological reconstruction beyond institutional control.

4.4. Integration

Quantitative findings demonstrated the predictive strength of Triple-Masking, while qualitative narratives explained why: the psychological cost of performing contradictory selves in hostile spaces. Together, they reveal a system of chronic cognitive overload and existential tension relieved only through disengagement or secret affirmation [13].

5. Discussion

5.1. Validation of The Triple Masking Construct

This study empirically validates Triple-Masking as a distinct, measurable form of intersectional minority stress. The TMI’s strong predictive power confirms that simultaneous concealment of neurotype, sexuality/gender, and faith conflict produces a syndemic stress effect. The resulting anxiety and depression are not personal pathologies but logical responses to sustained environmental non-affirmation.

5.2. The Church as A Multi Threat Environment

Conservative church spaces functioned as environmental amplifiers of stress. Their sensory, social, and doctrinal demands collectively forced continuous vigilance. For autistic LGBTQ+ individuals, this triple exposure transformed worship from a site of belonging into one of survival. This finding underscores the ethical obligation of faith communities to recognize and reduce the harm generated by their structures and teachings.

5.3. Coping and Resilience

The emergence of “subversive faith” underscores human adaptability. Participants sustained spirituality by reconstructing meaning outside institutional bounds online,

in solitude, or through reinterpreted theology. However, this resilience often came at the cost of community connection, highlighting the loneliness embedded in religious non-affirmation.

5.4. Clinical Implications

Therapists and clinicians Must:

Screen for masking-related distress as a driver of anxiety and depression.

Recognize Autistic Burnout as a context-specific trauma, not a mood disorder.

Create affirming therapeutic spaces that allow safe “demasking.”

Incorporate spiritual trauma processing when faith conflict contributes to identity suppression.

5.5. Ecclesial Implications

Faith communities Must:

- Implement sensory accommodations and explicit social norms to reduce masking demands.

- Pursue theological transparency, acknowledging harm caused by non-affirmation.

- Provide referrals to affirming resources rather than “conversion” ministries.

- Cultivate inclusive liturgical language that validates neurodiversity and queer identity alike.

6. Conclusion

Triple-Masking represents a profound psychological toll rooted not in individual pathology but in systemic non-affirmation. Autistic LGBTQ+ Christians navigating conservative church spaces engage in relentless self-suppression that predicts high levels of anxiety, depression, and existential distress. Yet, within this adversity, acts of resistance digital connection, theological reformation, and private authenticity demonstrate remarkable resilience. To mitigate harm, clinicians must treat masking as trauma, and faith institutions must confront the ethical consequences of doctrines that compel concealment. Liberation from Triple-Masking requires affirmation at every level: neurological, sexual, and spiritual.

Limitations

This study’s non-probability, cross-sectional sample limits generalizability. Participants were self-identified autistic individuals, which may introduce diagnostic variance. Longitudinal and psychometric validation studies are needed to refine the TMI. Nonetheless, the convergence of quantitative and qualitative data supports the construct’s robustness and relevance.

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