

An introduction to masking behaviours

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What is masking?

Masking is a strategy used by some neurodiverse people, consciously or unconsciously, to appear neurotypical in order to blend in and be more accepted in society.

Neurodiverse people have described masking as:

- hyper-vigilance for and constant adaptation to the preferences and expectations (whether expressed, implied or anticipated) of the people around you
- tightly controlling and adjusting how you express yourself (including your needs, preferences, opinions, interests, personality, mannerisms and appearance) based on the real or anticipated reactions of others, both in the moment and over time

MASKING AUTISM CAN LOOK LIKE:

















Examples of ADHD Masking



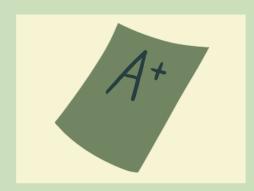
Staying too quiet and being overly careful about what you say



Obsessively checking your belongings



Reacting as you are expected to instead of how you feel inside



Developing perfectionistic tendencies



Suppressing stimming behaviors like leg bouncing



Mimicking or copying other people in social situations





Examples

- using facial expressions, perhaps by mirroring others', that wouldn't come naturally to you
- forcing yourself to make eye contact or monitoring how much eye contact you are making
- changing speech or tone of voice
- suppressing, reducing or hiding stimming, or switching to less noticeable stims such as playing with a pen
- reducing visible reactions to sensory sensitivities (for example being very sensitive to touch but not flinching or wincing when someone shakes your hand)
- planning in advance what you want to say to someone
- asking more questions than you may be comfortable with or interested in
- not sharing interests due to a concern that they may be perceived as inappropriate or unusual
- mirroring dress sense and other elements of appearance.

"A lot of us present different versions of ourselves in different situations, that's normal. But masking is to re-write every fibre of your being to suit the situation you are in and what is perceived to be 'normal' behaviour and reactions. ... When I am masking the vast majority of my brain function is going to that masking. It is taking almost all of my mental energy to just stay in absolute control and only let through the behaviours that are acceptable in that situation."



"I've noticed that part of masking can involve making very exaggerated facial expressions because I'm trying to mirror them in some way; over-animated conversations, putting in a lot of energy to the conversation — especially if I'm tired, I find I actually put more energy in to compensate, because otherwise I wouldn't give that back-and-forth that they'd want."



Why do children mask?



- to be accepted in society
- to avoid prejudice, stigma, bullying and discrimination
- to blend in or 'pass' in a neurotypical world
- to meet social expectations and avoid social rejection
- to hide discomfort in environments that are not neurodiversefriendly
- to compensate for the social and communication differences between people (known as 'the double empathy problem'), especially when neurotypical communication styles and preferences are assumed to be the 'correct' way
- to cope at school and avoid negative attention or punishment (for example for moving around or stimming)
- to make and maintain friendships and relationships
- because it has become routine or subconscious.

The impact of masking

- distressed behaviour, including meltdowns and/or shutdowns (often only
 expressed when it can't be held in any longer or when the individual feels safe
 enough in their environment to do so, such as when they get home from school)
- mental and physical exhaustion (which can lead to autistic burnout)
- mental health difficulties (including increased suicidality and/or self-harm)
- isolation and/or feeling disconnected from other people
- being more vulnerable to abuse (if you 'blend in' by overriding your reactions and going along with what other people want)
- a loss of sense of self
- low self-esteem



SIGNS OF AUTISTIC BURNOUT

LACK OF MOTIVATION

MORE DIFFICULTY WITH SELF-CARE

NEEDING MORE SLEEP OR DIFFICULTY SLEEPING

NEEDING MORE TIME ALONE TO RECHARGE

INCREASED SENSORY SENSITIVITIES

> HUGE DIFFICULTIES WITH SELF-REGULATION

> > MEMORY LOSS

FEELING EXHAUSTED OR LETHARGIC



UNABLE TO MASK ANYMORE

LOSS OF SPEECH

INCREASED NEED TO STIM

EASIER TO REACH OVERWHELM OR MELTDOWN

EBSNA

- Emotionally Based School Non-Attendance = persistent absence due to emotional factors.
- Driven by anxiety, trauma, unmet needs NOT "just being naughty" or "lazy."



Potential risk factors for EBSNA

- SEND or neurodiversity.
- Bullying or peer difficulties.
- Family stress or trauma.
- Transitions (e.g., moving schools, new teacher).



Early indication

- Frequent minor illnesses.
- Morning distress or meltdowns.
- Reluctance to leave home.
- Drop in engagement or attendance.



BUCKINGHAMSHIRE COUNCIL

How to support?

- Daily Check-ins: Use emotion cards or a feelings thermometer during registration. Example: "Show me with your card how you're feeling today."
- Safe Space: Create a calm corner with sensory tools (soft cushions, fidget toys, weighted lap pads).
- Flexible Participation: Allow children to opt out of whole-class answers and respond in pairs or via whiteboards.





- Micro-breaks: Offer short breaks for pupils who seem "fine" but are quietly overwhelmed.
- Share observations and ask about home behaviour.
- Agree on consistent strategies (e.g., calm-down techniques).
- Teachers can share simple feelings: "I felt nervous before assembly too." This normalizes emotions and reduces pressure to mask.

- Celebrate Effort, Not Perfection: Praise persistence rather than flawless work.
- Visual Timetables: Show the day's structure clearly.
- Warning Before Transitions: "In five minutes, we'll tidy up and move to the carpet."
- Emotion Journals: Let pupils draw or write feelings privately.
- Non-verbal Choices: Use thumbs up/down or colour cards for comfort levels.

Discuss

- Think of a child who might be masking or at risk of EBSNA.
- What signs have you noticed?
- How could you adapt your approach?



Key takeaways

- Masking and EBSNA are often hidden but have significant impact.
- Early recognition and supportive strategies are essential.
- Collaboration is key to success.

