



Understanding Masking and Its Impact on Social-Emotional Development

By **Dr. Chris Abildgaard, EdD, LPC, NCSP, NCC**

AS WE CONTINUE TO ACCLIMATE OURSELVES, OUR STUDENTS, AND OUR CHILDREN TO THIS “POST” COVID-19 WORLD, WE ARE FACED WITH NEW CHALLENGES WHEN THINKING ABOUT OUR EDUCATION SYSTEM, MENTAL HEALTH SUPPORTS, AND THE FAMILY UNIT. WE ARE ALL EMERGING FROM A TIME WHEN BALANCING LIFE, WORK, AND FAMILY WAS A DAILY JUGGLING ACT.

Between Google Meets, Google Classroom, and knowing our schedules and those of our kids, things became blurry. For many of us trying to keep up with the pace of life, we watched our children and clients through this unique lens. They were growing in a world unlike anything we have ever experienced before. Social isolation, stagnation, and, in some cases, feeling trapped within one set of walls for months made us all feel a little stir-crazy. We saw students do the best they could to keep up with the pace of instruction, but for many who require more direct and specific teaching, it was overwhelming.

In thinking about the impact COVID-19 had on our neurodiverse learners, we set out to learn more about their experiences and views on what worked and what didn't during this time. But, before moving too far along, let's set a general understanding of neurodiversity and the impact it should have on our thinking of mental health, education, and social justice.

The word neurodiversity refers to the diversity of all people, but it is often used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities (Harvard Health, 2021). Judy Singer, an Australian sociologist, first described neurodiversity in 1997 as the idea that people experience and interact with the world around them in many ways; there is no one "right" way of thinking, learning, and behaving, and differences are not viewed as deficits (Harvard Health, 2021). It is becoming increasingly common for mainstream social institutions to acknowledge neurodivergence as a set of identities comparable to traditional forms of diversity, such as race, gender, and sexual orientation.

With this understanding and acknowledgment of a person's strengths and barriers, we set out to uncover some experiences of our neurodiverse population in relation to their day-to-day activities and mental health over the past two years. What we discovered through clinical interviews is that many believe "it was not too bad." Young people could use technology at their leisure, school was not as long, and this new world of "online friendships and groups" exploded in so many different directions.

It was encouraging to see individuals, especially those with a neurodiverse learning profile, figure out how to make this new system work for them to some degree. Many clients have told us that "while people had to wear 'masks' during the pandemic, we got to take ours off for the first time." As educators, mental health professionals, and parents, we owe it to our students, clients, and children to reflect on



the "masks" they are talking about and propose courses of action, so they don't feel as forced to "mask up" in ways that impact their self-identify and emotional well-being.

The term "masking" has appeared in mainstream social media and our neurodiverse population over the past ten years. Prior to 2021, this emotional defense mechanism certainly existed, yet no platform was established to allow for such open discussions about this topic.

Masking refers to the process in which people change or mask their natural personality to conform to social norms or conventional "expected behaviors." More recent literature has described it as evolving to conceal one's emotion by portraying another emotion (Pelton & Cassidy, 2017). This idea that students feel the need to mask, whether it be from teachers, parents, or peers, is concerning and adds to

the growing elevated rates of mental health conditions such as depression and anxiety among autistic people (Lever & Geurts, 2016). Studies have also identified that the internal need to engage in masking or camouflaging perceived deficits (i.e., hiding or suppressing “unnatural” traits) for neurodivergent individuals places them at a higher risk for suicidality above and beyond other predictors such as employment status and gender identity (or assigned sex at birth in some research) (Cassidy et al., 2018).

As a society, we cannot blame COVID-19, as this time in our history did not create a new feeling of needing to hide, suppress, or “mask” one’s deficits; if anything, it gave some relief to those doing so. For us in the mental health and education fields, these feelings many of our neurodiverse clients struggle with were brought to the forefront of our thinking. COVID-19 brought about a clearer picture in terms of our inequities, possible implicit biases, and the need to reconceptualize how we understand the social-emotional brains of our neurodiverse population.

In this brief commentary, I would like to propose that with this shift in masks coming down (and yet going back on for others), we as a helping community, need to work with our clients to revisit those competencies—they need to be successful in the social world. Furthermore, how can we help them adapt back to this world that assumes you need/want to be social with others? In this brief commentary, I would like to propose that with this shift in masks coming off (and yet going back on for others), we invite this conversation around neurodiversity and social expectations within this “post” COVID world. I will examine just our social world for now, yet this is a social issue that needs to be talked about at greater length both now and in the coming years.

Ask what being social means to some

What socializing may mean to some may differ totally from the perspective of a neurodiverse individual. Keep in mind that the amount of cognitive and emotional energy we expend on keeping pace with social norms is enormous. If we are going to put out that much energy, how do we determine how much we need to get back? In other words, what makes being social worth it for someone who has struggled socially, especially during face-to-face interactions? Having a conversation about the energy level needed to be social is essential for us to have with others. We cannot assume our neurodiverse learners are OK with expending that much energy day in and day out. What is the social payback? That is an important topic to discuss and be open to learning more about.

Social motivation and hopelessness

Recent research talked about this idea of neurodiverse people feeling hopeless when it comes to having “success,” friendships, relationships, or a steady job. Many of our clients have the motivation to be around people and meet those who share similar interests. However, there comes the point when they internally start to weigh if it’s worth it; if things will not differ from last time. Many clients will say something like, “Well, I tried at a relationship once, and it failed; who is to say it will be different now?” Coupled with

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a perception that “neurotypical” people don’t understand and they are the only ones muddling through life feeling this way, many of our neurodiverse clients experience pressure to expend energy hiding parts of themselves away. They end up masking because they are ashamed, don’t want to deal with another social failure, or believe they must fake things to blend in so people will like them.

How did we, as a society, move in a direction that made people who see the world just a little differently than the majority feel like such strangers to life? These feelings are real, and as educators, mental health professionals, and parents, we must validate these sensations and emotions that our clients and children today are experiencing. Remind them they are not alone and can talk to you with no judgment. People who regularly mask need to know they are not the only ones who do it. The truth is, we all wear a mask from time to time. It can be easier than facing rejection for not conforming. Bringing a humanistic quality to masking is vital to the mental health of those needing to keep their mask close by.

As a society, we are seeing a rise in depressed and anxious children and adults. Although we can give 100 reasons why this rise in mental health needs exists, there is only one thing that really matters: being prepared to speak with our clients/children/students as to why. I encourage families I work with NOT to start by asking, “Why are you always so anxious?” Instead, talk first about YOUR feelings. Talk about your anxious moments. Talk about the days you didn’t feel like getting out of bed or when you felt overwhelmed by life; we have all been there.

If you want to encourage an honest conversation, it is important to signal your empathy and candor. It’s about not being afraid to hear the things we dread hearing. It’s about allowing our people to say what they need to so that, over time, a plan can be created to support people the way THEY need to be supported. It’s about helping people lower the mask just a little bit...just enough to breathe...and to know they are not alone. Masking is a real thing for so many people; age doesn’t matter. Let’s do a better job with acknowledging people’s neurodiversity. Let’s get better about inviting those conversations about why we might wear masks. Then, we can take informed steps toward making one’s social-emotional life a little better.

Resources

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Image: https://www.freepik.com/free-vector/sad-woman-hiding-emotions-mask-flat-illustration_12699833.htm

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