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**Sally Cat**

**PDA and masking**

Hello, I'm Sally Cat. I'm an adult PDAer author, advocate and artist who masks, and who has a ten-year-old PDA daughter who masks too.

My presentation today is about masking:

- what it is
- why it is carried out
- whether it is more common for PDAers than "general" autistic people
- whether masking is a universal PDA trait
- what are its benefits and costs

I've also made two polls for you to take part in if you wish.

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## What is masking?

Masking means hiding true feelings behind a display of emotions we don't really feel.

Often the masked front presented will be one of happy calmness hiding internal stress and anguish.

Sometimes also gentle emotions may be masked with aggressive ones. I had a very interesting conversation recently with a trans PDAer who said that, when trying to be the boy she thought she should be, she acted tough and aggressive, and that this had felt empowering until she realised she didn't want to be like that; that this was not her authentic self.

A form of masking is **social mimicry**. This means copying other people's words, mannerisms, and body language, etc. This may often be to fit in and get along with people.

I often find myself automatically adopting the accents and mannerisms, etc, of people I'm talking with.



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WHO WANTS TO BE A  
MASKAFICIONAIRE  
WHO WANTS TO BE A

POLL ONE  
COMPLETE THE SENTENCE: **MASKING...**

**A** IS NEVER FOR THE INDIVIDUAL'S BENEFIT

**B** IS ALWAYS LEARNT BEHAVIOUR

**C** CAN AID GENUINE COMMUNICATION

**D** CANNOT CONCEAL AUTISTIC MELTDOWN

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## Why do people mask?

The word “masking” has become synonymous with autistic oppression and injustice.

Masking is commonly viewed as learnt, forced oppression which can and should be cast off so that autistic people can be authentic and free.

I, however, believe masking to be more multifaceted than this.

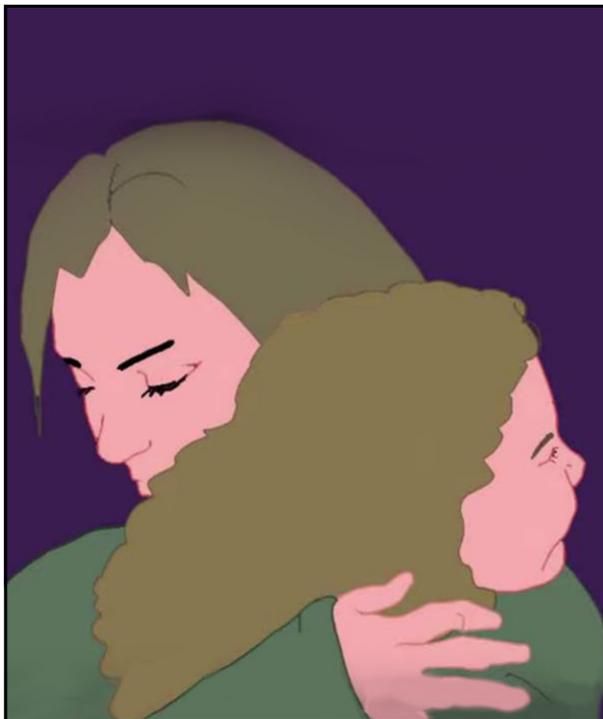
Yes, I think it can be an evil forced onto autistic people in order to suppress our natural, true selves,

**BUT** I don't think this is always the case

I think sometimes, we may instinctively wish to mask, and that doing this can even –shock horror!– be healthy and positive (we'll come back to this).



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### Hiding vulnerability

I witnessed what I believe was instinctive, rudimentary masking in my daughter when she was a toddler. As soon as she was able to communicate it, she fiercely denied being hurt or upset.

For example, if she painfully bashed her head so blood was streaming down her face, she'd be upset if we tried to comfort her, and insist she was OK.

This was really hard to parent because my entire instinct was to soothe and comfort her, but trying to do this caused her to panic and become even more upset.

I learnt in the end to calmly open my arms wide without making an issue out of it so she could come to me for a cuddle without her pain being acknowledged.

I'd like to clarify that we, her parents, had never disapproved of our daughter displaying distress.

To my mind, her determination to hide her pain came from an instinctive drive to mask her vulnerability.

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**Animal masking**

If we look at animals, we can see that this type of masking is a common, natural drive.

We keep pet rabbits, and our vet told us that rabbits, as prey animals, instinctively hide pain and stress so they don't appear weak.

A vet's website says:

"hiding pain is a behavior animals developed long ago in the evolutionary process. This was necessary to protect themselves from predators during times of injury or sickness. Even though they've been domesticated for thousands of years, this adaptive advantage has remained ingrained in our pets to this day."

URL: <https://grandvalleyvet.com/pet-pain-why-animals-hide-it-and-what-you-can-do-to-help>



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I can relate to having felt I must mask my pain for no reason I can retrospectively identify.

An example that comes to mind is when I had a new job starting in a bar in central Turkey (a place that had become my second home).

The night before I started this new job I bashed my toes on the step of a stone stair so hard that they went black and swelled up.

Instead of telling my new boss that I couldn't walk or stand without massive pain, I pretended to be fine and hid my difficulty.

In retrospect, I know he'd have been sympathetic if I'd told him I had this injury. But my instinct had been to hide it.



Another example:

As a child, I was in the school playground during a break and had a pack of square chew sweets for my snack.

One stuck in my throat.

It was agony. I struggled to breathe and panicked that I couldn't swallow it ever, but my instinct was to act like I was fine so no one would know I was distressed.

I eventually managed to swallow it, but I masked my relief as well. I just hadn't wanted anyone to spot that I'd struggled.

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**Masking as a communication aid**  
 I believe that the social mimicry aspect of masking can serve as a vital communication aid for those of us who lack intuitive wiring to know what to say and do to connect with others.

I respect that many autistic people have no desire to mimic others so as to communicate with them. I'm not judging right from wrong, but I do know that I, personally, have a desire for my communication to "succeed" (as in the person I'm speaking with correctly interpreting what I've tried to say).

I relished the tutoring I had in training as a person-centred counsellor because I got direct, informed, expert feedback about how effective my communication had been at communicating empathy, genuineness and positive regard.

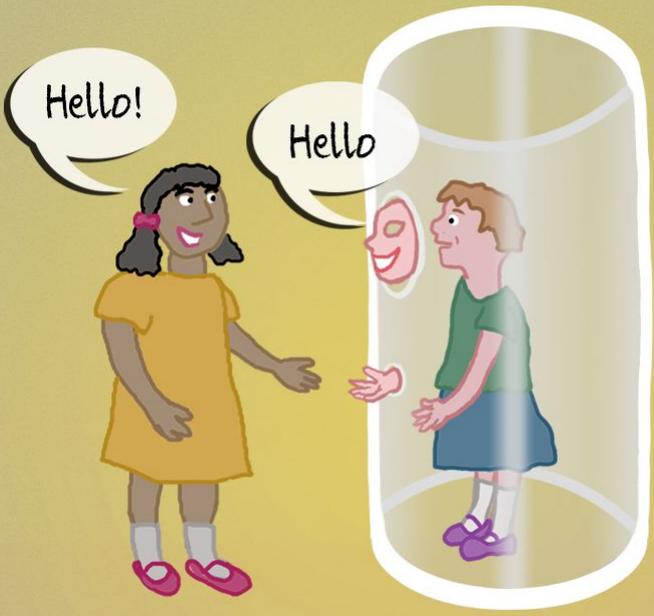


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I'd like to add that, for me, I do not naturally know how to communicate my true feelings and rely on masking/mimicry in order to do this. This is different, I think, from trying to fool people that I feel other than I do. For me, I cannot naturally communicate what I really feel without masking. I'm aware that this might sound contrary. I believe my neurology lacks a level of social-reading capacity that neurotypical people possess. On top of this, I genuinely want to engage as fully as possible with people and embrace using tools that enable this.

In this light, I think masking can be thought of as a natural drive (not always, but sometimes).

So, I think it's important to bear in mind that not all masking is forced onto autistic people by others.



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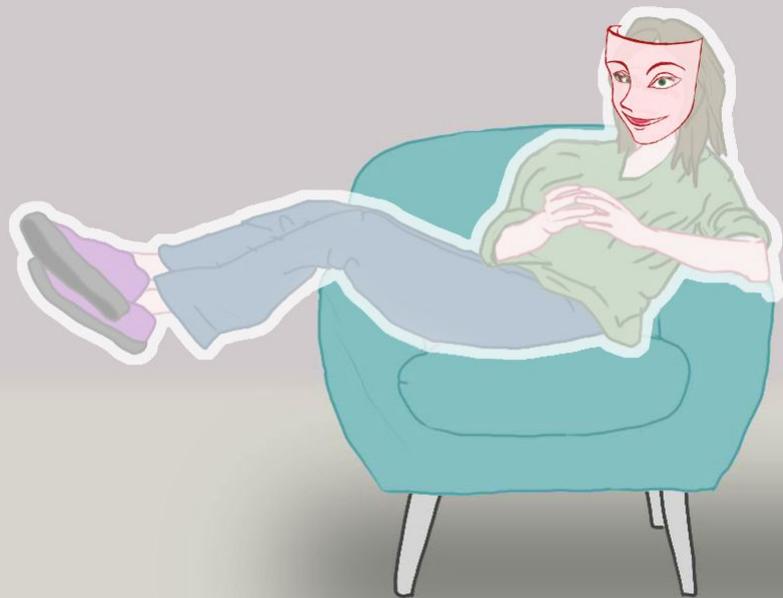
### Masking as the only way I can communicate

This may sound odd, but I don't think I can communicate with anyone, not even my closest family, without masking.

To me, this isn't about being false, but about needing the interface of a mask in order to express myself.

It confuses me when autistic people talk about dropping their masks. I think, "how?"

I often hear people saying that they, or their children, drop their masks at home. Maybe they do, but for me, I think it's more that I feel more relaxed at home because the masks I've developed to interact with my family members are so well-practiced and comfortable that I can carry them out on autopilot.



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### Is masking more common for PDA than general autism?

I believe that the commonness of masking is one of many things that differentiates PDA from general autism.

I gained my adult autism diagnosis in 2013.

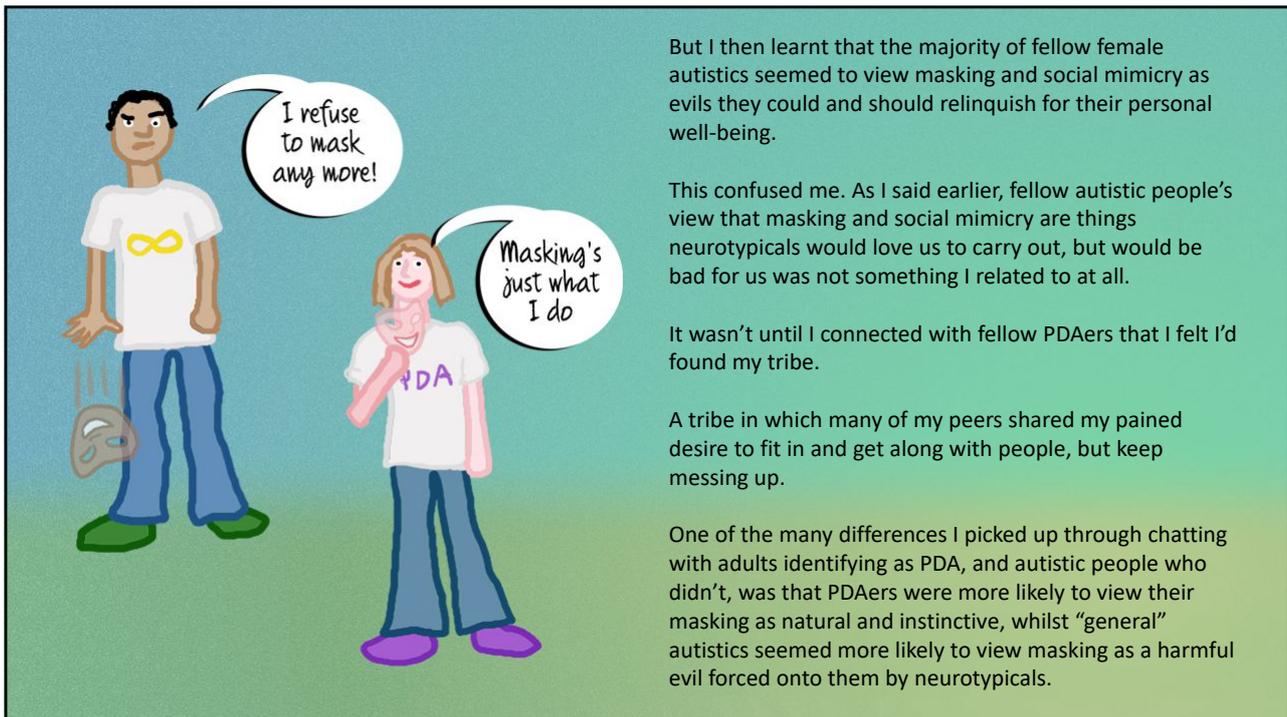
I'd sought my diagnosis after coming across a female autism traits list and being grabbed by a description of social mimicry.

I felt a rush of relief that my life-long ordeal of being socially-driven but lacking the perception to know WTF to say and do to socially connect was finally acknowledged.

"What an unfortunate concoction of neurological wiring," I lamented with passion, "for those of us fitting the female-pattern autism profile."



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But I then learnt that the majority of fellow female autistics seemed to view masking and social mimicry as evils they could and should relinquish for their personal well-being.

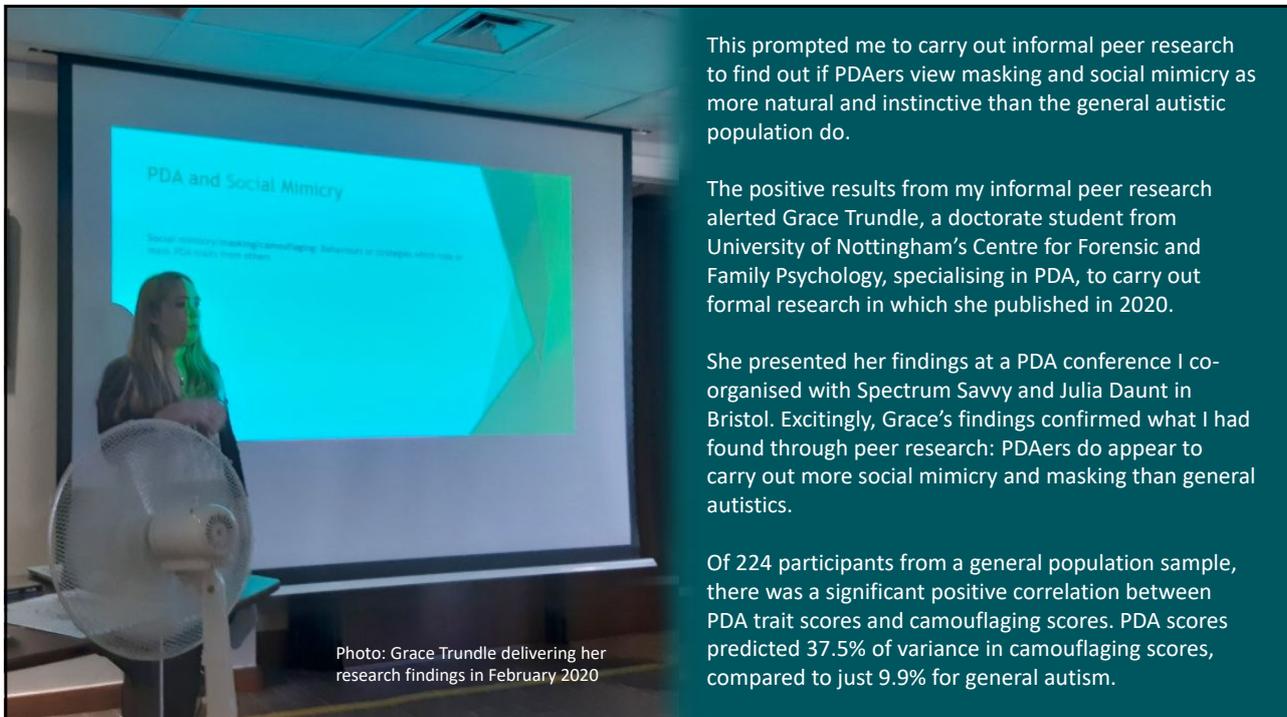
This confused me. As I said earlier, fellow autistic people's view that masking and social mimicry are things neurotypicals would love us to carry out, but would be bad for us was not something I related to at all.

It wasn't until I connected with fellow PDAers that I felt I'd found my tribe.

A tribe in which many of my peers shared my pained desire to fit in and get along with people, but keep messing up.

One of the many differences I picked up through chatting with adults identifying as PDA, and autistic people who didn't, was that PDAers were more likely to view their masking as natural and instinctive, whilst "general" autistics seemed more likely to view masking as a harmful evil forced onto them by neurotypicals.

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This prompted me to carry out informal peer research to find out if PDAers view masking and social mimicry as more natural and instinctive than the general autistic population do.

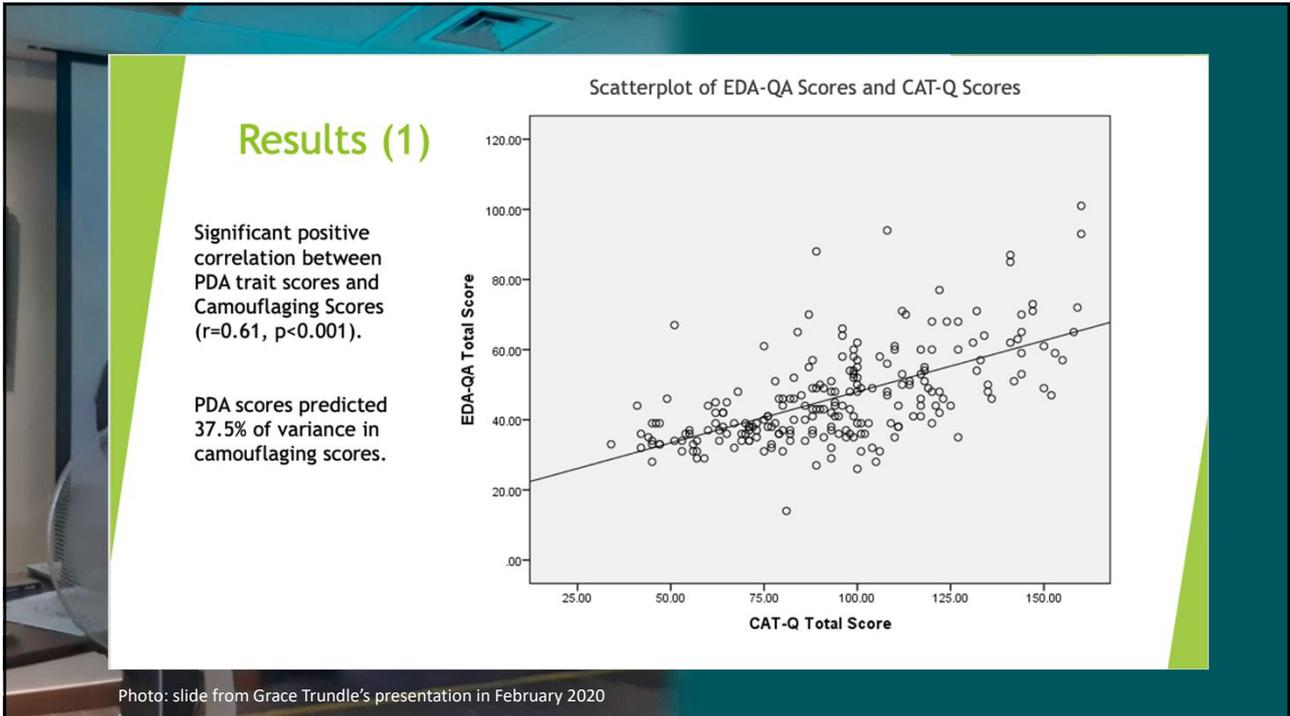
The positive results from my informal peer research alerted Grace Trundle, a doctorate student from University of Nottingham's Centre for Forensic and Family Psychology, specialising in PDA, to carry out formal research in which she published in 2020.

She presented her findings at a PDA conference I co-organised with Spectrum Savvy and Julia Daunt in Bristol. Excitingly, Grace's findings confirmed what I had found through peer research: PDAers do appear to carry out more social mimicry and masking than general autistics.

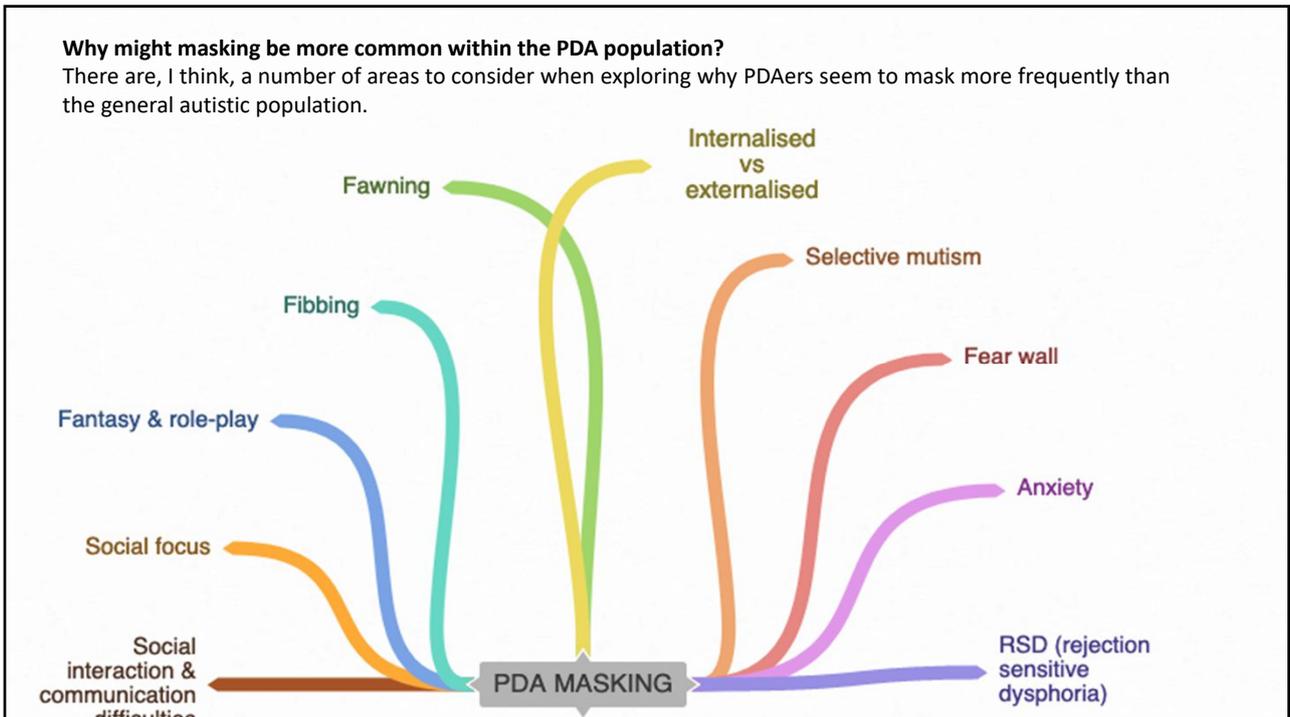
Of 224 participants from a general population sample, there was a significant positive correlation between PDA trait scores and camouflaging scores. PDA scores predicted 37.5% of variance in camouflaging scores, compared to just 9.9% for general autism.

Photo: Grace Trundle delivering her research findings in February 2020

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### Fantasy & role-play

Propensity for fantasy and role-play is also a recognised PDA trait that's not associated with general autism.

This has often expressed for me as immersive daydreaming, but I also enjoy imagining I'm in a certain role when carrying out physical actions.

For example, I may imagine I'm making a YouTube film when cooking a meal, or I imagine I'm staking a place out if waiting for someone.

Some of the untruths my daughter tells seem to have been rooted in her immersive daydreaming. I think for her (and I can remember doing this too as a child) she has a need to communicate and be listened to with interest, but she places no value on whether what she says is real or imagined.

In fact, I think invented "facts" are more comfortable for her to share because she is in control of the information so can present herself to us as the peer-popular child she wishes to be.

So, I think this connects to masking.



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### PDA traits that make masking likely

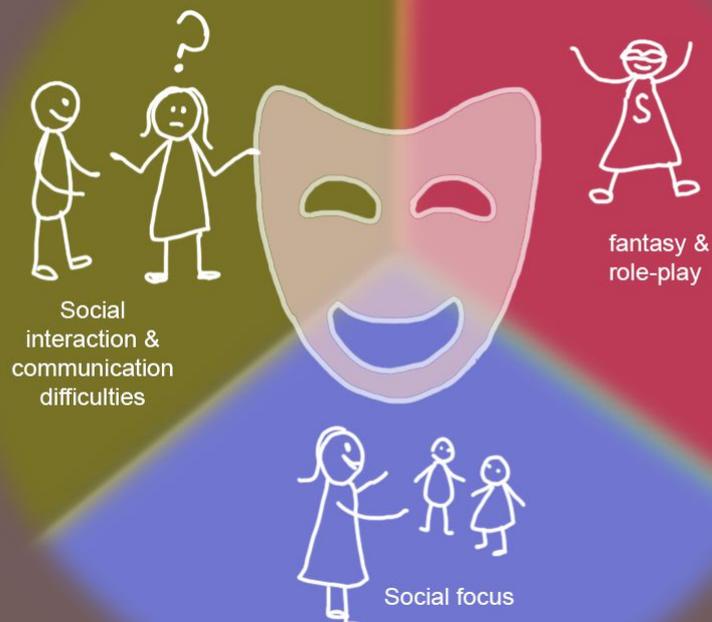
I think the traits of

- Social interaction & communication difficulties
- Social focus
- Propensity for fantasy & role-play

combine to make masking likely.

Our social interaction & communication difficulties frustrate our natural social focus, but we can use our ability to role-play to compensate.

Masking enables us to carry out the social interaction we want to do, but otherwise can't.



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**PDA anxiety**  
Another core trait of PDA is having very high anxiety.

In talking with fellow adult PDAers, many, like me, were unaware that they experienced anxiety at all because it's their normal state.

Just like people tend not to notice their breathing.

PDA anxiety is not something that pops up out of the blue so we notice its arrival,

But something that's been with us since we were born.

And it never goes away.

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**Fib response**  
Parents of PDA kids frequently talk of their children fibbing, even if caught red-handed. My own daughter does this, as did I as a child (and younger adult).

Being caught and cornered caused me massive panic, and my default defence was to lie in order to try and save myself.

Fibbing has recently been proposed as an alternative protective adrenaline response to the better-known trio of Fight, Flight and Freeze.

This is certainly what my fibbing-when-caught felt like for me: my fibbing was driven by overwhelming panic.

According to an article in the online ADHD magazine, ADDitude Mag:

*With complex and advanced language (not available to our primitive ancestors), we have the ability to verbalize both factual and/or fictitious reasoning instantaneously at point of performance, most notably in times of stress and threat.*

URL: <https://www.additudemag.com/why-lie-adhd-fight-flight-freeze>

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### Fawning

Like the Fibbing, Fawning has been proposed as another adrenaline response to sit alongside Fight, Flight and Freeze.

This is where we seek to please others and put our own needs last in order to feel safe.

According to a drug rehabilitation centre's website:

*Fawning is a response marked by people-pleasing behaviors, conflict avoidance, unable to find one's voice or ability to stand up for themselves in the face of a threat, and taking care of the needs of others to one's own detriment.*

URL: <https://www.ashleytreatment.org/learning-about-stress-responses>

Many adult PDAers describe Fawning as their default adrenaline response, often adding that they hate it.

I myself often default to Fawning and slip into assuming others are right and I am wrong and that my needs are of no consequence.



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 A cartoon illustration of a person with a wide, toothy grin, looking thoughtful. A thought bubble above their head contains the text "Why am I so anxious?". The person is drawn in a simple, sketchy style with a pinkish-red color palette.
 

Why am I so anxious?

Fawning is thought to develop from childhood trauma if neither Fight, Flight nor Freeze were effective self-protection strategies.

I believe that we PDAers, having naturally high anxiety, can feel traumatised by things that might impact others less.

The term was coined by Pete Walker, a C-PTSD survivor and licensed marriage and family therapist specialising in helping adults who were traumatised in childhood.  
URL: <http://www.pete-walker.com/codependencyFawnResponse.htm>

With relation to PDA masking, I think the Fawn response may cause us to wish to be like others and hide who we truly are because we believe we're not good enough.

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**Internalised PDA**

An uncounted number of PDAers, young and old, have internalised presentations of PDA meaning our meltdowns and other stresses are internalised (aka masked from view).

Internalised and externalised PDA are sometimes referred to as introverted and extroverted, but I feel internalised and externalised are better descriptors because they describe how we deal with our meltdowns, etc (pulling them inside, or letting them blast out).

Research and awareness has centred on externalised presentations. For example, the EDAQ, to date the only scale developed to assess PDA, drops scores for PDA children who don't try to control their teachers or peers.

Externalising PDAers will have obvious meltdowns, may avoid things loudly, and be driven by their natural PDA need for personal control to boss others around, such as other children and teachers in school.

Internalising PDAers will often seek to avoid demands quietly (for example, by saying thank you for a film recommendation, but never watching it). And we are unlikely to have bossed classmates or teachers around.

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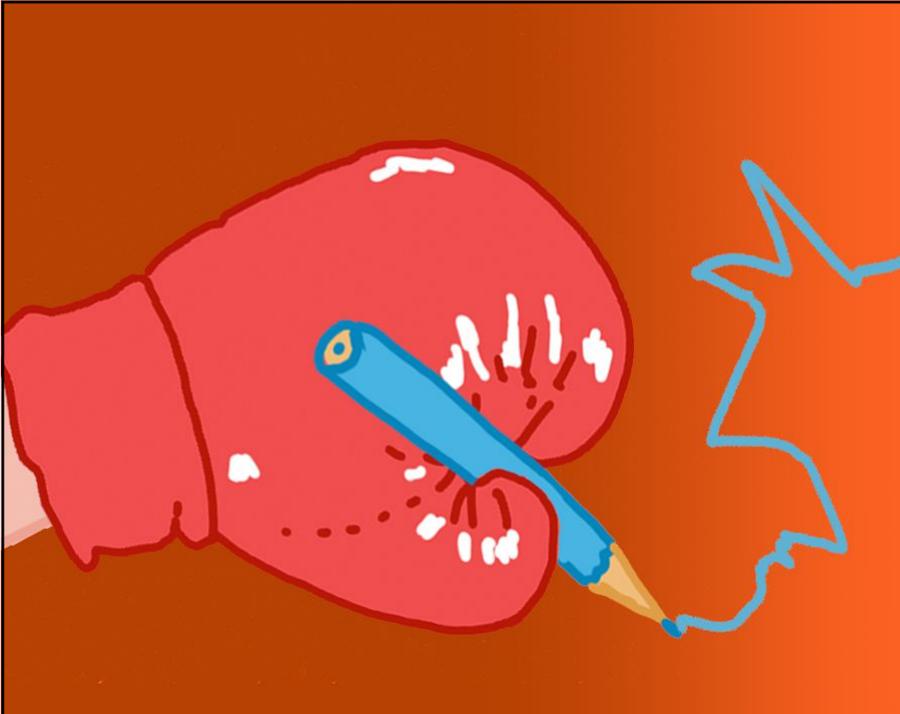


Internalised PDA meltdowns may manifest as irritability and irrational quibbling, perhaps lashing out with words that we know will wound our loved ones.

This is how my meltdowns manifest. It feels like I've been possessed by a demon with access to my my memories so it can use them to hurl hurtful, spiteful words at people. Ultimately, this meltdown demon wants me to regain a sense of personal control, but – ironically– I am not in control of my words or actions at this time.

I witness my spiteful behaviour with helpless shame and horror, as if I'm watching someone else.

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I try to contain the explosive power of my meltdowns, but it's like trying to write neatly while holding a pen with a boxing glove.

So, we internalising PDAers effectively mask our PDA traits.

We are not "less" PDA, but our PDA is internalised, and this can be thought of as masked.

Saying this, I've spoken with externalising PDA adults, such as Julia Daunt, who say they mask too.

I really do think this an area that's ripe for research.

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### Selective mutism

PDA kids (and adults), as for the general autistic population, may be selectively mute, which Libby Hill will have discussed in detail in her presentation before mine.

Both myself and my 10yo daughter are selectively mute. I am less affected these days, but my daughter remains very mute in school.

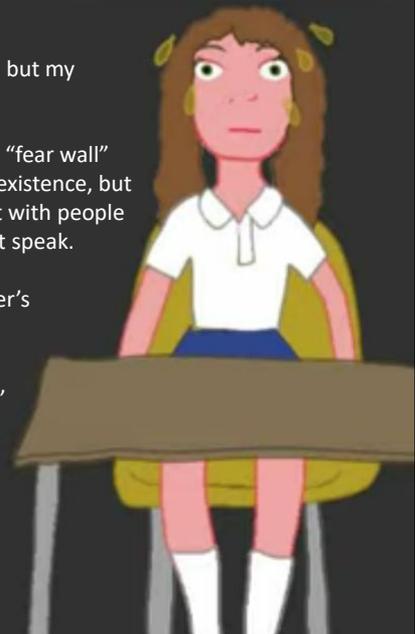
When I am stuck with selective mutism I feel verbally paralysed by what I think of as a "fear wall" that's sprung up around me like a force-field so that I can't speak to people. I hate its existence, but can't shrug it off no matter how much I long to do so. I can set out determined to chat with people and forge friendships, but my f\*\*king fear wall jumps up and immobilises me so I can't speak.

My own experience of selective mutism has aided me in empathising with my daughter's experience.

She doesn't like to admit to being selectively mute, or to having any social issues at all, but things she has said have resonated deeply with me. And both me and her dad are very aware of the ultra-high anxiety she experiences if she feels caught out for being spotted as different from her peers.

She would panic and be confused if a teacher told her they can see she's masking and doesn't have to!

She wants more than anything in school to not stand out as different.



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### “Spare games”

This is a where a child runs around as if playing with other children in the playground, but it becomes apparent that they are not playing with anyone else at all if they are observed for long enough.

The term “spare games” was coined by a 9yo PDA girl Libby Hill met who was an excellent masker. Libby says she has since met many other PDA and general autistic children who do this.

There’s a risk that professionals will miss it and assume the child is playing with their peers and has no social interaction issues.

My daughter’s school SENco spotted her “spare gaming” when she was seven, and told us in a recent meeting that, now aged ten, she still does it. Staff have urged her peers to invite her to play, but she’s told us she prefers to play solo without the irritation of others.

I behaved similarly as a child, but my conscious motivation was to play despite the other children shunning me. So, I ran around imagining I was in woodland with tame deer, etc. I sometimes became aware that I might look very weird skipping around on my own. I think I then made an effort to make my gameplay blend in more with the other children.



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My daughter also seems to be acting out her immersive daydreaming during her “spare games”, but her fantasies are about playing with her classmates. We were long confused about why she was coming home from school determined to regale us with blatantly fanciful tales about her high jinks with her classmates. It wasn’t until her SENco told us that she’s still engaging in “spare games” that I joined the dots.

Libby Hill has told me that the girl who coined “spare games” had, like me, been desperate to play with others in real life, but other “spare gamers” she’s met have, like my daughter, preferred solo play.

So, I think there’s a few points to consider here:

- Professionals may fail to spot “spare games” and assume the child is socialising normally
- Not all “spare gamers” want to play with others
- “Spare gaming” appears to be linked to fantasy and role-play
- “Spare gaming” may not always involve social mimicry and masking



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**RSD (rejection sensitive dysphoria)**

RSD has been thought of as an ADHD trait

But many PDAers report being afflicted by it too.

It causes us to be certain people have rejected us

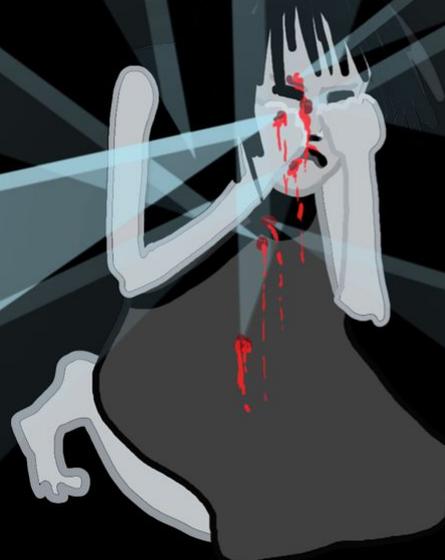
(despite lack of real evidence)

And feel heart-broken because of it.

Perceived rejection sits in my gut like broken glass

Refusing to shift no matter how much I try to rationalise it.

It can dominate and shadow my life for months, sometimes years.



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**The "fear wall"**

Some PDAers I've spoken with have said that they, like me, feel permanently separated from other people, as if stuck behind a wall of glass.

This separating wall of glass prevents me from communicating my direct experiences to others.

It's like I'm trapped in a bubble that I can't break out of so that I can't just be "me" and express myself freely and easily.

I think of this as my "fear wall"

Hello!



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**The components of my “fear wall”**  
I suspect that a combination of innate PDA:

- social interaction & communication difficulties
- social focus
- innate high anxiety
- rejection sensitivity

combine to create my “fear wall”.

My social focus draws me to socially communicate

I feel extremely anxious if I perceive that my communication attempts have failed

And also crushed by RSD

But I lack the instinct of how to avoid repeating mistakes.

The toll of repeated failures triggers crippling anxiety when I’m faced with unfamiliar social situations: this is my “fear wall”

social interaction & communication difficulties

anxiety

rejection sensitivity

Social focus

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**Constructing my mask**  
Like all good actors, I have a repertoire of learnt lines, facial expressions & mannerisms, etc.

In other words, masking and social mimicry serve to satisfy my innate PDA social-focus by using my fantasy & role-play propensity to bypass my “fear wall”.

The masking I carry out is not about deceiving others about what I truly feel, but actually about finding a means to communicate my true, genuine feelings.

This might sound completely illogical, but please bear with me.

Fashioning a working mask of “communication life hacks” enables me to satisfy my innate social-focus drive to interact with others by bypassing my lack of social communication intuition, and poking a window through my “fear wall”.

Masking, in this light, enables me to communicate the things my fear wall has previously blocked.

And mostly what it’s blocked has been my true, deep, innermost feelings. So –and this is a big “so” for me– masking is the only way in which I can communicate my genuine feelings because it enables me to break through that pesky wall of fear.

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## Is masking a universal PDA trait?

Although masking seems to be more common for PDAers than general autistics, some PDAers say they don't mask.

The only formal research carried out into this area is by Grace Trundle. As we've seen, her 2020 study found that PDA scores predicted 37.5% of variance in camouflaging scores (compared to just 9.9% for general autism), but she points out:

"it is important to note that predicting 100% of the variance would be a perfect relationship (e.g. year of birth would 100% predict age), meaning that in the relationship between PDA and camouflaging, 62.5% of the variance in camouflaging scores is unaccounted for and thus other factors must be influencing the relationship."

In other words, being PDA does not guarantee camouflaging (aka masking and social mimicking). Although I think it's also worth bearing in mind that the scale Grace Trundle used to measure PDA was the EDAQ, which down-scores internalised PDA.

There is still so much uncharted PDA territory to map!

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## REVISITING POLL ONE

# WHO WANTS TO BE A MASKAFICIONAIRE

POLL ONE  
COMPLETE THE SENTENCE: MASKING...

A IS NEVER FOR THE INDIVIDUAL'S BENEFIT

B IS ALWAYS LEARNT BEHAVIOUR

C CAN AID GENUINE COMMUNICATION

D CANNOT CONCEAL AUTISTIC MELTDOWN

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## REVISITING POLL ONE

A) we've seen that masking can sometimes benefit us, for example, by helping us to communicate things we truly want to say but couldn't otherwise express.

B) prey and other animals are known to mask instinctively, and I've observed similar behaviour in myself and daughter.

D) meltdowns are internalised by some PDAers, in fact, internalised presentations of PDA are so hidden (aka masked) that they're actually scored down by the EDAQ!

So the correct answer was C: masking can be used by autistic people to communicate our true feelings.

We'll be exploring other benefits – and costs – of masking after the next poll

### POLL ONE COMPLETE THE SENTENCE: MASKING...

A IS NEVER FOR THE INDIVIDUAL'S BENEFIT

B IS ALWAYS LEARNT BEHAVIOUR

**C CAN AID GENUINE COMMUNICATION**

D CANNOT CONCEAL AUTISTIC MELTDOWN

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### POLL TWO COMPLETE THE SENTENCE: MASKING...

A IS NEVER LOOKED FORWARD TO

B ALWAYS DRAINS ENERGY

**C CAN'T FEEL PLEASANT**

D ALWAYS MAKES PEOPLE FEEL INSECURE

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## What are the benefits and costs of masking to the individual?

We've seen that masking can benefit autistic people by bypassing our innate social interaction & communication difficulties so that we can communicate genuine feelings we'd otherwise be unable to express.

Many autistic people, however, rightfully complain that they've been forced to mask because neurotypical people (including family members and professionals) refuse to accept their natural, autistic communication style.

This type of repression is what ABA (Applied Behavioural Analysis) seeks to impose on hapless autistic children, and has been proven to cause devastating, chronic mental health issues, including PTSD and tics.

To my mind, it's never OK to force a child (or adult) to mask.

If, however, an autistic person wishes to mask, then this is their choice and, I believe, it need not be unhealthy.



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### Security

We've also seen that masking can be used to make us feel safe in the face of overwhelming social anxiety.

To use my terminology, it punches a hole through my fear wall.

Masking a calm, relaxed persona serves as a shield protecting me from scrutiny and judgement.

Without an effective, learnt mask, I'm confounded by tongue-tying social anxiety that leaves me horribly frustrated and mute.



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**Comfort**  
Having a mask I trust to be effective comforts me when I engage in social situations.

If I lack a repertoire of what to say and do, I feel very ill at ease.

Masking therefore reduces my social anxiety.

And even allows me to relax and enjoy the company of others.


 An illustration of a woman with long brown hair, wearing a green sweater, holding a grey, stylized mask to her face. She has a thoughtful or slightly sad expression. The background is a solid dark purple.

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**Energy drain**  
Comforting as it can be, masking does tire me.

It's like being on a theatre stage acting in front of an audience.

It uses up a lot of mental and emotional energy.

Even time with my close family exhausts me.

I think this (along with the toll of endless, every day demands) is why I need much more quiet time than people generally need.

I need repeated stints of extended quiet time to recharge my "battery".


 An illustration of a woman with long brown hair, wearing a green sweater, lying in bed. She is holding a smartphone in her hands and looking at it. A bright beam of light emanates from the phone, illuminating her face. The background is a solid green.

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**Fun/entertainment**  
Fellow adult PDAers I've spoken with have said they sometimes enjoy masking

I can totally relate to this

An example that comes to mind is when we went on holiday to Rabat in Morocco a few years ago. I researched acceptable dress for women. Aware also that Muslim women are expected to behave demurely, I thoroughly enjoyed dressing in loose clothing covering my hair, arms and legs and walking the streets in a demure fashion. The novelty of this role-play excited me.

I'd have soon hated it if we'd stayed there long enough for the novelty to wear off.

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I actually yearn for opportunities like this, especially if I've had no opportunity to use one of my hand-tailored masks.

For example, I've spent a lot of time in central Turkey, and taken great pains, despite my dyslexia, to learn Turkish.

Visiting the region always fills me with delight to be able to exercise not just the language I've learnt, but the specific mannerisms, social knowledge, behaviours, and talking style, etc I developed to fit in and get along with Turkish locals.

And I really do relish my connections with them.

I think I found the Rabat experience particularly thrilling because it allowed me to use many components of my Turkish-mask.

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## REVISITING POLL TWO

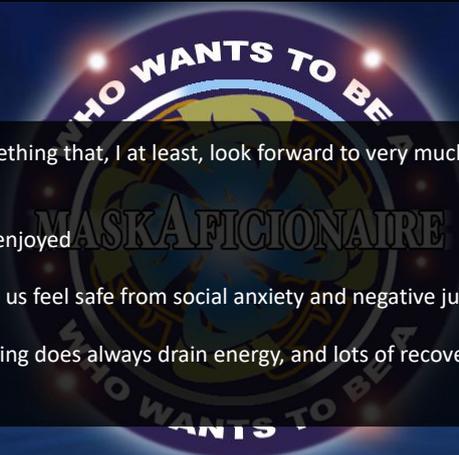


POLL TWO  
COMPLETE THE SENTENCE: MASKING...

- A) IS NEVER LOOKED FORWARD TO      B) ALWAYS DRAINS ENERGY
- C) CAN'T FEEL PLEASANT      D) ALWAYS MAKES PEOPLE FEEL INSECURE

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## REVISITING POLL TWO



A) we've seen that masking is something that, I at least, look forward to very much (for example) opportunities to exercise my Turkish mask.

C) and masking can very much be enjoyed

D) on top of this, masking can help us feel safe from social anxiety and negative judgements.

So the correct answer was B: masking does always drain energy, and lots of recovery/recharge time is needed after practicing it.

POLL TWO  
COMPLETE THE SENTENCE: MASKING...

- A) IS NEVER LOOKED FORWARD TO      B) ALWAYS DRAINS ENERGY
- C) CAN'T FEEL PLEASANT      D) ALWAYS MAKES PEOPLE FEEL INSECURE

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**How is this different from a neurotypical person adapting their learnt reactions to better fit new circumstances?**

Good question.

My thoughts are that learnt reactions are masks, regardless of neurotype.

Exactly what masking constitutes, I believe, is something that will benefit from further research.

I think neurotypical males represent a group that carries out more masking than others do (e.g., putting on a tough guy front). Whether or not this behaviour is learnt or instinctive is an area of often impassioned debate, but –I think–the fact remains that NT males mask heavily.

So, it's not just about autism & PDA

And, as we've seen, masking is much more complex and varied than being about autistic people being forced to hide our true feelings.

