

Sociogeny of Autistic Masking

Autistic people are rarely afforded interiority or complex psychic lives. Mostly, autistic people defend if they exist or if they have the right to exist. There is both an over-visibility and invisibility to autistic life. Autistic people are positioned as underdeveloped, bordering on human, and as a threat to the national genome and futurity.

My goal today is to move the phenomenon of autistic masking towards sociogenic and psychopolitical analysis. Away from understanding autistic masking as an individual strategy of hiding traits and instead as a sociogenic response to alienation produced by the global psychiatrisation of autistic people. I'll begin with the dominant conceptualisation of masking in the psy-sciences—and what is produced through these logics.

The concept of autistic masking originates in autistic community discourse, but has been taken up by the psy-sciences and formalised through behavioural comparisons between autistic men and women. In these studies, autistic women were found to exhibit fewer observable communicative difficulties—interpreted as a greater ability to mask, attributed to neurological sex differences.

At the same time, autistic women are around four times more likely to attempt suicide, and four times less likely to be diagnosed. With autistic people being estimated to be eight times more likely to die by suicide than non-autistic people. This has been used to further cement the link between masking, suicidality, and sex difference—despite no evidence for underlying neurological differences.

What is produced is a circular logic: “natural autistic traits” are assumed, masking is framed as their concealment, and the harms of living under these conditions are folded back onto masking itself—producing a narrative of masking *causing* poor mental health.

Defined this way, masking is reduced to conscious suppression of observable traits—and at the same time framed as maladaptive, and linked to broader psychological distress and suicidality. I argue it is both ethically and academically untenable to explain the psychic and material harms experienced by autistic people through a framework that reduces responses to these conditions to the masking of diagnostically defined behavioural traits.

To tie masking to the management of observable “deficits” is to misread the effects of structural subjugation as individual strategies of concealment, rendering responses to normative violence intelligible only as compliance with “normality.”

We lose sight of what kills and what is refused.

You’ve likely encountered the claim: “but we all mask.” But does this not emerge from a refusal to situate autistic life within historical rootedness and broader social reality—visible, yet denied the agency to insist on its own interiority and naming of violence? Or perhaps from a question of scarcity—a fear that autistic pain might be recognised in ways that exceed what is available to others? A kind of envy? Or even that this envy is structured into how the psy-sciences organise our limits of responding to difference?

Calls for a more “nuanced” view of masking and its positive effects often rely on the collapse of “but we all mask,” treating autistic and non-autistic people as though they are doing the same thing. This is a conceptual collapse that abandons material analysis and shifts the question from the conditions shaping autistic lives to whether conformity is beneficial.

We need theoretical reimaginings that grant autistic people the dignity of complex psychic lives beyond knowability and weaponised transparency; that insist on opacity as resistance to the crushing objecthood of scientism; and that challenge the normative unconscious processes that depoliticise autistic existence.

***Psychiatrisation* describes a process of depoliticising social austerity and violence by recasting them as individual pathology.** The global mental health apparatus and the psy-disciplines materially organise social life, shaping the very conditions under which people can perceive, articulate, and respond to their own and others' distress within the bounds of intelligibility.

As put by China Mills psychiatrisation can be thought of both as a tool of traditional colonialism, employed to reconfigure resistance from the colonised as individual pathology and as a type of colonialism in itself. A key mechanism through which psychiatry and colonialism have historically reinforced each other is through the co-constitutive metaphors of madness and savagery, as put by Aimeil Joseph:

madness and savagery were/are co-constituted through a confluence of ideas that rationalized forms of violence on bodies of difference deemed worthy of harm or exclusion. They serve together to shore up notions of civility and incivility; they do not now nor have they ever existed without one another.

These categories shared material practices that shaped techniques of domination and exclusion. Colonial psychiatry framed colonised peoples as both “primitive” and “mad,” using evolutionary hierarchies to biologise social and racial difference. Psychiatric texts routinely equated the cognitive and emotional lives of colonised subjects with those of psychiatric patients, constructing a racialised

ontology of inferiority that justified intervention and control. Through these logics alternative ways of being and knowing are systematically erased.

The global reach of psychiatrisation deepens how we must engage in psychopolitical analysis that does not disavow the colonial constitution of psychiatry, but rather enables analysis of how the metaphors of madness and savagery have interwoven histories and function co-constitutively in the global psychiatrisation of autistic people.

To deepen the analysis of how the metaphors of madness and savagery function, I turn now to Elizabeth Maher's critique of Bettelheim's disparate narratives of the autistic child. These narratives depended on the autistic child's ability to assimilate into whiteness, 'civility', and productivity, rendering them either curable or incurable. Bettelheim, who survived the Buchenwald and Dachau concentration camps himself, argued that autism was the epitome of dehumanisation and alienation and compared autistic children to concentration camp inmates whom he frames, and distances himself from, known as 'moslems', or Muselmann in German. Both autistic children and 'moslems' had, according to Bettelheim, lost their will to live and resigned their autonomy, with the difference being that autistic children withdraw from the world before their humanity even develops. Maher analyses how Bettelheim positions Kamala, known as the Wolf Girl of Midnapore India, as the archetype of incurable autistic otherness, a racialised and feminised figure who cannot be brought into the fold of white, middle-class normativity. In Maher's analysis, Kamala is linked to Anna, a Jewish refugee child whose 'feral' qualities are blamed on her 'refrigerator mother', and to the 'moslems' of the concentration camps, deemed to have surrendered their will and thus forfeited their claim to full (white) humanity. Kamala, Anna, and the 'moslems' function as foils to Joey, the white "mechanical boy" whose recovery affirms the redemptive promise of technocratic whiteness. Bettelheim constructs Joey's "recovery" as a shift from a machine to a human child, made possible through psychoanalytic

intervention and alignment with the white, middle-class, gender-normative Protestant milieu. Joey's perceived 'recovery' was especially linked to him obtaining education and through the emerging cultural fantasy of white technocratic masculinity. In contrast, the 'feral autistic children', while understood as equally autistic and knowable by science, are rendered beyond cure and outside futurity.

This logic persists. The former category of Asperger's Syndrome was constructed under the Nazi regime as a separate and superior class of autistic people—associated with exceptional masculine intelligence—while those deemed without such potential were exterminated.

Reading Maher's analysis of Bettelheim through the metaphoric optic of madness and savagery, we see how the ferality of the racialised other co-constitutes a psychiatrised, but redeemable madness, of the white autistic boy. This can be understood as essential to the consolidation of psychiatric authority through the racialised production of incurability without colonial psychiatry. Through constructing autism as an alien psychic state, related to an 'Eastern acceptance of death' and both a gendered and racialised passivity, Bettelheim universalises Western psychiatric science as curative of this pathology, rendering alternative epistemologies primitive.

Where Bettelheim centred Joey as an independent rational actor capable of being 'humanised' through being 'reinvigorated for neoliberalism', this can be seen as functioning through the metaphorical co-production of the savage, feral autistic. In this constitution we see the universalised psychiatrisation of autistic people, where the hope for humanisation is tied to the ability to be assimilated into Western neoliberal society. For Bettelheim it was both the white Jewish child, Anna, and the Indian child, Kamala, that could be feral and racialised, and through constructing the distance between himself and the emasculated 'moslems', Maher asserts that this functioned as an assimilation of Bettelheim's Jewishness into whiteness.

This renders the racialised othering an inherent aspect of autism in itself: that what cannot be assimilated, masked, and commodified, becomes unintelligible through the psychiatrisation of autistic being.

Bettelheim's narratives, as analysed by Maher show that white, middle-class autistic children like Joey are framed as capable of being rehabilitated through normative socialisation: masking becomes their pathway to reclaiming legible personhood. This illustrates how the demand to mask is itself not neutral, but a racialised technology of psychiatrisation—a means of compelling proximity to whiteness and neoliberal futurity for those deemed capable of reaching it, and a measure of failed assimilation for those who cannot.

What is becoming clearer is how psychiatrisation operates through normative power — disciplining development and securing cultural coherence around the figure of ‘the child.’

As Anne McGuire argues, the primary cultural focus of ‘autism affecting children’ hinges on the neoliberal logic of “possible cure.” Autistic children are brought to the forefront in hopes of commodifying, curing, and eliminating autism to secure universalised developmentalism and the futurity of the child. What is important here is that the investment in the autistic child functions through the negation and effacement of the autistic adult.

Tracing court scripts and reactions from autism organisations to filicide cases, where parents have murdered their autistic child, McGuire finds that the murders—both their media coverage and judgement in court—were conditional on ‘autism severity’ and ‘potential for life.’ This fixity on where an autistic person is on what McGuire calls the waning spectrum of life determines how the life and death of autistic people are framed—either as almost living or mostly dead.

Through global psychiatrisation autistic people are constructed as belonging to this spectrum, in ‘amounts of autism’, separating the autism from

the person, and serving it back as pathology in need of correction and calculable hopes of life. Autistic people are positioned as “not yet” fully developed. This produces a role for others—to read autistic behaviour as warning signs, and to step in as ‘human developers.’

I argue that this ‘not-quite-a-life’ is essential for understanding masking sociogenetically, since it produces a cultural void where legibility can only be gained through being developed by a human (non-autistic) developer.

Applied Behavioural Therapy (ABA) has been and still is considered the best practice approach within psy-sciences for this ‘human development.’ The founder of ABA, Ole Lovaas, saw the goal of ABA to train the autistic person into being indistinguishable from ‘normal non-autistic friends.’

Before discourses of ‘recovery from autism’, autistic people were predominantly institutionalised by their families. Through the commodification of autism autistic people became sites of intervention for this multibillion dollar industry.

Material analysis is central here. Masking cannot be understood apart from the global psychiatrisation and industrial complex that shapes autistic life—from upbringing, to relations with caregivers, to the epistemic and cultural resources available for making sense of oneself.

Under these conditions, there is little to no ontological resistance to the psychiatric gaze. Masking emerges not as a conscious strategy, but as part of identity formation—an attempt to stabilise intelligibility in the face of structural negation.

Psychological literature, however, defines masking as both arising from social deficits and as maladaptive—producing a double bind of inferiority.

In this sense, masking is sociogenetically produced within psychiatrisation, functioning as an inferiority complex through the internalisation of a non-autistic ideal as an imposed lens through which the world is navigated.

Here in the U.S. we are witnessing a reemergence of the cultural war on autism. RFK Jr. has sworn to find ‘the root cause of the autism epidemic’ - with autistic people positioned as a threat to the U.S. economy. More specifically 25% of autistic people are problematised as going to cost the U.S. economy 1 trillion dollars per year.

McGuire, analysing the war on autism during the Bush era, argues that the war on autism and the war on terror are historically linked together. Autism has been anthropomorphised and discursively linked to the figure of the ‘Muslim terrorist’ for decades. Autism is positioned as a foreign invader that steals children.’

We see this racially deflected discourse in how autism is framed as a destabilising threat—depicted as infiltrating homes and embedding itself within seemingly normative bodies. As McGuire shows, autism is anthropomorphised as an alien invader, separated from ‘the real child’ and within this distance is cast as a death bringer, devoid of empathy, denied embodiment, and imagined as preying on the nation’s future. What is an important aspect is that both the figure of the ‘Muslim terrorist’ and the anthropomorphication of autism produces a fear of infiltration.

I want to draw attention to a part of RFK Jr. 's speech: “*This is an individual tragedy as well. Autism destroys families, and more importantly, it destroys our greatest resource, which is our children. These are children who should not be suffering like this (...) these are kids who will never pay taxes, they will never hold a job, they will never play baseball, they will never write a poem, they will never go out on a date, many of them will never use a toilet unassisted—and we have to recognise that we are doing this to our children, and we need to put an end to it*”

RFK Jr. frames the current understanding of autism as an genetic expression of neurodiversity as widespread ideological ‘epidemic denial.’

Instead, autism is recast as the result of environmental exposure, a toxin, externalised from humanity and now unthinkable as genetic.

What we are seeing is the co-constitution between the imperial genocidal overdrive and autism being localised as inherently external. Noticing that genes are being positioned as ‘vulnerable’ we can see how this functions as a metaphor of ‘white (mad) vulnerability’ endangered only by an external, racialised threat. In this way autism is anthropomorphised through this co-constitution of mad (vulnerable genetics) and savage (environmental toxin) that produces autism as ‘invader’.

For more than a decade there has been a mainstreaming of neurodiversity frameworks, yet the revived war rhetoric toward autistic people that are deemed non-commodifiable within neoliberal neurodiversity markets leads us to a question of political drift within the neurodiversity movement. Neurodiversity is an ideological stance rooted in disability justice; it is not individual neurological profiles.

In recent years, a growing body of ‘unmasking’ literature has emerged in the Global North—most notably Devon Price’s *Unmasking Autism*, having sold 250,000 copies. These books invite readers on a journey of authenticity, with guidance, personal stories, and biomedical studies of autistic difference re-phrased in neurodiversity affirming language. Like mainstream research these books by autistic authors link masking to suicidality and mental health issues while offering unmasking as a process of healing by working through internalised stigma.

While unmasking discourse appears to enable autistic epistemologies of healing, it is important to contextualise it within broader global mental health politics. Anti-stigma campaigns are a central part of global psychiatrisation, functioning through the assumption that stigmatisation of mental illness is both universal and the greatest obstacle to wellbeing—which is especially weaponised to decontextualise debility, war, extraction, and poverty. Global

anti-stigma campaigns seek to eliminate mental health stigma by promoting biomedical and psychological frameworks of response to suffering—reproducing universalised pathologisation of distress. These campaigns rely on the willingness of people diagnosed with mental illness to embody these categories and share personal stories, educate, and change public attitudes towards the commonality of mental health problems with an emphasis on recovery.

I argue the reason unmasking discourse is mainstream is that it is enabled by broader anti-stigma politics. Similarly reproducing a linear path from illness to wellness; conceptualising illness as a result of masking which must be individually worked through. We can here question whether ‘authenticity’ becomes an ideal similar to a construction of ‘recovery to normality’ as an unobtainable state of wellbeing to be strived for.

Through reproducing biomedical logics within neurodiversity discourse, psychiatric epistemologies are legitimised through autistic people themselves—ultimately reproducing the underlying alienation under psychiatrisation that structures the phenomenon of masking. The promise of authentic unmasked lives through re-working of internalised stigma does nothing to challenge the underlying structural violence. In this sense, unmasking discourse only speaks to those that can assimilate enough to disavow the structural violence, and perform an ‘authenticity’ that can be individually managed within the status quo. The psychic significance of early versus late diagnosed autistics might relate to masking more as an identity and unmasking as a retrospective reconstitution of selfhood, shaped by grief over ‘having been undiscovered.’ We must ask whether unmasking depends on disidentifying from those autistic people who cannot be absorbed into neoliberal neurodiversity discourse. And whether this disidentification sustains a fantasy of missed assimilation—where commodifiable forms of autistic life are imagined as

always having been available, if only discovered—reorienting the struggle toward integration rather than disalienation.

Questioning whether the imperative to ‘unmask’ risks reaffirming liberal fantasies of inclusion, creating a shift in the modality, not the cessation, of the subjugation of autistic people. This links affective life with power’s diffuse operations through the promise of authenticity being tethered to individualising and decontextualising functions of broader mental health discourses.

I argue against co-opting autistic masking into a construct of ‘potential to pass as non-autistic’, while it quietly becomes a descriptor that decontextualises autistic people’s reaction to structural violence and disavows sociomaterial and historical context while sewing terminology closer to the Global North.

Masking must be understood as arising from the historical, colonial, and biopolitical conditions that psychiatrise autistic people in the first place. The contour of the mask is not ideologically neutral. It reflects and reinforces a universalised ideal of development that has become equated with ‘the real child’ behind the racialised anthropomorphication of autism. This cultural schema can be said to structurally impose a contradiction of being made Other in one’s own body which must be solved in identity formation from within this antagonism.

If I am to leave us with a question: what might disalienation look like if we let go of the fantasy of unmasking?