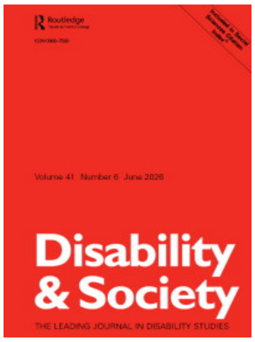

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The gendered costs of masking: lived experiences of a woman with invisible disabilities

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ABSTRACT

Invisible disabilities often remain unrecognised until they disrupt normative expectations, placing women in a paradox where inclusion depends on performing normativity. This autoethnography examines the psycho-emotional costs of identity management as a neurodivergent mother, caregiver, and scholar. Guided by intersectional feminist disability frameworks, I analyse personal journals and reflections to foreground the lived realities of invisible disability. The analysis reveals four themes: Masking and Conformity; When Masking Fails; The Gendered Burden of Resilience; and The Sunflower Lanyard as a Scarlet Letter. Findings show that social participation for neurodivergent women is predicated on suppressing disability traits to meet gendered expectations. Furthermore, the study explores how tools like the Sunflower lanyard can fail without institutional training, potentially functioning as a marker of othering rather than a tool for relational care. This research advances scholarship by highlighting the precarious nature of conditional inclusion.

Points of interest

- This research looks at what life is like for women with ‘hidden’ disabilities that other people cannot see just by looking at them.
- Many women spend a lot of energy trying to hide their struggles so they can fit in at work, and in society in general. Doing this is very tiring and can hurt their mental health as well as affect their careers and friendships.
- Often, these women are only accepted by society if they act like they are not disabled. If they show they are struggling, they are often not believed or are treated unfairly.
- Because they are women, they face extra pressure to be caregivers and to always stay calm, even when they are feeling overwhelmed or in pain.
- Tools meant to help, like the Sunflower lanyard, do not always work. Without better training for the public, or companies that recognise the lanyard like airports, these symbols can sometimes cause more unwanted attention than actual help.

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- We need a bigger change in how society thinks about disability, moving beyond just using symbols to actually understanding people's needs.

Introduction

Invisible disabilities are, by definition, unnoticed until they disrupt or challenge social expectations of normative behaviour. This creates an existential paradox for women with invisible disabilities. As such, they may be accepted in social and professional spaces when conforming, yet they face scrutiny when their disability necessitates accommodations or diverges from expected societal norms (Christ et al. 2026; Moriña 2024). As a mother with an invisible disability caring for children with similar disabilities, I have navigated this tension first-hand. This autoethnographic paper explores the invisibility paradox and how social acceptance is often contingent upon masking, defined as the suppression of neurodivergent traits to appear neurotypical (Evans, Krumrei-Mancuso, and Rouse 2024).

Guided by feminist and interpretivist disability frameworks, this study situates personal narratives within broader social, cultural, and institutional contexts (Gabel 2005). It examines how inclusion remains conditional, highlighting the detriment to well-being caused by the emotional labour of continual masking and the specific societal barriers of being disabled, encountered by neurodivergent women (Thomas 2008). Specifically, the paper investigates the socially constructed meanings of disability and the gendered dimensions of presenting as disabled, arguing that the experiences of women with hidden disabilities are distinct from the broader disabled population due to intersecting social expectations of caregiving and emotional regulation (Best 2026). Empirically, the research critically evaluates the Hidden Disability Sunflower lanyard as a symbolic inclusion practice, questioning its efficacy in fostering meaningful belonging. To do so, the analysis is organised into four key themes: Masking and Conformity; When Masking Fails; The Gendered Burden of Resilience; and The Sunflower Lanyard as a Scarlet Letter.

This paper extends scholarship in disability studies by highlighting the lived experiences of women with invisible disabilities, emphasizing the specific emotional and social costs of masking. By critically examining symbolic inclusion practices, it identifies the limitations of current approaches in ensuring meaningful belonging for neurodivergent individuals. Furthermore, the study offers a conceptual framework that links gendered caregiving, masking, and social inclusion, providing a foundation for future research on inclusive practices and well-being.

The article is organized as follows: first, I provide a theoretical background that clarifies the concepts of ableism, masking, and the specific gendered experiences of women with hidden disabilities. This section establishes the invisibility paradox as the conceptual framework for the study. Next, I outline the autoethnographic methodology and my reflexive positionality as a researcher, mother, and a woman with a disability. The findings are then presented through three primary themes: Masking and Conformity, When Masking Fails, and The Gendered Burden. I conclude by discussing the implications for inclusive practice and suggesting relational approaches to better support invisibly disabled women.

Theoretical background: invisibility, ableism, and the gendered performance

Invisibly disabled women navigate a fundamental tension between social legibility and personal authenticity. Understanding this paradox requires situating lived experience within systemic ableism and the psycho-emotional costs of a non-disabled world. This section examines these foundations by exploring the labour of masking and the specific intersectional realities of women with hidden disabilities.

Ableism and the invisibility paradox

Ableism functions as a systemic preference for normative productivity and social fluidity, creating a world designed for those whose bodies and minds conform to standard expectations (Wolbring 2008). Within this framework, individuals with invisible disabilities occupy a unique existential state where their impairment is often only recognised when it inconveniences the social order. This invisibility paradox suggests that an invisible or hidden disability acts as both a protection, allowing for some degree of social 'passing,' and an impediment to receiving support when necessary (Clair, Beatty, and Maclean 2005). This can be applied to many social and institutional contexts, where what is unseen is treated as non-existent (Moriña 2024), leading to a culture of scepticism regarding disabilities. In this realm, invisibly disabled people must justify their needs, often facing dismissal and scepticism.

To understand the distinct reality of neurodivergent women navigating this scepticism, this paper adopts an intersectional framework. Intersectionality is not merely about identifying multiple identities, but about analysing the complex dynamics of power and social inequality (Cho, Crenshaw, and McCall 2013). In the context of invisible disability in women, this involves examining how gendered norms of compliance and caregiving intersect with neurodivergent traits to create a unique form of marginalization. This specific experience of conditional acceptance is often lost in more generalised, non-intersectional disability scholarship, which frequently fails to account for the emotional and social costs of maintaining a performance of both neurotypicality and idealized femininity.

Modern inclusion remains ironic, as establishments claiming accessibility (Ruiz Pérez 2023) often offer only superficial inclusion (Cunningham et al. 2023). For those with hidden disabilities, navigating these spaces creates a constant, exhausting tension between invisibility and visibility. Acceptance is contingent on appearing neurotypical, but once impairment surfaces through sensory overload or the assertion of boundaries, the atmosphere frequently shifts from welcoming to hostile. Consequently, when the 'mask' of normativity slips, the resulting societal disbelief or aggression reflects a systemic refusal to accommodate non-obvious differences (McLeod 2023; Miller, Rees, and Pearson 2021). This necessitates a fragile negotiation between conformity and authenticity (Martin, Pescosolido, and Tuch 2000). For women, these stakes are intensified as gendered expectations of compliance and virtue intersect with the pressure to mask disability traits to maintain an accepted social position (DeWall, Altermatt, and Thompson 2005).

While disability scholarship has deeply explored the social model of disability and the impact of systemic ableism, the specific relational dynamics of the invisibility paradox remain a critical area for further inquiry. Specifically, there is a need to more fully examine how this paradox forces individuals into a state of conditional acceptance, where inclusion is predicated on the successful performance of normativity. This paper addresses this gap by centring the psycho-emotional consequences of being seen only when one's behaviour diverges from the expected norm, particularly within the intersecting contexts of gender and neurodivergence (Reeve 2002; Watermeyer and Swartz 2023).

Masking and psycho-emotional disablism

If the invisibility paradox is the sea, masking is the labour required to navigate its waters. Masking, or the suppression and alteration of neurodivergent traits to meet normative expectations (Evans, Krumrei-Mancuso, and Rouse 2024; Miller, Rees, and Pearson 2021), is a central coping strategy that allows for conditional acceptance in social and professional spaces. However, this management of identity is not merely a social choice, but a response to the psycho-emotional disablism imposed onto neurodivergent individuals (Reeve 2002, 2012). Thomas (2007) defines this through the concept of barriers to being, which represent the internalised emotional costs of social invalidation that undermine an individual's sense of self-worth. Hanisch (2014) further argues that this form of disablism should be viewed as a differentiated process, where the impact on well-being is tied to specific social experiences of relational exclusion.

One of the challenges to the traditional ontological status of an invisible disability is the double empathy problem (Milton 2012). This suggests social difficulties are not internal deficits, but rather a breakdown in reciprocal understanding between neurodivergent and neurotypical people. Critically, Milton argues that this gap is often asymmetrical; it is frequently neurotypical individuals who lack the empathy or social capacity required to understand neurodivergent perspectives. In an ableist society, the burden of bridging communicative gaps falls solely on the neurodivergent individual through exhaustive masking. Conforming to neurotypical norms carries a detrimental cost to mental health and workplace attitudes by prioritising social acceptance over authentic identity (Clancy 2025). This identity management reinforces the perceived unacceptability of the true self, causing long-term emotional strain and even a fractured sense of belonging.

Because conditions such as ADHD and neurodivergence are often hidden, they are frequently not recognised as legitimate disabilities (Olney and Brockelman 2005). The exhaustion inherent in proving one's need for accommodation, a phenomenon rooted in the ableist scrutinies described above (Moriña 2024; Mullins and Preyde 2013), manifests in this study as a tangible drain on energy. For these women with invisible disabilities, the choice between exclusion and the personal cost of masking (Valero Sanchez 2024) is not merely a social dilemma, but a structural bottleneck. This form of psycho-emotional disablism should be viewed as a differentiated process (Hanisch 2014), where the impact on well-being is not merely a byproduct of exclusion, but is deeply tied to specific social experiences of invalidation and relational violence that target the individual's sense of self.

Long-term masking erodes personal authenticity and reinforces the idea that one's true self is unacceptable (Clair, Beatty, and Maclean 2005; Khudiakova, Le Forestier, and Chasteen 2024). By situating masking within the framework of barriers to being, it becomes clear that the detriment to well-being is a direct result of a disabling social process (Thomas 2007; Reeve 2002). This management of ones' identity is a form of emotional labour that can result in profound burnout and a fractured sense of self, as the individual is forced to prioritise social fluidity over their own sensory and cognitive needs (Kidwell, Clancy, and Fisher 2023).

The gendered dimensions of invisibility

While all individuals with hidden disabilities navigate the challenges of the invisibility paradox, women experience these dynamics through an additional lens of gendered expectations that render their experience distinct from the broader disabled population (Olkin et al. 2019). Patriarchal and ableist norms require women to remain agreeable, emotionally available, and attentive to the comfort of others (Garland-Thomson, 2005; Bargiela, Steward, and Mandy 2016). These expectations often cause disability in girls to be dismissed or misattributed, resulting in delayed diagnoses and reinforcing lifelong cycles of masking and self-doubt (Craddock 2024).

This specific silence reflects the heightened hostility often directed at disabled women, where aggression frequently surfaces when behaviour disrupts normative expectations despite an impairment remaining hidden (Bargiela, Steward, and Mandy 2016; Chenoweth 1996). Lacking the social legitimacy of a visible disability, these struggles are often pathologised as personal failings or forms of female aggression rather than consequences of systemic exclusion (Chenoweth 1996). Consequently, reclaiming an authentic identity after a late diagnosis involves profound fatigue, particularly as disclosure invites significant risks to both social standing and career progression (Murray 2020; Valero Sanchez 2024). Additionally, when women assert their needs, they are often met with microaggressions because establishing boundaries is perceived as a violation of gendered compliance (Park 2017; Sanchez 2023). Ultimately, social acceptance remains situational and conditional, necessitating a constant negotiation of identity that is inextricably tied to the performance of idealised femininity (Park 2017).

Despite the growing recognition of invisible disabilities, research remains limited in capturing these specific, everyday social and emotional experiences. Most existing studies focus on disclosure within formal academic or workplace settings and the subsequent legal or physical accommodations required (Idle et al. 2025; Mullins and Preyde 2013). There is a significant gap in the literature regarding how gendered expectations intersect with invisibility to shape social participation, well-being, and identity formation in domestic and relational spheres.

Symbolic disclosure: the Sunflower lanyard and the invisibility paradox

The introduction of the Hidden Disabilities Sunflower lanyard in the United Kingdom in 2016 represents a systemic attempt to navigate the invisibility paradox through symbolic disclosure (Challis et al. 2022). The initiative was designed as a discreet tool to signal invisible needs, ranging from (chronic) physical conditions such as asthma or menopause to neurodivergent traits such as Autism and ADHD (Attention Deficit Hyperactivity Disorder). The primary objective is to prompt a simple inquiry of support, as stated by the Hidden Disabilities Sunflower Scheme Limited (2025) website, effectively shifting the burden of recognition from the individual to the institution.

On a theoretical level, such initiatives aim to bypass the exhausting process of repeated verbal disclosure or justification. However, scholarship suggests that when inclusion is reduced to a visual symbol without deep cultural understanding and/or rigorous institutional training, the symbol can become detached from its purpose (Challis et al. 2022). If the surrounding social environment remains uninformed, the responsibility for education and explanation is placed back onto the very individuals the scheme is intended to support (Milton 2012). Tools for inclusion may inadvertently function as markers of othering, transforming signs of support into scarlet letters that invite scrutiny rather than care. This discrepancy between institutional intent and embodied experience reveals a silence in scholarship regarding the gendered and relational costs of symbolic disclosure. This paper addresses this gap by investigating how social structures, gender norms, and disability intersect to shape the lived realities of invisibly disabled women.

Methodology: autoethnography as feminist disability inquiry

In order to explore these intersecting lived realities, I utilise an autoethnographic approach. Following the methodological invitation of Bucher and Teague (2025) to utilize autoethnography as a rigorous site for theory building, this study addresses the limited attention paid to the lived experiences of women with invisible disabilities and the double-edged nature of masking (Bochner and Ellis 2022). My individual life experiences provide a high-fidelity epistemological site to analyse my visceral stance at the intersection of invisible disability and gender (Darwin Holmes 2020) based on over four decades of masking and compromise. Autoethnography allows me to bring forth my daily lived experience and to demonstrate how masking, deciding to disclose my disability, and conditional acceptance shape my life and, in turn, inform my social and relational reality (Holman Jones 2016). By placing my own experiences at the centre, this method captures the complex interplay between the expectations placed on me as a mother and woman and the unique juxtaposition of my roles through the lived experience invisible disability. Through this topic, I explore my own experiences with identity and navigating systemic barriers in a manner other methods could not.

I acknowledge how these intersecting identities shape what is observed, how things are remembered, and what is written, often in frantic, emotion-fuelled, and misspelled text messages to my partner. As a woman, mother, caregiver, and scholar with an invisible disability, I occupy multiple intersecting positions that both shape the research and influence the interpretation of experiences. As an insider researcher, reflexivity is essential (Karcher, McCuaig, and King-Hill 2024). I continually evaluate my assumptions, emotional responses, and positionality, acknowledging how my personal, familial, and professional roles shape these autoethnographic narratives and observations.

Data for this article was generated through my personal narrative, drawing on journals, text messages, police reports, and emails as records to recount and reflect on incidents, alongside reflective observation of specific events that have occurred in everyday life. These incidents reveal how the disclosure of disability, the act of conscious masking, and gendered expectations of behaviour intersect in lived experience. The narratives take shape as vignettes, demonstrating conditional acceptance, frequent exclusion, and aggression rather than the successful adaptation of invisibility across public spaces and workplaces.

The analysis is conducted through a phenomenological and narrative lens, connecting my individual experiences to broader theoretical conversations in disability studies, feminist theory, and social identity scholarship. By adopting an interpretivist/constructivist research paradigm, I recognise that my experiences are not isolated but deeply influenced and shaped by the social contexts in which I live and work (Pitard 2017). This approach positions lived experience as both data and analysis, acknowledging that meaning emerges through the interaction between self, society, and structures of power.

This methodology is particularly suited to feminist disability studies, which evaluate whether disability is framed as a flaw, lack, or excess and places emphasis on its relationship to lived experiences (Garland-Thomson 2005). I achieve this by providing an understanding of inclusion and how it reveals itself under unmasked conditions, or if it materialises into a state of exclusion or oppression. By bringing together personal narrative and critical literature, autoethnography enables an ethically engaged narrative highlighting the cost of masking and the paradoxes of inclusion under certain conditions.

In line with traditions of autoethnography and narrative inquiry, I approach my story from both a personal and professional stance. Autoethnography has been widely used to bring out marginalized voices and to expose the psychological aspects of individual experiences within cultural and structural conditions (Doan and Darcy 2025). This methodological choice is particularly relevant in disability studies, where autoethnography remains limited. I situate my lived experiences as both socially constructed and based on personally meaningful narratives shaped by broader gendered and dominant ableist contexts (Goodley 2024; Pitard 2017). This framing provides the foundation for the following sections, where I present narrative themes emerging from my vignettes.

Findings

The analysis comprises four interconnected themes, blending personal narratives with critical reflection grounded in disability studies and feminist theory. These vignettes culminate repeated life incidents, illustrating the social and emotional costs of choosing authenticity after forty years of masking. Rather than isolated events, these narratives represent the systemic friction and gendered expectations neurodivergent women face in a society built for compliance. By exposing these recurring ruptures, I demonstrate how precarious belonging is maintained through self-suppression, and how the decision to unmask directly impacts social standing and personal safety.

The four interrelated themes:

1. Masking and Conformity: Masking is a central strategy for navigating public and professional spaces, which allows for conditional acceptance, but at a high cost to personal well-being. The following vignettes illustrate strategies and their hidden emotional labour.
2. When Masking Fails: Even carefully maintained masking can fail, resulting in public scrutiny and personal distress. The next examples highlight these moments in pubs, gyms, and airports. moments where adopted strategies fail, illustrated through vignettes including interactions with a bartender, a waiter, airport staff, and staff at a gym.
3. Gendered Burden of Resilience: Women face additional pressures due to societal expectations of femininity. Masking interacts with gendered expectations, compounding emotional labour and social risk.
4. The Sunflower Lanyard- Modern Day Scarlet Letter: Explores the practical application of symbolic disclosure through my experiences wearing the sunflower lanyard.

Each section combines short personal narratives with critical reflection, situating individual incidents within the broader scholarship of disability studies, feminist theory, and social identity.

Masking and conformity

Masking has been an ongoing strategy in my everyday life, and often, masking is an absolute necessity. Masking helps me move through public spaces, professional environments, and even family gatherings without drawing unwanted attention to myself. As a neurodivergent woman, I have learned to suppress certain behaviours and curb emotional responses at least verbally, while presenting in ways that fail to draw attention and conform to normative expectations. For me, masking enables participation in most areas of society, but after a lifetime of playing the neurotypical part, exhaustion and constant anxiety occupy much of my daily headspace.

One recurring example happens at the gym. Like many, I view the gym as a place to improve both mental and physical health and see it as a time for myself away from the stresses of everyday life (Shepherd et al. 2015). Running on a treadmill is one of the few moments I relish in, to listen to music, regulate my body, and simply unwind. Yet the gym in itself also triggers anxiety through loud noises, intolerable music, clanking weights, and generally crowded spaces. To cope, I wear headphones and usually claim a corner for some personal space. Particularly, the proximity of adjacent machines causes acute anxiety. I often place a water bottle or phone on the treadmill beside me as a quiet signal. This is not done as a sign of aggression but as a coping mechanism, an invisible strategy for survival in an environment that easily overwhelms. When others ignore this, by stepping on the adjacent machine, I am forced to speak up. In these moments, I can feel my voice rising into a louder and almost desperate tone, which is effectively a plea for acceptance and understanding. To an outsider, this shift likely appears confrontational; however, for me, it represents the final thread of control over a space that has become hostile to my body's needs. There is also a deep sense of disappointment that my initial attempts to mitigate a verbal interaction, such as the strategic placement of a water bottle, were entirely ignored. To the gym management, this manifestation of distress is misread as aggression.

In one especially harrowing instance, this institutional intolerance facilitated a direct physical threat. After an interaction inside the gym, regarding the bottle placement as a request for space, the male partner of another female gym member waited 45 min outside the building to confront me violently, away from the gym staff or cameras. My fifteen-year-old daughter attempted to defuse the situation by calmly explaining to him and his silent female partner, who stood by his side, that I have a disability, but he aggressively dismissed her, and I was met with a large man aggressively pointing his finger at me, while viciously spewing this statement mere millimetres from my face, 'I don't give a FUCK about your disability!'

This terrifying moment was a brutal manifestation of what Wolbring (2008) describes as the hierarchy of ability. The stranger's response stripped away any facade of social inclusion, revealing that my right to safety was contingent on my ability to remain silent and compliant regardless of how it made me feel. When the mask slipped, when I explained my need for accommodation, calmly to what I thought would be an understanding fellow female gym member, the response was not empathy, but a violent assertion that my disabled presence was of zero consequence.

The reporting of this assault exposed a profound violation of both gender and disability rights. Male police officers dismissed our terror as a mere 'thirty second conversation' refusing further investigation. This systemic betrayal was compounded when male gym management that very evening issued an 'immediate and permanent ban' on my ten-year membership *via* email. By asserting they had 'all the information they needed' without ever hearing from my daughter or me, the management institutionalised the aggressor's narrative while silencing the disabled subject and their responsibility to the safety of all members, including disabled ones. My embodied strategies of negotiating space thus collided with patriarchal norms that prioritise institutional compliance and male testimony over the safety and rights of a neurodivergent woman. The ban becomes not just about gym policy, but about the policing of disabled presence and the gendered expectation that I manage my discomfort silently. My simple request for space, an accommodation invisible to most, becomes interpreted as a flaw or an excess, resulting in a total revocation of my right to belong.

My masking and space negotiation strategies collided with institutional norms, reflecting a conditional belonging where disabled bodies are tolerated only when invisible and compliant (Garland-Thomson 2005; Goodley 2024). This dynamic illustrates the policing of disabled presence and the tension between disability as an excess and the demand for normalcy (Garland-Thomson 2005). Consequently, simple requests for space are misread as aggression in environments prioritising profit over understanding, making masking a precarious survival strategy, sacrificing identity for security (Goodley 2024). Participation may be welcome, but it remains contingent on suppressing the very strategies that enable engagement. This unrecognised labour of fitting in often results in the misunderstanding and hostility documented in research on invisible disability disclosure, a reality I have experienced firsthand (Idle et al. 2025).

When masking fails

Masking as a coping strategy offers a temporal and situational way to navigate a variety of spaces, most of which are not designed with invisible disability in mind (Pearson and Rose 2021). The strategy to mask is a fragile one. There is no choice but to sustain the illusion, leaving one vulnerable to revealing one's true self in a moment of heightened distress or when social misunderstandings occur. When the mask fails, the result is not simply personal discomfort, but public exposure, potential stigma, and lasting damage to self-esteem and perception of the true self (Hull et al. 2017).

Another such moment unfolded in an interaction with a bartender. After a long day, I joined colleagues for a drink at a local pub, seeking the same Friday evening relaxation shared by millions across the world. Yet, the music was so loud that conversation was nearly impossible, and my anxiety rose by the moment. While others appeared unbothered, and I was unwilling to assume the role of educator towards my colleagues or the bartender in that moment (Kattari, Olzman, and Hanna 2018), I approached the bartender, adopting my most patient and feminine masking persona, attempting to maintain a smile despite the complete sensory overloaded environment. However, my flat tone and lack of eye contact were likely misread as rudeness, and what I intended as a quiet effort to address the volume and mitigate overstimulation was instead reframed as hostility. As I attempted to clarify my needs, my voice rose, not out of anger, but from a burgeoning panic of being misunderstood amidst acute sensory overload and the heightened attention of my colleagues. My physical gestures, intended to convey the urgency of my distress, only served to exacerbate the situation. What I experienced as an act of survival provided the bartender with a justification to dismissively suggest that I simply go to another pub if I disliked the music.

This encounter illustrates how failures in masking are not merely individual lapses but are socially produced and deeply shameful public events. My strategies faltered not because I failed to express my struggle, but because normative expectations of politeness and emotional expression are deeply gendered. Had I been a male or male presenting, I often wonder if he would have simply turned down the music. Instead, the common reaction is a sexist and confrontational one (Garland-Thomson 2005; Goodley 2024).

The gendered burden of resilience

The failure of the mask is inextricably linked to gendered expectations of virtue, resilience, and compliance (Burgoon, Dillard, and Ooran 1983; Chiaburu et al. 2014). Feminist scholarship reminds us that women are often judged through these specific lenses, particularly in public and professional spaces. When I was in the pub, and unable to communicate my needs in a way that met normative expectations of female-presenting politeness, the mask I had been maintaining slipped, and panic quickly set in. My face flushed, and I, a usually confident woman, began to stutter and mince words. Wanting to remain professional in front of my colleagues and not burden the evening with accounts of what it means to navigate social spaces as an invisibly disabled woman, I left the gathering after a single drink, feeling both defeated and embarrassed.

Perhaps most distressing, however, was that none of my colleagues noted or later enquired about my abrupt departure. This disconnect continued long after the event, and I was not asked again to join future social gatherings. This lack of acknowledgement reinforced a cycle of self-blame, as I felt responsible for drawing attention to my discomfort rather than remaining silent and compliant. The failure to successfully mask within professional social spheres often results in a loss of social capital and a persistent sense of professional isolation, as the individual is no longer viewed as fitting the team dynamic (Clancy 2025). For the neurodivergent woman, the inability to sustain a social mask leads to a withdrawal of invitations and a fragmented sense of professional belonging, where the cost of conformity is paid through the loss of relational ties.

Ableism is difficult to change as it is deeply integrated into multiple facets of society (Kattari, Olzman, and Hanna 2018). It is ingrained in culture, language, and the regulation of bodies, often manifesting in judgments about whether someone is viewed as disabled enough. Something as simple as a drink with colleagues is, therefore, not so simple. For the evening to be successful, I would have had to prepare the group well before we left for the pub, gauging how they might react, with the hope of some semblance of understanding or solidarity. Wanting to avoid this type of incident is the best course of action for someone used to masking, but it comes at a high cost to one's social life and career.

Socialising with colleagues outside of work is often regarded as a standard practice that strengthens team bonds and establishes a group identity, potentially leading to more favourable working conditions and recommendations for advancement (Frese 1982; Pettinger 2005). For women in particular, workplace friendships are linked to higher job satisfaction and the development of deeper connections (Westwood 1984). Yet, these dynamics present unique challenges for women with invisible disabilities. The expectation to participate fully rests on assumptions regarding what being social should look like. Declining invitations risks being labelled as unfriendly or less committed, while participating demands masking, self-regulation, and the negotiation of overstimulation (Samuels 2017). What is celebrated as a pathway to belonging thus becomes, for invisibly disabled women, a minefield of risk, where the effort to conform collides with the exhaustion of passing as neurotypical.

Furthermore, there is societal pressure to bounce back from such incidents, as women are expected to be resilient and who can navigate these social failures with a positive attitude (Gill and Orgad 2018). This neoliberal framing suggests that if I cannot bounce back from the bartender's hostility or the resulting professional isolation, it is a personal failure of character rather than a result of systemic exclusion. This adds a secondary layer of emotional labour, where I must not only manage my disability but also perform a gendered version of resilience to maintain my social and professional standing. The constant labour of masking is always under a veil of vulnerability, ready to collapse under the strain of presented circumstances (McRuer 2008).

The Sunflower lanyard- Modern day scarlet letter

The final theme explores the practical application of symbolic disclosure through my experiences wearing the Sunflower Hidden Disability lanyard. While designed to facilitate support, my interactions with staff in international transit hubs reveal that the lanyard often fails in its purpose due to a lack of institutional training. Wearing my lanyard, I automatically adopt the role of researcher and have asked staff in different contexts, from check-in desks to security checkpoints, restaurants, and boarding gates, whether they knew what the lanyard symbolises. The majority admitted they have seen a recent increase in the lanyards, but do not actually know what the purpose is. Some staff thought it was a fashion fad that started in the United Kingdom, noting that the majority of people wearing them are English-speaking adults. Almost none of the addressed staff had any indication that it was meant to signal invisible disability or that they should ask if the person requires assistance. Once again, the responsibility for explanation and education was placed squarely on the shoulders of the very people the scheme is supposed to support; people who, unlike myself, are not always able or willing to educate the masses.

Other stories highlight similar frustrations with the failure of symbolic disclosure. A fellow invisibly disabled female researcher recounted how her family, wearing their lanyards, were asked to vacate the emergency exit row they had paid extra for. Although she, her non-disabled husband, and son were fully capable of assisting in an emergency, their lanyards drew unwanted scrutiny and public attention within the airplane itself. Eventually, they were allowed to remain in the seats, but not without the embarrassment and stress of having to justify their abilities despite wearing a support lanyard, which hardly offered the support the lanyard was designed to provide.

These accounts raise a troubling question: has the Sunflower lanyard become less a tool of inclusion and more a kind of modern-day scarlet letter? Instead of quietly facilitating assistance, it has in some cases led to confusion or invited verbal and public judgment. This finding suggests that for the invisibly disabled woman, the lanyard may inadvertently function as a marker of othering, drawing attention to challenges rather than facilitating inclusion. Without proper implementation or genuine relational care, the lanyard means nothing, except perhaps to be another responsibility on the wearer. The responsibility for education remains with the disabled individual (Milton 2012), transforming a tool of proposed inclusion into another layer of social and emotional labour. For invisibly disabled people, inclusion cannot simply mean being marked as 'other' in public spaces; it must be embedded in everyday interactions that preserve dignity.

Synthesis of findings: the delicate masquerade

Taken together, these vignettes illustrate that masking is not a reliable solution but a delicate masquerade, one made possible only through the understanding *and* desire to understand by others. When the mask fails, the consequences are immediate and destructive: service withheld at a pub, bans from a gym, threats from members of the public, or humiliation at airport security should not be commonplace fears for an invisibly disabled woman. What is often framed as individual failure is in fact the product of ableist and gendered norms that demand constant emotional regulation and compliance. For invisibly disabled women, these experiences slowly break down self-esteem and have a multiplying effect.

Unmasking not only threatens access to leisure activities that enable well-being, but also complicates social and professional scenarios where the ability to fit in through networking and conforming is vital to career advancement. Furthermore, the instability caused by these ruptures extends into the family, instilling a profound sense of fear and mistrust in my children, who, after witnessing such hostile encounters, now perceive the social world as a space of inherent risk rather than belonging, reinforcing their need to mask to comply with societal expectations. The constant labour of masking is always under a vulnerability veil, ready to collapse under the strain of a presented circumstance. This reveals how belonging in both public and professional domains is precarious, dependent on circumstances and the willingness of those involved to look beyond the mask (Garland-Thomson 2005; Samuels 2017).

Discussion

The findings of this study demonstrate that for invisibly disabled women, social participation is not a right but a precarious state of conditional inclusion. Across the themes of masking, the failure of the mask, and the gendered burden, a clear pattern emerges where acceptance is granted only when the individual successfully conforms to neurotypical norms. When needs become visible, either through a sensory rupture or an accommodation request, that acceptance is swiftly revoked. These patterns reflect the social production of ableism and highlight the hidden, cumulative costs of passing as neurotypical in a society that values compliance over relational care.

The gendered dimensions of this conditionality are particularly acute. As illustrated in the interactions with the bartender and gym management, women are expected to perform traits of empathy, warmth, and quiet compliance. When neurodivergent distress disrupts these expectations, the behaviour is not interpreted as a disability related need but as rudeness, aggression, or a failure of the female character. This aligns with feminist disability scholarship regarding the policing of female bodies in public spaces (Burgoon, Dillard, and Ooran 1983; Garland Thomson 2005). Furthermore, the pressure to maintain professional social ties after a masking failure reflects the narcissism of empowerment described by Gill and Orgad (2018). The neurodivergent woman is expected to be resilient and bounce back from exclusion, placing the burden of repair solely on the individual rather than the inaccessible environment.

The high-stakes environments of the gym and the airport further reveal how disability is mediated through structures of power and surveillance. These institutional contexts show that masking is not merely a personal choice, but a survival practice conditioned by the risk of removal or public humiliation (McRuer 2008). In regulated spaces, the consequences of failed masking are magnified. The gym ban and the airport security scrutiny demonstrate that institutional policies often serve to police disabled presence rather than facilitate it. In these settings, belonging is extended only insofar as the disabled person can practice the extreme emotional restraint required to remain invisible.

The sunflower lanyard serves as the primary example of the paradox of symbolic inclusion. While designed to make invisible needs visible in supportive ways, the findings suggest it often functions as a modern-day scarlet letter. By marking the individual without educating the surrounding culture, the lanyard can invite unwanted scrutiny or confusion rather than genuine assistance. This discrepancy is described as the gap between imagined inclusive futures and structurally realised ones (Kafer 2013). The lanyard offers a symbolic promise of accessibility that remains unfulfilled because it is detached from a deeper cultural understanding of neurodivergent needs. Without formal, institutional training, such initiatives shift the responsibility for education back onto the wearer, reinforcing the very barriers they were meant to dismantle.

Ultimately, this paper demonstrates that the precariousness of disabled belonging is not inevitable but is socially and relationally produced. If inclusion is to move beyond a symbolic gesture, it must be reimagined as a relational experience grounded in a desire to understand rather than a demand for conformity. Real inclusion cannot depend on the fragile art of masking or the mere wearing of a symbol. It must instead involve a cultural shift where differences are embraced as an ordinary part of the human experience. All persons should be entitled to belong without being forced to legitimise their presence through constant self-monitoring or the performance of a resilient, neurotypical persona.

Conclusion

The accounts presented in this paper highlight a persistent and restrictive paradox: invisibly disabled women are socially accepted only as long as their disability remains hidden. The moment a disability becomes visible, whether through sensory overload, a request for space, or the wearing of a symbolic lanyard, acceptance is frequently revoked and replaced by exclusion or aggression. Masking and conformity both allow for a temporary and fragile participation, but they do so at a high personal cost to identity, personal, and even social security. When masking fails, as it inevitably must under the strain of sustained, ableist environments, the resulting stigma and gendered scrutiny amplify the emotional labour required to simply exist in public and professional spaces.

My primary contribution in this study is to expose the visceral, lived cost of this conditional inclusion. What may appear to an outsider as a minor misunderstanding or an awkward encounter in a gym or a pub accumulates over time into significant professional risk and social withdrawal. The decision to lower a mask maintained for over four decades reveals that masking is not a permanent solution or a lifestyle choice; it is a vulnerable survival strategy that remains constantly under the threat of collapse. This research demonstrates that for the neurodivergent woman, the burden of fitting in is a compounding weight that affects every facet of relational life.

If inclusion is to signify more than a symbolic gesture or a tolerance contingent on the ability to 'pass' as neurotypical, it must be reimagined as a relational practice. This requires a shift away from rigid norms of behaviour toward an ethics of care, listening, and flexibility. The challenge for institutions is not merely to design accessible policies or distribute visual tools like the sunflower lanyard, but to cultivate cultures where invisibly disabled people are no longer burdened with the exhausting task of educating others or proving their legitimacy.

Real inclusion cannot depend on the fragile and soul-crushing art of masking. Instead, it must rest on the recognition of difference as an ordinary and valued part of the human experience. True belonging should not be a reward for successful performance; it must be an inherent right, allowing all individuals to navigate society with dignity and without the constant fear of being unmasked and cast out.

AI disclosure statement

I have read and agree to comply with the Taylor & Francis AI Policy. I confirm that Gemini 3 Flash (March 2026 version) was used in the preparation of this manuscript. The tool was utilised to assist with structural reorganisation and the refinement of prose for clarity and word count management. Generative AI served as an editorial support tool to improve the linguistic flow and cohesion of the revision. The author remains fully responsible for the original research, analysis, and final integrity of the article.

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