A fact sheet about

Why masking runs on autopilot

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Why masking runs on autopilot

How masking is learned, why it runs on its own, and what to try.



Key points

- Masking (definition below) is often learned young, as a way to stay safe and fit in, and after years of practice it can run on its own.
- Many autistic adults say it is second nature, or like being on autopilot, so it can start before you have decided anything. If you are ADHD or neurodivergent in another way, you may recognise this too.
- It is also switched on by the people and the place around you, so it is not only up to you.
- Rather than trying to stop it in the moment, it may help to notice it afterwards, which shows you over time where it switches on.

What masking is, and how it is learned

You have read about masking and decided to be more yourself. Then a neighbour knocks at the door. Before you have thought about it, your voice goes up, your face smiles and you are giving all the right replies. Afterwards you wonder why you did it again, when you meant not to.

That is not a lack of willpower, but a habit you built over years to keep yourself safe.

Masking means changing how you come across so that you fit in: your face, your voice, how you move and what you share. Researchers often call it camouflaging.

Many autistic adults say they started young, when they were teased, left out or treated badly for standing out. So they learned to watch other people and copy them: some copied from friends, and some from TV and films. Some said life with other people got easier as they got better at it.

Adults who mask more have also more often been hurt by others in the past. At work, many neurodivergent adults say they mask to protect their job and how others see them. So masking was a sensible thing to learn. It is a skill you built to get through, and it is not a flaw in you.

Why it runs on its own

Anything you practise for years can start to happen without thinking, like tying your shoes or driving a road you know well. Autistic adults describe masking in the same way. They call it "second nature", "my default" and "autopilot", and say it is "hard to now turn off". One person said they even hold back their tics when they are alone.

Some said they wanted more say over when the mask goes on. For example, they wanted to drop it with a doctor, so that the doctor could see what they really find hard.

Masking also depends on who is there. Researchers now see it as something that happens between people, shaped by the setting and by how others are likely to react: a room that feels unsafe can switch it on before you have chosen anything. So deciding to stop does not always reach the part of you that starts it.

Autistic adults also describe a bind: masking costs them a lot, but not masking can cost them too. You can read more about what masking can cost you here. So the mask does a real job, even on days when you wish it did not.

Most of this research is about autistic adults, and much less is about ADHD and other neurodivergent adults. More broadly, research on autism, ADHD and neurodivergence has often left out BBIA (Black, Brown, Indigenous and Asian) people, LGBTQIA+ people and other groups. Your lived experience is what is most valid.

The one thing to try: notice the mask afterwards

Trying to catch the mask in the moment may not work, because it starts before you notice. It may be easier to look back once you are home and calm.

At the end of the day, think of one moment when the mask went on. Then ask yourself:

- Where was I, and who was there?
- What did I change: my voice, my face, my body, or how I communicated?
- Did I choose it, or did it just happen?

A few words are enough, like "shop, smiled and nodded, just happened". You can keep these notes in the Understanding Zoe app and look back on them after a week or two. You may find that some people or places switch the mask on every time, and others do not.

That is useful to know, and it is not something to fix. Over time, noticing afterwards can turn into noticing during, and that can give you more choice. You can read more about how to unmask safely here.

For some people masking keeps them safe, so masking less is always your choice, and only where it is safe. For many BBIA and LGBTQIA+ people, masking does more than help them fit in. It can protect them from racism, homophobia, transphobia and other discrimination, often on top of hiding being neurodivergent. This means being able to unmask is a privilege. Not everyone can do it, and not every place is safe enough to try. If masking keeps you safe somewhere, it makes sense to keep doing it there.

All of this is anchored in lived experience and in what the community shares about it.

Looking back can be tiring, so one moment a day is enough, and some days you may skip it.

Getting support

This page describes what many adults say about themselves. It is not an assessment, and it cannot tell you what is going on for you.

You can ask for support at any point, whether you have masked for as long as you can remember or have only just noticed it. A GP is a good place to start. A GP can talk with you about a Mental Health Treatment Plan, which can lower the cost of sessions. Different health professionals can help you understand where your masking comes from and what you want to keep, and your GP can help you work out who is right for you. You can also book a telehealth session through Understanding Zoe.

Sources

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UnderstandingZoe

Understanding Zoe is the first neuroaffirming AI-powered app that turns every report, observation and moment into an actionable next step, supporting neurodivergent people and those who care about them to thrive.

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