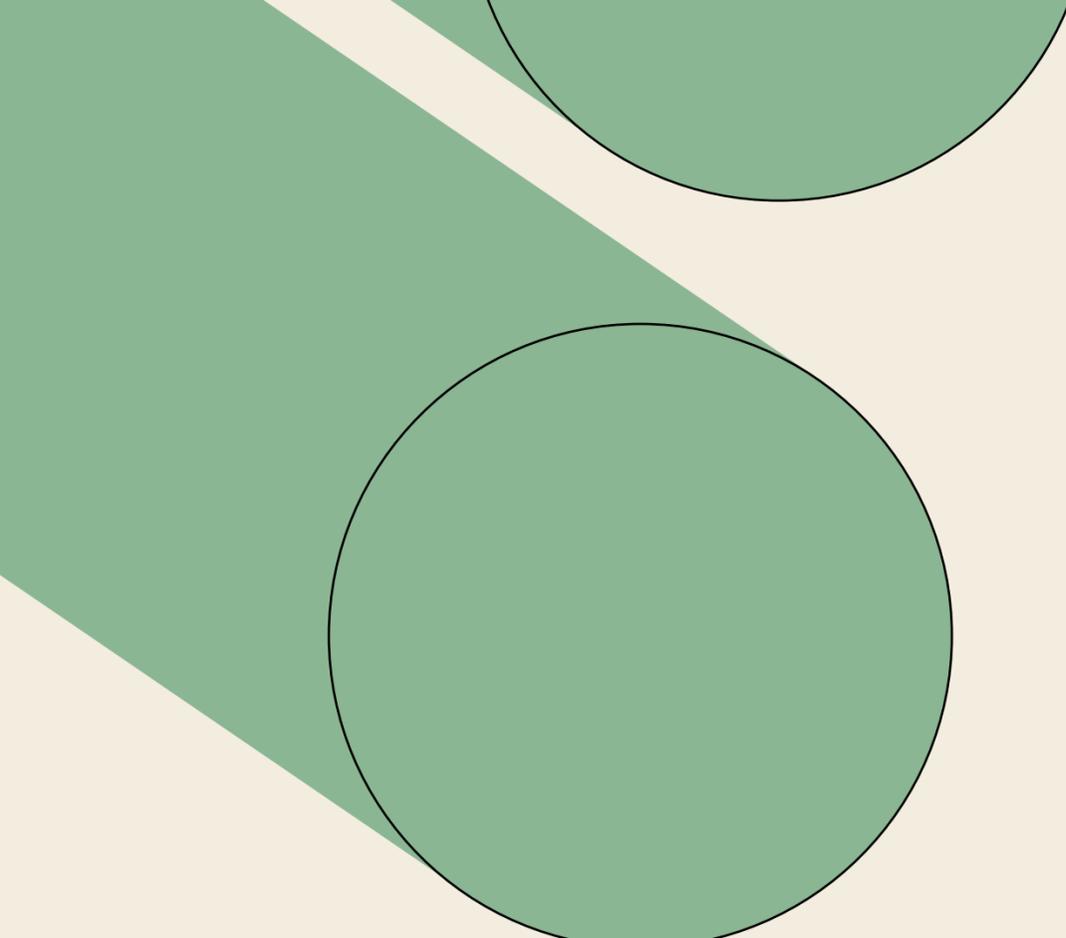




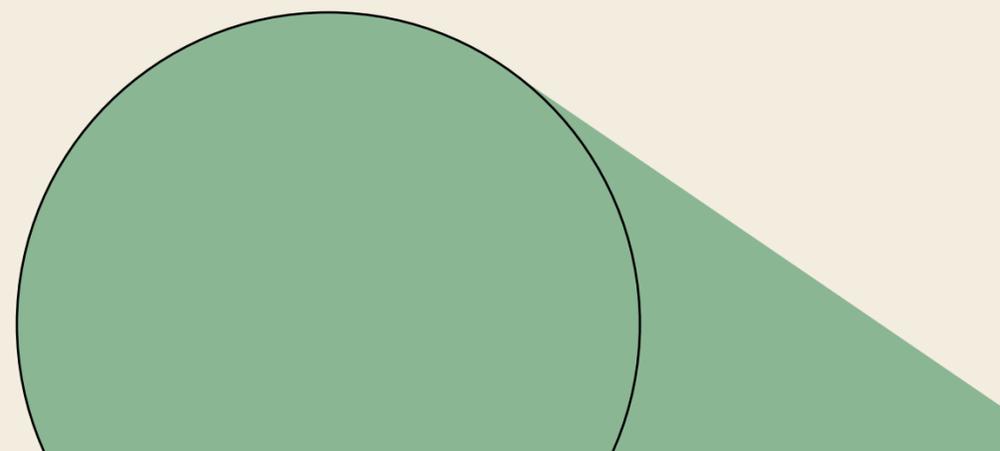
# UNDERSTANDING CAMOUFLAGING

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# CAMOUFLAGING

Also referred to as: Masking (Pearson and Rose, 2021), adaptive morphing (Lawson, 2020), and concealment (Botha, Dibb and Frost, 2020). Non-native cognitive routes referred to as 'compensation'.

# WHAT IS MASKING?

Consciously or unconsciously suppressing aspects of self and identity, or projecting an expected profile to outsiders. May be motivated by stigma avoidance and safety, or social affiliation

Masking appears to be developmental in nature, beginning in childhood and continuing across the lifespan- it may start as a coping mechanism.

Is NOT a purely social in nature, and may involve suppression of sensory responses, and associated coping strategies (i.e. stimming).



- Milton (2012) describes ‘dispositional diversity’ between autistic and non-autistic (or any neurotype for that matter) people.

- We are all experts in our own communication style (Cook, 2016), but might find it difficult to grasp non-native communication styles, a bit like learning a new language.

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Autistic people have more flowing communication with other autistics (Crompton et al. 2020).

- Non-autistic people are more likely to make negative social judgements about autistic people (Sasson et al 2017; 2019)

# DOUBLE EMPATHY

# MASKING AND GENDER



- Research into masking has focussed on the idea of a ‘female phenotype’ in autism (Hull et al. 2020).
- Dismissive of non-binariied gender experiences (i.e. men who fit with a ‘female’ profile, non-binary individuals).
- Important to remember that autism doesn’t look like ‘one thing’- CYP who may not fit stereotype aren’t necessarily masking, but may ‘present’ differently because of intersectionality (i.e. how being autistic interacts with other aspects of identity).

# IN ADULTS

(a non-exhaustive list)

## Behaviour (emotional)

- Personality shifting
- Exaggeration of personality
- 'Acting up'
- People pleasing and fawning
- Saying what people want you to say
- Taking on more than you can cope with
- Saying 'yes'
- Conforming
- Falling into expected gender roles
- Taking blame when not your fault

## Linguistic

- Scripting
- Mirroring behaviours
- Directed Echolalia (mirroring language)
- Directed Hyperlexia (Hiding behind intelligent fluff)
- Linguistic Masking (Playing for time)
- Changing your accent
- Keeping quiet

## Appearance (Physical & behavioural)

- Wearing uncomfortable clothes
- Wearing specific makeup
- Changing your body
- Changing the way you move/walk/sit/stand
- Doing things in ways unnatural for you

## Dissociation

- The developmental compartmentalisation of behaviour until it becomes unconscious

## Suppression (physical, mental & emotional)

- Physical suppression (Not moving naturally)
- Emotional suppression (internalising emotions)
- Sensory suppression
- Pain suppression
- Stim redirection or suppression
- Suppressing physical exhaustion
- Suppressing emotional exhaustion
- Suppression of identity
- Suppressing your thoughts & wishes

## Outcomes

- More easily manipulated and coerced
- More open to conditioning
- More likely to be subject to physical/sexual abuse
- More likely to be a victim of Interpersonal violence
- Autistic Burnout
- Poor mental health
- More likely to enter a vulnerable situation
- More likely to be blamed
- Ignores your own wishes and thoughts
- Struggles to interpret physical states
- Struggles to interpret emotional states



# IN CHILDREN AND YOUNG PEOPLE

## PEOPLE

- PLUS
- Appearing to change a lot across different settings (e.g. home and school)



# THE IMPACT

1

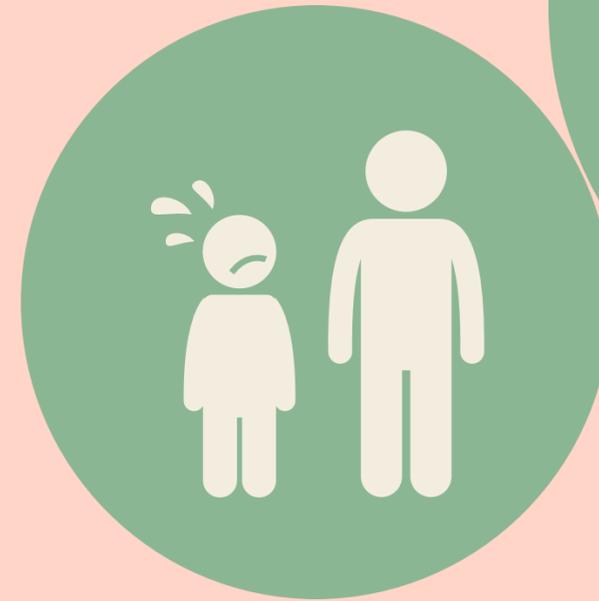
Masking is related to mental health outcomes in adulthood: Anxiety and depression (Hull et al. 2021, Cage and Troxell-Whitman, 2019), suicidality (Cassidy et al. 2019, 2021).

2

Whilst it can be an adaptive mechanism, long term identity suppression has a negative impact on mental health. However, it isn't always safe for autistics to unmask (Simmons, 2021)

3

Early evidence suggests it is related to episodes of 'autistic burnout' (Raymaker et al. 2020) and loss of daily functioning.



# WHAT MIGHT CONTRIBUTE?

Being able to label emotional states, or being able to recognise bodily sensations is something that lots of autistic people struggle with (Kinnaird, Stewart and Tchanturia, 2019).

May represent difficulties in responsiveness to therapeutic intervention (i.e. "how do you feel"... "I don't know").

Recognise that the ability to 'correctly' identify feelings is not universal, and that the person may have no idea how/what they are experiencing differs to others (i.e. anxiety).

# EXPLAINING EXPERIENCES

Access to the 'right language' can make all the differences in autistic people understanding their own experiences.

Masking responses to distress, whether it be social, sensory, etc., can compound emotion recognition. You can't regulate stress if you can't recognise it.

May need different strategies to start linking events, thoughts and feelings together.



# STRESS AND INVALIDATION



When you experience sensory input that other people don't, the response can often be very invalidating: i.e. "stop being so fussy", "well I cant hear anything".

This can lead to autistic people doubting their own experiences, suppressing responses out of fear of being ignored, invalidated, or getting in trouble.

Being able to create the right sensory environment can reduce stress, and positively impact on mental health.

# HOW MIGHT THIS LOOK?

Lack of responsiveness to 'treatment' doesn't equal lack of engagement or a faulty patient: are their needs being met? Can they access the right language?

Recognise that monotropism may impact on ability to switch between different states/sources of information.

Autistic people may be exhibiting trauma alongside their neurodivergence, which may look like a 'complex' case.

Lack of compliance or 'challenging behaviour' should be viewed through a humanistic lens, to avoid further trauma.



# WHAT YOU SEE ISNT ALWAYS WHAT YOU GET

People in extreme distress may not always appear as you expect. Being aware of this, and attempting to see past what is in front of you can be life-changing.



An experience sensitive approach, e.g. lifeworld framework, emphasising agency, insiderness, uniqueness, sense-making, sense of place, embodiment, togetherness and that personal journey.



Thank you

THANK YOU FOR LISTENING

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