

Beyond Functioning: Autism as the Architecture of Unmet Need

Written by Aubrey Perin

Abstract

This paper introduces the Cognitive Masking Model of Autism Expression (CMMAE), a trauma-informed framework that reinterprets autism not as a binary of functioning, but as a spectrum of adaptive effort—how much cognitive labor an individual must perform to remain legible, safe, or accepted within an environment that fails to offer meaningful co-regulation. In this model, what we commonly call “functioning” is not a reflection of ability, but of masking capacity: the ability to simulate coherence under pressure.

CMMAE reframes masking not as deception, but as survival logic—a high-cognitive strategy for emotional abatement in the absence of relational safety. In contrast, stimming emerges as a body-based regulation strategy, often punished or pathologized in systems that misread visible distress while reinforcing the hidden costs of compliance. Both behaviors serve the same purpose: restoring coherence when the environment cannot provide it. Meanwhile, allistic individuals are often granted early access to nurturing-based social regulation, allowing them to develop fluency without performance. What appears as “normal” is not a baseline—it is the privilege of growing up interpreted correctly.

The paper further introduces Masking-Induced Disintegration of Focus (MID-Focus), a lens through which ADHD-like traits in autistic individuals can be understood not as comorbid disorders, but as executive collapse resulting from prolonged adaptation. Drawing from trauma theory, van der Kolk’s embodied memory model, and epigenetic insight, CMMAE positions autism as a cognitive artifact of unmet need—a developmental logic structured around environments that reward productivity over presence, and action over nurturing.

Autism, in this view, is not a deviation from a fixed norm. It is a logical divergence from fractured relational infrastructure. CMMAE offers clinicians, caregivers, and self-advocates a lens not for management, but for reconciliation—for understanding neurodivergence not as disorder, but as the shape of survival in systems that forgot how to care.

Keywords: autism, masking, camouflaging, trauma, executive function, CMMAE

1. Introduction: Beyond the Binary

I was once told I was too intelligent to be autistic.

Instead, I was diagnosed with Obsessive-Compulsive Personality Disorder and Combined ADHD. The OCPD diagnosis felt especially misplaced — an attempt to explain my need for clarity and structure as pathological rigidity rather than adaptive survival. Years earlier, after a complete mental breakdown, I had been diagnosed with Idiosyncratic Personality Disorder by a psychologist in Washington who responded only to the acute symptoms in front of her, not the history or trauma that shaped them. These experiences left me not only misdiagnosed, but fundamentally misunderstood — seen through the lens of disorder without consideration for the logic behind the coping.

I tried to explain how much effort I spent masking — how I learned to shift tone, posture, even vocabulary to make others comfortable, to avoid conflict, to simulate normalcy. But the more fluently I performed, the less visible my suffering became. In the eyes of professionals, my distress was hidden by my ability to camouflage it with coherence. I wasn't failing visibly enough to be autistic, nor succeeding easily enough to be neurotypical. I lived in the hollow middle — an emotional no-man's land where survival meant simulation. Research increasingly recognizes this phenomenon as “camouflaging” — the conscious or unconscious modification of autistic behavior to appear neurotypical, at significant cognitive cost (Hull et al., 2017; Livingston & Happé, 2017).

It wasn't until I read *The Body Keeps the Score* by Bessel van der Kolk that my internal scaffolding began to make sense. His framing of trauma as a disruption of coherence — stored not as narrative, but as pattern — helped me recognize that what I had called “symptoms” were, in fact, structures. My masking wasn't a sign of strength. It was a sign that the environment required me to exchange authenticity for intelligibility.

This paper introduces the Cognitive Masking Model of Autism Expression (CMMAE): a trauma-informed framework that reframes autism not as a binary between high and low functioning, but as a spectrum of adaptive effort — a measure of how much a person must mask in order to be tolerated or interpreted within systems not built for them. CMMAE proposes that what we call “functionality” is often just the capacity to simulate coherence, and that the cost of this simulation is obscured by exhaustion, identity fragmentation, and executive collapse.

More provocatively, this paper questions whether autism — particularly in its modern expressions — is not purely genetic but also epistemic: a response to environments that fail to nurture, co-regulate, or sustain stable meaning. In this framework, autism is not a deviation from normal, but a logical divergence from unmet need. And in societies that prioritize performance over presence, autistic traits may not be increasing genetically, but rather revealing themselves developmentally in greater numbers — a symptom of a society that rewards “productivity” and action more than nurture and support.

CMMAE also addresses the often-misunderstood overlap between autism and ADHD. It posits that ADHD in autistic individuals may sometimes represent Masking-Induced Disintegration of Focus (MID-Focus)—a collapse of executive function caused by the chronic strain of simulation, rather than a distinct comorbid condition.

What follows is not a clinical prescription. It is a structured hypothesis. A philosophical and diagnostic lens through which to view autism not as a disorder to be managed, but as a cognitive artifact of adaptation, shaped by the body's memory of being misunderstood. It is also my lived experience.

2. Masking as Cognitive Labor

Masking, in the context of autism, is often defined as the attempt to appear “less autistic” in social settings. But this framing is both shallow and inaccurate. Masking is not about deception or imitation — it is about survival in systems that interpret difference as deviance. It is a structured, adaptive system designed to regulate emotional risk, maintain coherence, and mitigate rejection in environments where the autistic self is otherwise unwelcome or misread.

For autistic individuals, masking is rarely optional. It becomes a primary method of emotional abatement, a high-cognitive strategy constructed through trial, mimicry, and exhaustion. Where allistic people are often raised in environments that provide early social attunement, autistic children are typically forced to piece together relational logic through observation, rehearsal, and cognitive substitution. They don’t grow into comfort. They grow into compression.

This compression manifests through elaborate layers: altered tone, facial expression, posture, vocabulary, and even scripted humor. It is not expression — it is emulation, and it is work. CMMAE defines this labor as cognitive because it demands constant executive functioning, memory recall, and emotional compartmentalization. The autistic person isn’t just responding to the moment. They are predicting it, adjusting to it, and surviving it — all at once.

Yet masking has a counterpart — one rooted not in cognition, but in the body.

Stimming, often misunderstood or pathologized, is the somatic sibling of masking. It is not an “inappropriate behavior” but a natural regulatory mechanism, grounded in movement, repetition, and sensory rhythm. Where masking is cognitive concealment, stimming is bodily release. And here lies the irony: stimming is often met with discomfort or suppression in neurotypical systems, while masking is praised for its apparent functionality — even though both serve the same internal purpose: to self-regulate in an environment that cannot be trusted to do so.

In some settings, stimming is tolerated — perhaps even responded to with practiced concern. But more often, it triggers removal, correction, or dismissal. In contrast, masking is rewarded with surface-level inclusion, despite the immense cost it extracts beneath the visible threshold. Both strategies seek to reduce distress. But only one is considered socially acceptable — and only one consistently causes collapse.

CMMAE reframes masking as more than behavior. It is cognitive labor: an extended, energy-intensive simulation of belonging. Over time, this simulation becomes internalized. It shapes identity. It rewires memory. It creates a paradox of disconnection: the more successful the mask, the less visible the distress — and the more likely the autistic individual is to be overlooked, misdiagnosed, or abandoned by systems that believe performance equals peace.

Understanding masking as labor opens the door to a new diagnostic logic — one that considers not just what a person does to survive, but how much of themselves they must suppress to be seen. Masking is not just a behavior — it is a lifelong tax on coherence. Empirical validation of this cognitive burden is found in the development of the Camouflaging Autistic Traits Questionnaire (CAT-Q), which identifies the significant effort required to mask autistic traits in social settings (Hull et al., 2017). Cognitive compensation theory further proposes that autistic individuals deploy deliberate, effortful strategies to maintain social functioning despite

underlying processing differences — a process with direct parallels to CMMAE’s masking framework (Livingston & Happé, 2017).

2.1 Stimming as Emotional Language

Before words, there is motion.

Stimming — often defined clinically as “self-stimulatory behavior” — has long been pathologized in neurodevelopmental contexts. It is viewed as disruptive, inappropriate, or symptomatic of dysfunction. But this view fails to recognize a simple truth: stimming is emotional language. It is not a malfunction. It is a form of embodied communication—instinctive, adaptive, and fundamentally human.

We do not pathologize a dog wagging its tail when excited. We do not diagnose someone who dances when elated, or who bounces with nervous energy before speaking on stage. These are natural, somatic expressions of internal state. They emerge not as anomalies, but as continuations of our emotional logic. In this framing, stimming is not “autistic behavior” — it is a universal mechanism for moving emotion through the body.

What distinguishes autistic stimming is not the presence of the behavior, but the conditions surrounding it. Autistic individuals often stim more overtly or consistently not because they are “broken,” but because they may be processing more internal contradiction without relational outlets. And in environments where stimming is discouraged, corrected, or punished, the autistic person learns quickly that motion invites rejection. In its place, they begin to develop masking — a high-cognitive alternative to emotional expression, one that trades comfort for social tolerability.

This creates what CMMAE identifies as the intellectual cliff: when stimming is suppressed early — particularly in intellectually gifted children — the system must find another way to regulate emotion and ensure social belonging. The more articulate or abstract the mind, the more likely it is to develop masking as a substitute for regulation. But this masking is not growth. It is displacement — emotional compression without release.

By contrast, when stimming is tolerated in children — especially those with rich inner lives — language often follows naturally. The body finds safety in expression, and over time, the mind begins to pair words with motion, narrative with sensation. In this context, stimming does not delay development. It enables coherence.

Understanding stimming as emotional language, and not merely a sensory tic, is essential to the CMMAE framework. It reveals the tragic irony of many early interventions: in trying to replace stimming with verbal behavior, we may be cutting the developmental root from which true language and emotional fluency would otherwise emerge.

In some cases, stimming may not only represent the regulation of an identifiable emotional state — it may reflect the coexistence of multiple emotions that are too large, conflicting, or fragmented to name. This becomes especially true in individuals shaped by epigenetic trauma or relational neglect, where the emotional system has been taught to expect contradiction: safety followed by punishment, connection followed by betrayal. The body, in this case, doesn’t trust singular signals — it prepares for both relief and danger at once.

Consider the example of an abused dog: it may wag its tail and growl simultaneously, responding to kindness while anticipating harm. Its body remembers what its environment insists on forgetting. The same is often true of autistic people, who may stim while expressing joy, fear, or confusion — not because they lack emotional clarity, but because their emotional experience is more layered than language allows. The stim is not a substitute for verbal expression. It is an honest embodiment of emotional plurality.

To recognize this is to reclaim stimming not just as a regulatory mechanism, but as evidence of a body carrying too much with too little support. And to accept that truth is to return to the core premise of this framework: that the presence of nurture — not the absence of traits — is what most reliably predicts comfort, coherence, and connection.

2.2 Closing: Compression, Expression, and the Cost of Misinterpretation

Masking and stimming are not opposites — they are parallel expressions of the same unmet need: to be seen, to be safe, and to make sense of overwhelming internal states in the absence of external coherence. Where one compresses the self into acceptability, the other expresses the self through instinctive embodiment. One is rewarded with tolerance but leads to collapse; the other is punished for visibility but offers authentic relief.

Both emerge as structured responses to relational contradiction — to growing up in environments that signal “you may be accepted, but not like that.”

In this light, autism is not simply a condition of difference. It is often a cognitive and emotional architecture shaped by the absence of nurture — by the repeated expectation that safety must be earned, coherence must be constructed, and authenticity must be exchanged for survival.

To honor masking as labor and stimming as language is to begin repairing the misinterpretation of autistic expression. It is to stop asking, “How can we fix this behavior?” and start asking, “What did this body need that it never received?”

With that question in mind, we now turn to the heart of this model: how masking capacity — not perceived “functionality” — defines the spectrum of autistic expression.

Table 1: Masking vs. Stimming as Parallel Emotional Regulation Strategies

Dimension	Masking	Stimming
Modality	Cognitive	Somatic (body-based)
Purpose	To simulate fluency and reduce external risk	To regulate overwhelming internal state and express emotional complexity
Mechanism	Social mimicry, scripting, tone modulation, vocabulary shifts, posture control	Repetitive motion, fidgeting, sensory seeking, rhythmic behaviors
Developmental Origin	Emerges when natural regulation (e.g., stimming) is discouraged or punished	Innate and universal; emerges across species as embodied expression (e.g., dogs wagging tails)
Emotional Basis	Intellectual effort to suppress, translate, or displace emotion for social acceptability	Embodied reaction to emotions too big or layered to be named; may express multiple emotional states
Cultural Framing	Viewed as maturity, social competence, or “high functioning”	Viewed as disruptive, inappropriate, or symptomatic
Short-Term Outcome	Social tolerance, delayed recognition of internal distress	Social rejection or removal; personal relief or sensory regulation
Long-Term Cost	Identity erosion, executive fatigue, burnout, emotional disintegration	Potential stigma, but preserved emotional coherence when tolerated
Pathway to Expression	Replaces early regulation when nurture is absent; may suppress authentic emotion long term	If supported, may naturally evolve into verbal and emotional articulation
Relation to Trauma	Emerges as an adaptation to repeated misattunement or social threat	May persist or intensify if emotional experiences remain unresolved or layered due to trauma
Social Feedback Loop	Reinforced for hiding distress; often delays diagnosis and support	Punished for showing distress; may prevent development of emotional vocabulary

3. The CMMAE Framework: Rethinking Function Through Adaptive Effort

The Cognitive Masking Model of Autism Expression (CMMAE) offers an alternative to traditional conceptions of autism as a linear spectrum of “high” and “low” functioning. It replaces that binary with a layered structure: one that recognizes the degree of cognitive masking required to navigate social systems as the key variable in how autism is expressed, perceived, and pathologized.

CMMAE reframes functioning not as the absence of visible distress, but as the presence of invisible labor. It treats masking as a measurable form of adaptive effort, shaped by intellectual function, trauma exposure, relational safety, and the social necessity of simulation. In this model, people do not “function better” because they are less autistic; they “appear to function” because they are more practiced at performance under pressure.

This framework identifies three core expression profiles based on masking capacity:

Table 2: CMMAE – Expression Profiles by Masking Capacity

Masking Capacity	External Presentation	Common Misdiagnoses	Risk Profile
High	Articulate, socially fluent, emotionally flat	OCPD, anxiety, ADHD	Burnout, suicidal ideation, delayed autism diagnosis
Moderate	Inconsistent, context-sensitive, episodic shutdown	Bipolar II, BPD, “Highly Sensitive Person”	Mislabeling, emotional dysregulation, relational breakdowns
Low	Sensory overwhelm, meltdowns, stimming-forward	“Classic autism,” IDD	Early institutionalization, suppression of autonomy, over-control

This model doesn’t argue that masking is inherently bad. In some contexts, it can be protective. But CMMAE makes clear that the cost of masking scales with duration, necessity, and relational isolation. The higher the need to mask, the greater the dissonance between outer fluency and inner fragmentation.

By contrast, individuals with lower masking capacity often appear more “impaired” by societal standards, yet may experience greater internal coherence simply because their bodies were never able — or never allowed — to perform simulation. In this inversion, the ones least able to mask may be the most honest, most direct, and least confused about who they are.

The tragedy lies in how our systems interpret these profiles. High-maskers are praised, ignored, or misdiagnosed until collapse. Low-maskers are overcorrected, overcontrolled, and emotionally flattened through behavioral interventions. Moderate-maskers are trapped in contradiction, constantly forced to re-establish identity between safety and expectation.

CMMAE asserts that the true spectrum of autism is not linear. It is relational, structural, and shaped by the cognitive cost of survival. In this view, therapy, diagnosis, and support must begin

not with the question, “What do they do?” but with the deeper one: “How much must they suppress to be here at all?”

4. ADHD as Masking-Induced Disintegration of Focus (MID-Focus)

Autistic individuals are frequently diagnosed with ADHD — often as early as childhood, sometimes years before autism is identified. These diagnoses typically emerge in response to observable patterns: missed deadlines, difficulty sustaining attention, poor follow-through, inconsistent motivation, and a general sense of “distractibility.” From the outside, these behaviors match the clinical profile of Attention Deficit Hyperactivity Disorder. But from within the autistic system, the experience is far more layered — and far more exhausted.

The prevailing assumption — that these traits represent a separate neurodevelopmental condition — fails to account for the cognitive and emotional labor required to simulate social fluency over time. For many autistic individuals, attention is not absent — it is preoccupied. Memory is not impaired — it is overloaded with relational pattern-matching, micro-adjustments, and emotional self-policing. What appears to be scattered or impulsive may in fact be the unraveling of a long-sustained internal simulation, now collapsing under the weight of contradiction.

The Cognitive Masking Model of Autism Expression (CMMAE) proposes an alternative hypothesis: that what is often diagnosed as ADHD in autistic individuals is, in many cases, a form of executive system collapse — not a coexisting disorder, but a symptom of sustained adaptive overexertion. I define this collapse as Masking-Induced Disintegration of Focus (MID-Focus): a phenomenon in which the system responsible for simulation, self-regulation, emotional containment, and social safety begins to fray — not because it is broken, but because it has been running far beyond its limits for far too long.

MID-Focus is not a deficit of willpower, intelligence, or intention. It is the consequence of building a personality structure out of performance, and then trying to function inside of it.

4.1 What MID-Focus Really Is

MID-Focus is not a disorder in its own right. It is a collapse state — a tipping point where the mind, no longer able to reconcile performance with authenticity, begins to fragment its attention as a form of passive resistance. It is not that the autistic person cannot focus — it is that focus has been subordinated for too long to the task of survival.

In this state, the executive system doesn’t shut down completely. It becomes directionless, prioritizing micro-adjustments over macro goals, pattern sensitivity over continuity, emotional triage over sustained output. Tasks are forgotten not because they were unimportant, but because they never made it through the filtration process of perceived urgency and emotional cost. Motivation is inconsistent because the system has lost faith that any input will be met with a nurturing or coherent output.

To the outside world, this collapse looks like classic ADHD: distractibility, difficulty starting or finishing tasks, poor impulse control, scattered memory, emotional reactivity. But internally, the experience is different. The autistic person in MID-Focus is often aware of what they should be doing. They may even rehearse doing it repeatedly in their mind. But the act of initiating requires navigating through a backlog of prior performances, relational anxieties, unprocessed contradictions, and sensory imbalance — all of which stand between the intent and the action.

And here lies the defining feature of MID-Focus: the collapse is not rooted in deficit — it is rooted in depletion.

The autistic mind does not fail to focus. It withdraws from focusing as an act of self-preservation, redirecting its remaining resources toward emotional containment, threat anticipation, or simply dissociating from effort altogether. This withdrawal is rarely conscious. It is the nervous system saying: “I can no longer afford to appear functional at the expense of internal stability.”

Unlike traditional ADHD, which may respond well to stimulant intervention or task structuring, MID-Focus is not a disorder of under-activation. It is the end result of chronic, unsustainable over-adaptation — a silent cognitive protest that emerges when masking has consumed the mind’s bandwidth for too long without rest, recognition, or relief. Cognitive compensation strategies have been proposed as mechanisms through which autistic individuals maintain social functioning despite underlying processing differences (Livingston & Happé, 2017); MID-Focus represents the collapse of those same strategies under sustained load.

Vignette: The Report That Never Got Written

The deadline wasn’t new. It had been on her calendar for two weeks, color-coded and labeled with a gentle reminder: “Don’t overthink. Just write it.” The project wasn’t complicated. It was a summary of findings she had already analyzed in depth, notes neatly arranged across three applications and four different emails she’d forwarded to herself just to keep them in sight.

But when she opened her laptop, her body locked.

Her fingers hovered over the keys as if waiting for a language she no longer spoke. Her thoughts, so sharp in conversation, now felt like whispers behind glass. She stared, flipped to another tab, re-read the same paragraph three times, checked her inbox, got up to refill her water, and sat down again — empty. Not because she didn’t care. Not because she didn’t know what to say. But because somewhere in the background, the system that used to translate intention into action had quietly... disconnected.

Earlier that day, she’d helped a colleague troubleshoot a crisis. She’d answered a question in a meeting that no one else could answer. She’d smiled, nodded, maintained eye contact, took careful notes. She had masked. And now, there was simply nothing left.

When the deadline passed, she didn’t feel panic. She felt grief. Not because she failed, but because she knew she could have done it if she hadn’t had to keep being someone else all day.

4.2 Why It Looks Like ADHD (But Isn’t)

To the untrained eye — or even to a well-meaning clinician — MID-Focus looks indistinguishable from classic ADHD. The external behaviors align perfectly with established criteria:

- Difficulty initiating tasks
- Inconsistent follow-through
- Emotional impulsivity
- Chronic distractibility
- Restlessness or irritability

- Disorganization and memory lapses

But beneath the surface, the origin of these behaviors diverges sharply. Where ADHD arises from developmental differences in attention modulation and executive control, MID-Focus is the result of prolonged cognitive overexertion. It's not a missing function — it's a depleted system. One has always been "noisy." The other is simply tired.

ADHD is often marked by under-activation in the prefrontal cortex — the brain region responsible for regulating attention, motivation, and impulse control. Many individuals with ADHD benefit from stimulant medication because it boosts that underactive system, increasing clarity and focus.

MID-Focus, by contrast, is not underactive — it is hyper-activated beyond endurance. It is the aftermath of years spent compensating for social incoherence through high-effort, detail-driven simulation. In this state, stimulants may not enhance clarity. They may amplify the very dissonance the brain is trying to escape.

What makes this so dangerous is that MID-Focus emerges most often in individuals with high masking capacity — the same people who are most likely to be told they're "fine," "functional," or just "disorganized." They perform so well, for so long, that when the crash comes, it is framed as a personal failure instead of a biological protest.

Even emotionally, the differences are subtle but critical. ADHD-related impulsivity often presents as excitability, enthusiasm, or momentary recklessness. In MID-Focus, impulsivity is frustration leaking out of containment — the mind's desperate attempt to signal distress through action because language has become too slow or risky.

And whereas ADHD impulsivity is often baseline, MID-Focus impulsivity fluctuates based on:

- Social fatigue
- Recent masking demands
- Unprocessed emotional residue
- The level of cognitive surveillance being required in the moment

These distinctions matter — not because one is more valid than the other, but because treatment based on the wrong assumption can deepen the injury. A person with ADHD might benefit from structure, productivity tools, or behavioral coaching. A person with MID-Focus might need permission to stop pretending.

And yet, both are told the same thing: try harder, stay focused, get organized, be accountable.

The truth is that many people with MID-Focus have already spent their entire lives being accountable for the emotional safety of others. They've monitored tone, posture, context, implication — just to survive. When their minds fragment, it is not a failure of focus. It is a refusal to endure further contradiction.

In this way, MID-Focus isn't a form of ADHD at all. It's what happens when a system trained to mask itself can no longer afford the cost.

Vignette: The Burned Out Gifted Child

By third grade, everyone agreed she was exceptional.

She read above grade level, remembered obscure facts, and had opinions about things most kids hadn't heard of. She corrected her teachers gently. She liked big words because they felt more precise, more truthful. She was praised constantly — for being smart, for being quiet, for being “mature beyond her years.” She got used to applause in the form of silence: adults nodding at her as if she had just confirmed their worldview.

What no one noticed was that she didn't play anymore. Not really.

Play required risk. It required doing things wrong and not knowing the rules ahead of time. She preferred books — books had rules she could master. She liked helping the teacher more than she liked recess. She hated group work. She hated not knowing if she was “too much” or “too weird.” She hated the girls who whispered and giggled and changed how they spoke around boys. She didn't know how to do that.

By middle school, her notebooks were immaculate. Her social life was a game of polite avoidance. Her inner world was starting to fracture — but quietly, with dignity.

By high school, she was brilliant and exhausted. She started falling asleep in class. She forgot deadlines. She wrote papers she never turned in. Her parents called it “laziness.” Her teachers called it “underachieving.” Her counselor called it “executive dysfunction” and flagged her for ADHD testing.

But she didn't feel scattered. She felt hollow.

She could still think. Still observe. Still simulate the right response. But she couldn't start anymore. Couldn't carry things through. Couldn't explain why doing anything felt like dragging her body through molasses while everyone else seemed to float on expectations she used to exceed.

She didn't lose interest. She lost access.

Because she had masked her distress so perfectly that no one had ever seen it. Not even her.

4.3 The Invisible Collapse of High-Masking Individuals

Perhaps the most overlooked form of autistic burnout is the one that happens in plain sight: the slow, silent unraveling of individuals whose ability to mask is so practiced, so polished, that collapse is interpreted as character flaw rather than cognitive failure.

These are the “gifted but inconsistent” students. The “promising but unreliable” employees. The “so smart, but so disorganized” adults. They're the ones who can articulate complex ideas but can't return phone calls. Who speak fluently in meetings but can't open their mail. Who were once praised for being “wise beyond their years,” only to be met with confusion and frustration when they can no longer sustain the persona that made them legible to others.

High-masking individuals don't collapse outwardly. They dissolve inwardly. And because their distress isn't loud, it's rarely named. What's visible are missed deadlines, emotional volatility, avoidance, and apathy. What's invisible is the cost of decades spent running a full-time simulation engine just to survive social expectations.

The internal experience of this collapse is a kind of haunting:

- The individual still knows what they “should” be doing.

- They can often rehearse the steps, explain the task, describe the urgency.
- But they can't initiate. Or if they do, they can't sustain.

Not because they're lazy. Not because they don't care. But because their entire cognitive system has been diverted to emotional containment, social calculation, and avoidance of misinterpretation. What's left is a shell of their former coherence, held together by scripts that no longer protect them.

This collapse is made more dangerous by praise.

High-masking autistic people are often praised for their intellect, their vocabulary, their insight. And in a society that mistakes articulation for integration, their suffering goes unrecognized because it sounds too organized to be real. They can describe their own collapse with such fluency that therapists don't believe they're actually drowning.

Worse, many are actively misdiagnosed:

- As having ADHD (for executive dysfunction)
- As depressed (for withdrawal)
- As oppositional (for avoidance)
- As personality disordered (for emotional inconsistency)
- Or not diagnosed at all—because the mask still “works” just enough to pass

This is the paradox of high masking: the more effective the adaptation, the less believable the distress. And the longer the mask holds, the more catastrophic the eventual disintegration becomes — not because the person was “too sensitive,” but because the world mistook their compliance for resilience.

CMMAE argues that this population — high-maskers in slow collapse — is chronically misserved by therapeutic and diagnostic frameworks. These individuals don't need behavior coaching or productivity hacks. They need permission to fall apart without judgment. They need systems that see masking not as fluency, but as emotional overpayment — and treat the collapse not as dysfunction, but as a body finally refusing to perform contradiction.

4.4 Closing: Reconnection, Not Correction

The solution to MID-Focus is not discipline. It is reconnection.

What is disintegrating is not the person's attention span — it is their access to self. And what is needed is not more structure or stimulation, but space: the kind of space where the mind no longer has to translate itself into social acceptability just to feel safe.

For many, that healing begins not with productivity tools or executive coaching, but with therapeutic reconnection to the emotional self. Internal Family Systems (IFS) offers one such path — inviting individuals to unblend from their protective masks and rediscover the parts of themselves long exiled by the need to perform. In IFS, the collapse of executive function is not a failure. It is a signal. A part crying out not to be managed — but to be met.

Through this work, attention can return — not as a skill to be trained, but as a by-product of wholeness. Focus is not the goal. It is the evidence that the self is no longer at war.

MID-Focus is what happens when masking breaks the bridge between survival and identity. The work ahead is not to rebuild the mask — but to restore the connection to what lies beneath it.

5. Autism as Inherited Incoherence: Trauma, Epigenetics, and the Shaping of Divergence

If autism has been misunderstood, it is because it has been isolated.

Diagnostically, it has been cut from the body and pinned to the brain — treated as a strictly neurological event, devoid of somatic context. Philosophically, it has been severed from experience and assigned to anomaly — as if divergence itself were pathological, rather than a response to pathology. Culturally, it has been placed in contrast with “normal” — but “normal” is never examined, only assumed. It is treated as neutral, natural, inevitable. And autism, by implication, becomes everything it is not.

But what if autism is not a fixed neurological state?

What if it is a structured response to incoherence—not random, not accidental, but organized around the repeated absence of safety?

What if it is not only inherited through biology, but shaped through contradiction—sculpted in silence, carved into cognition by the absence of nurture, the presence of confusion, and the intergenerational echo of unmet need?

This is the proposition at the heart of the Cognitive Masking Model of Autism Expression (CMMAE): That autism is not simply a condition one is born with—it is a shape one takes on when the world cannot be trusted to interpret you without harm.

5.1 Epigenetics and the Memory of Trauma

Trauma, when left unspoken, does not disappear. It reorganizes.

The science of epigenetics has made this literal: lived experience can leave molecular marks. Chronic fear, neglect, emotional instability — these don’t just shape psychology. They alter biology. They affect how genes are expressed, how the nervous system responds, and how the developing body prepares itself for a world it expects will be unreliable. When this trauma is unresolved in one generation, it can be passed to the next — not just through behavior, but through biological priming. Research has demonstrated that traumatic experiences can influence gene expression patterns across generations through epigenetic mechanisms, including methylation changes in stress-response genes (Yehuda et al., 2016). Early caregiving environments similarly alter stress regulation systems at the biological level, demonstrating that nurture has measurable neurological consequences (Meaney, 2010).

This has staggering implications for how we understand autism. Many autistic individuals exhibit traits that, when viewed through a trauma-informed lens, look less like disorder and more like preparation:

- Hyper-vigilance toward tone, language, or micro-shifts in mood
- Pattern-seeking and routine as a form of environmental control
- Black-and-white thinking to resolve emotional ambiguity
- Shutdown or withdrawal when coherence is lost

- Disregulation in response to subtle social contradiction

These are not “quirks.” They are defensive architectures — systems of logic and attention that emerge when the early developmental environment fails to provide consistency, clarity, or co-regulation. In CMMAE, these traits are not random nor broken. They are functional responses to incoherence, often inherited not just through genetics, but through unspoken histories the body remembers.

In this model, autism can be shaped by epigenetic trauma — by bodies raised in environments where survival required masking, silence, or abstraction. The autistic child may inherit a nervous system already biased toward caution, already attuned to absence. And when placed in a world that continues to demand performance over presence, that system doesn’t adapt by becoming more social — it adapts by becoming more precise, more internal, more self-protective.

This doesn’t negate biological autism. It expands it. It suggests that what we call autism may, in many expressions, be both inherited and imposed — a convergence of predisposition and deprivation, encoded in genes but shaped by what those genes are taught to fear.

5.2 The Body as Record-Keeper: Autism as Structured Memory

Autism is often treated as a deficit in communication. But for many autistic people, the issue has never been the inability to feel, interpret, or even understand others — it’s been the inability to express those truths in a way the world is willing to receive. What gets labeled as dysfunction may, in truth, be a refusal — or a learned inability — to participate in systems that reward false coherence over honest discomfort.

In these moments, it is not the brain alone that responds. It is the body.

Bessel van der Kolk’s foundational work, *The Body Keeps the Score*, proposes that trauma is not just stored in memory — it is embedded in patterned responses: in posture, tone, digestive function, breath, movement, and silence. When the world cannot make sense of us — or when we are punished for making sense of ourselves — the body adapts. Not by forgetting, but by organizing its reality around unprocessed truth.

In CMMAE, we extend this theory into autism. We suggest that many autistic traits — those so often pathologized as rigidity or immaturity — are actually bodily adaptations to incoherence:

- Sensory sensitivity reflects a system that has learned nothing can be trusted at face value
- Shutdowns reflect a refusal to continue simulating understanding without safety
- Stimming becomes a feedback loop for self-regulation in a world that does not co-regulate
- Meltdowns are not breakdowns — they are compression failures in a system never allowed to rest
- Preference for structure and routine is not obsessive — it is the architecture of safety in an otherwise unpredictable world

This is not disorder. This is structured memory. The body remembers:

- What happened when it spoke too loudly

- What happened when it cried in the wrong tone
- What happened when it didn't read a face fast enough
- What happened when it needed too much, too soon, too often

And so it builds rules. It builds limits. It builds internal systems to reduce reliance on external ones — because those external systems have already proven unreliable.

In this light, autism — particularly in its more masked or late-diagnosed forms — is not a failure of social connection. It is a body engineered by adaptation, trained to simulate connection only when it is safe to do so. And when that safety never comes, simulation becomes identity.

5.3 The Nurture Variable: When Normal Isn't Neutral

The most damaging assumption in how autism is conceptualized may be the belief that neurotypical development is the natural baseline. “Normal,” in this framing, is simply what happens when nothing goes wrong. Autism is what happens when something does.

But this assumption collapses under even basic scrutiny.

Because what we call “normal” is not a void. It is a presence: the presence of emotional availability, consistent caregiving, language modeled with empathy, the space to express confusion without punishment, the right to be seen before being interpreted. Neurotypicality isn't the absence of trauma. It is the abundance of relational safety.

The CMMAE model proposes that allistic (non-autistic) development is not what the mind becomes by default — it is what the mind becomes when its relational and emotional needs are met consistently enough to avoid internal fragmentation. In this view, autistic expression is not a broken endpoint — it is a compensatory architecture, a nervous system solving for a world that failed to solve for it.

This has critical implications. If allism is not neutral — but rather the outcome of nurture — then autism is not necessarily a divergence from human nature. It may instead be the shape of unmet need, made durable and visible. It is not the absence of relational capacity, but the presence of relational labor: a person who is still trying to relate in a world that taught them early it was not safe to be known.

This also means that autistic expression — particularly behaviors associated with rigidity, withdrawal, shutdown, or even emotional dysregulation — may emerge not because the person lacks capacity for connection, but because the environment lacked capacity for interpretation.

When this is recognized, the question changes. We stop asking, “What's wrong with this child?” And we start asking, “What did this child learn was never safe to express?”

5.4 Closing Reflection: The Shape of the Uninterpreted

If autism is a system, then it is a system shaped by silence. Not by the silence of the individual — but by the silence of those who failed to ask the right questions. Those who mistook fluency for peace. Those who offered correction before curiosity.

This section has argued that what we call autism may not only be inherited — it may be imposed. That the traits we label as deficits may be structural outcomes of incoherence, built into the body when nurture is delayed, denied, or distorted. That autistic expression, especially in its most painful forms, is not proof of dysfunction, but evidence of a nervous system that was asked to do too much, too early, without enough understanding to survive whole.

CMMAE does not claim that autism is trauma. It claims that autism — as it is often expressed, misunderstood, and pathologized — is what happens when the need for coherence is forced to become internal logic. And that for many, what we've been calling a disorder is better understood as a resilient, intelligent solution to the problem of being born into a world that does not know how to listen.

Autistic people are not failed versions of the normative. They are the visible record of what it costs to be interpreted incorrectly for too long.

6. Reframing the Misdiagnosis Pipeline: When Autism and Trauma Are Seen as Personality Disorder

There is a quiet violence in the way complexity is interpreted.

When a person arrives in therapy speaking in metaphor, or shifting between voices, or appearing inconsistently regulated — one week articulate and composed, the next weeping and lost — they are rarely met with curiosity. More often, they are met with classification. And in clinical systems designed for stability, classification often defaults to disorder.

This is the diagnostic pipeline many late-diagnosed autistic people fall into — especially those whose presentation is shaped by trauma, masking, or internal multiplicity. They do not arrive incoherent. They arrive too coherent to be believed. They offer insight, contradiction, vulnerability, and guardedness. They speak of selves, not self. And instead of being heard as survivors of relational rupture, they are too often diagnosed as fractured.

The result is a pattern so consistent it cannot be accidental:

- Autistic individuals mislabeled with Borderline Personality Disorder, because they express emotion unevenly or test for unstable attachment
- Others diagnosed with Schizoaffective Disorder or Cluster A traits, because their language is idiosyncratic or their emotional logic nonlinear
- And many — especially those using metaphor to describe internal states — assigned labels like Idiosyncratic Personality Disorder, for failing to conform to normative narrative style

This is not diagnosis. It is compression. It is the failure to recognize that what looks fragmented on the surface may be a highly ordered internal logic, built not in dysfunction, but in survival.

CMMAE names this failure. And it offers a path toward reinterpretation — one that sees multiplicity not as pathology, but as a self in translation, shaped by adaptation, not deviance.

6.1 The Problem of Diagnostic Compression

Modern diagnostic systems are designed for categorization, not context. Their purpose is to identify patterns and assign names — names that carry treatment plans, billing codes, and clinical pathways. But this efficiency comes at a cost: the more complex a person's presentation, the more pressure there is to make it simpler. To fit it somewhere. To make it manageable.

For autistic individuals — especially those who mask, intellectualize, or describe their internal world with emotional specificity — this often leads to diagnostic compression: the reduction of adaptive, richly layered systems into narrow, often stigmatized labels.

In the absence of a developmental or trauma-informed lens, this compression follows predictable patterns:

- Emotional inconsistency is labeled borderline
- Relational caution is read as paranoid or schizotypal
- Patterned inner dialogue is viewed as delusional or disorganized

- Philosophical abstraction is dismissed as eccentricity or odd affect
- Internal multiplicity — when spoken aloud — is mistaken for psychosis

But what these frameworks fail to ask is: What function are these traits serving? Why is the person fragmented? Why do their thoughts speak in parts?

Too often, these questions are never asked — because the system has already decided that coherence must look a certain way. And when someone arrives shaped by trauma, misattunement, and decades of self-simulation, their complexity is not understood as evidence of effort. It is labeled as a flaw.

This is how autism, especially when paired with trauma, is transformed into something it is not. It is not borderline. It is not psychosis. It is the shape of unmet need, carried forward by a person who has never stopped trying to be legible — even when the language of their life no longer matches the forms used to assess it.

Diagnostic compression is not simply mislabeling. It is the refusal to make room for structural nuance. It is what happens when systems confuse multiplicity with madness.

6.2 The Internal Family Systems Lens

Where traditional diagnostic models see fragmentation, Internal Family Systems (IFS) sees organization.

IFS begins with a simple, radical premise: that the mind is naturally multiple. Not disordered. Not broken. Just complex. In this model, what we call the “self” is not a singular, static identity, but a constellation of parts — each formed in response to different moments, different needs, and different forms of pain. These parts are not symptoms. They are strategies.

In the IFS model:

- A protector part might present as hyper-rationality, perfectionism, or emotional detachment
- A manager part might take over in social situations to ensure likability, performance, or containment
- An exile part might carry grief, terror, shame, or the raw memory of emotional abandonment
- A firefighter part might act impulsively, dissociate, or shut down when the system is overwhelmed

To an IFS-informed therapist, these presentations are coherent. They make sense within the architecture of a person who has never been given permission to feel safe as a whole. These parts are not hallucinations or delusions. They are functional substructures—each with a role, each with a reason.

But in a clinical setting unfamiliar with this model, such internal diversity is often pathologized:

- A part that speaks protectively may be mistaken for narcissism
- A part that collapses under stress may be diagnosed as borderline

- A part that intellectualizes pain may be labeled obsessive or schizoid
- And the individual as a whole is labeled disordered—when in truth, their system is simply doing its job

CMMAE aligns closely with IFS in its view of autism. It proposes that many autistic individuals — especially those shaped by trauma or masking — develop part-driven adaptations not because they are psychotic, but because they are precise. Their inner world is structured. Their language is metaphorical because their pain was not literal. Their protectors are blunt because their vulnerability was not met with gentleness. Their emotional responses are complex because they were never taught to believe one feeling was safe at a time.

IFS offers what diagnosis often denies: a place for these people to be understood without being simplified. It says: You are not broken. You are not too much. You are many—and that is how you survived.

Vignette: Meeting the Parts

He didn't talk about it at first. Not directly.

What he said was that he felt "stuck," or like he was "managing too many layers." He had phrases for things — little shorthand metaphors. "White space collapse." "Cognitive fallout." The therapist listened, scribbled something. Asked what he meant. He paused. Blinked. And said, "I'm not sure I meant anything. That was Garran."

She tilted her head.

He waited for the correction. The diagnostic language. The quiet assumption that he was dissociating or deflecting. But it didn't come.

"Tell me about Garran," she said instead.

And so he did.

He described a voice that felt like stone. Protective, certain, and exhausted. The part that had been running things since childhood — since the moment safety became conditional. Garran was the one who could carry shame without expression. The one who could write professional emails with his chest caving in. The one who didn't cry at funerals because someone had to keep it together. Garran didn't panic. Garran endured.

Then came Mortimer. He was smaller. Quieter. The one who remembered what couldn't be remembered. The one who carried the questions — Why did they do that? Why didn't anyone stop it? — but never asked them aloud, because he knew he wouldn't be believed. Mortimer wasn't weak. He was buried. A part in exile, not by choice but by necessity.

And then there was Greg. Greg emerged later — when the system began to split under pressure. Greg knew therapy was needed. He was the part who understood addiction, boundaries, emotional violence. Greg carried insight. Greg spoke like a man who had read everything he could to save the others from what they'd never named.

Each part had a job. Each was necessary. And together, they had kept him intact.

What the therapist didn't say was: "You sound unstable."

What she said was: "You sound protected."

And for the first time in years, he did.

6.3 The Role of Unmet Developmental Needs

Parts don't emerge in a vacuum. They emerge in response to roles the world refused to fill.

A child doesn't naturally develop a hyper-logical inner commander unless emotion became dangerous. A child doesn't fragment into protector and exile unless some part of them learned early on that certain truths could not be shared. What clinicians call "disorganized identity" may actually be a perfectly structured map of unmet need — each part forming not as disorder, but as a role no adult around them could hold.

In CMMAE, these parts often mirror autistic traits — but not because they are pathological. Because they are relational adaptations to environments that required performance instead of presence.

Garran is not random. He is a structural protector — logical, emotionally restrained, grounded in strategy. He emerged when emotional volatility had consequences. When a parent's love came with conditions. When someone had to stay calm while everything inside was falling apart. In a clinical setting, Garran might be misread as cold, perfectionistic, avoidant. But he's none of those things. Garran is the internalized script of emotional self-containment. He learned to think in rules because rules didn't betray him.

Mortimer is not weak. He's exiled — not because he failed, but because the system couldn't carry his pain and survive. Mortimer holds memory, fragility, vulnerability. He knows what it means to want to be held and not be understood. He learned that softness was punished or ignored. In therapy, Mortimer might be mistaken for depressive affect, or even disorganized thought. But what he is — profoundly — is a living archive of relational loss. He carries everything the world said wasn't real, or wasn't allowed.

Greg is the bridge. He's the part that recognized the need for therapy. He doesn't try to take over. He tries to integrate. Greg reads. He reflects. He's the one who finally names the truth when the others can't. He doesn't collapse. He learns. He listens. In many autistic systems shaped by trauma, Greg is the philosopher — the internal clinical interpreter. And yet, even he is sometimes misread. People hear Greg speak and assume health, when really he's the scaffolding, still holding the others together with logic and language.

These are not personality disorders. They are strategic architectures — each one a chapter in the body's long work of staying alive while misunderstood.

CMMAE recognizes these patterns not as rare, but as common in autistic individuals with high masking capacity and developmental trauma. These people often present not with erratic behavior, but with incredible cognitive complexity — and an internal system designed not to confuse, but to compensate.

6.4 The Therapeutic Mistake

There is a profound difference between hearing a symptom and listening to a system. But in traditional mental health practice, the pressure to diagnose, to organize, and to intervene often overrides that distinction.

This is where many autistic individuals — particularly those shaped by trauma — encounter a second wave of invalidation: not from abusers or peers, but from the very professionals tasked with helping them heal.

It starts small. A therapist hears shifts in tone, inconsistency in affect, or emotional contradictions and sees “instability.” A client mentions “parts,” or refers to their own thoughts in the third person, and the clinician notes “disordered thinking.” A well-articulated internal model — complete with protectors, managers, or philosophical observers — is misread as “ruminative,” “grandiose,” or “splitting.”

The complexity that once kept the person safe is now being flagged as pathology. In these moments, four things often happen — none of them helpful:

1. Narrative richness is pathologized. Language becomes suspect. The client’s ability to self-describe is treated as a mask rather than a method. Metaphor is interpreted as avoidance. Articulation is treated with skepticism: “If you understand it so well, why haven’t you fixed it?”
2. Protective stoicism is misread. The Garrans of the world — measured, restrained, procedural — are viewed as emotionally shut down or inaccessible. No one asks what they’re holding. Only why they won’t “open up.”
3. Emotional overwhelm is labeled as dysregulation. When an exile part like Mortimer surfaces with panic, grief, or reactivity, it is quickly tied to a disorder label — borderline, histrionic, or disorganized — rather than seen as a backlog of unprocessed contradiction trying to make its way to language.
4. Parts are treated as problems to eliminate. Instead of being welcomed, named, and integrated, parts are treated as symptoms to extinguish. Therapists may try to suppress “voices,” avoid engaging with “protectors,” or encourage the client to collapse themselves into a singular narrative that no longer fits.

The result is devastating. Not just clinically, but existentially. Because the client does not just feel misunderstood — they feel flattened. Everything they built to survive is now being dismantled under the guise of care. Every internal role they constructed with precision is being renamed as disorder. And the message becomes clear: “We can only help you if you stop being complicated.”

But the truth is this: complexity is not the problem. The problem is that clinicians have not yet been trained to see it as evidence of a system trying to become whole.

CMMAE + IFS suggests that what appears fragmented may actually be incredibly intact — but organized differently. These clients do not need to be collapsed into singular identity. They need space to speak in their native structure.

6.5 A New Clinical Approach: The CMMAE + IFS Interface

What autistic clients need is not simplification. They need interpretation without erasure. They need therapy that sees them not as unstable, but as structurally adaptive.

The integration of the Cognitive Masking Model of Autism Expression (CMMAE) with Internal Family Systems (IFS) offers just that: a clinical approach that honors masking, multiplicity, and emotional backlog not as signs of dysfunction, but as survival architecture.

Together, these frameworks call therapists to adopt a different orientation — not toward diagnosis, but toward relationship with the client’s system. Here’s what that means in practice:

1. **Screen for Masking Capacity, Not Just Behavioral Symptoms.** Most assessments still rely on externalized traits. But many late-diagnosed or high-masking autistic individuals don’t present “obviously” — they present with exhaustion, identity confusion, executive collapse, or unexplained internal fragmentation. Therapists must begin asking: How much effort does it take for this person to appear okay? What emotional cost are they incurring just to stay legible? Are they fluent, or are they fluent in simulation?
2. **Validate Part-Based Emotional Narratives.** When a client uses language like “a part of me,” or “he takes over,” or “she shuts everything down,” it is not a clinical red flag. It is an invitation to understand the architecture of self-preservation. These parts are not threats. They are bridges. Instead of: “Let’s get you back to being your real self.” Try: “Let’s meet all the parts that have been trying to protect you.”
3. **Remember that Verbal Fluency ≠ Emotional Integration.** Some of the most misdiagnosed clients are the ones who sound “too smart to be struggling.” They may present with well-rehearsed insight, philosophical detachment, or polished emotional language. But fluency is not the same as felt experience. Ask: Does this person describe healing, or do they feel it? Is language being used to connect, or to contain?
4. **Understand How Parts and Masking Interact.** When stimming is suppressed, performance becomes internal. When nurture is inconsistent, regulation becomes a private affair. Parts form to carry the weight that the body was punished for expressing. Therapists must learn to: Ask what each part is afraid of, not just what it’s doing wrong; stay curious when emotional switches occur; honor the system’s internal coherence, even if it appears contradictory at first.
5. **Use Therapy to Rebuild Trust — Not Enforce Uniformity.** The ultimate goal is not to collapse the client back into a singular “integrated” identity. The goal is to restore communication within the system, to help the parts rebuild trust in each other, to offer the client a relationship where they are not required to choose between self-expression and safety.

IFS gives language to the system. CMMAE gives context to its emergence. Together, they offer a framework for healing without simplification.

To be misunderstood is a wound. To be misdiagnosed is a second one. But to be met, system by system, part by part — that is where therapy begins.

7. Conclusion: Wholeness Is Not Simplicity

We live in a culture that rewards coherence but punishes the process it takes to get there.

Autistic people — especially those shaped by trauma, epigenetic inheritance, or relentless demands to perform — are often not incoherent. They are compressed. Organized internally around contradictions no one helped them name. Forced to survive by simulating understanding rather than being understood.

The Cognitive Masking Model of Autism Expression (CMMAE) reframes autism not as a deviation from normativity, but as a logical divergence from unmet developmental and relational needs. It argues that traits so often labeled disordered are, in fact, architectural: built from masking, reinforced by silence, and shaped by the body's long memory of dissonance.

When fused with Internal Family Systems (IFS), CMMAE offers a new clinical and philosophical framework: one that sees parts not as pathology but as protective intelligence; one that understands ADHD symptoms as the collapse of simulation, not the absence of focus; one that understands autistic burnout not as regression, but as a refusal to continue performing at the cost of internal coherence.

It is time we stop diagnosing survival strategies as dysfunction. It is time we stop requiring singular identity as proof of mental health. It is time we meet complexity with complexity—and allow people to bring all their parts to the room.

Healing is not about becoming someone else. It is about becoming safe enough to stop pretending. To stim. To pause. To feel. To speak without rehearsal. To let the system rest.

In the end, CMMAE does not ask to replace existing models. It asks us to look again — to reconsider what it means to be “high functioning,” to question why we treat silence as regulation, and to honor the brilliance that emerges not in spite of masking and multiplicity, but because of them.

The goal is not to collapse the system. The goal is to bring it home.

References

- Hull, L., Mandy, W., Lai, M. C., Baron-Cohen, S., Allison, C., Smith, P., & Petrides, K. V. (2017). Development and validation of the Camouflaging Autistic Traits Questionnaire (CAT-Q). *Molecular Autism*, 8(1), 49.
- Lai, M.-C., Lombardo, M. V., & Baron-Cohen, S. (2017). Sex/gender differences and autism: setting the scene for future research. *Molecular Autism*, 8(1), 33.
- Livingston, L. A., & Happé, F. (2017). Conceptualising compensation in neurodevelopmental disorders. *Neuroscience & Biobehavioral Reviews*, 80, 729–742.
- Meaney, M. J. (2010). Epigenetics and the biological definition of gene–environment interactions. *Child Development*, 81(1), 41–79.
- Schwartz, R. C. (1995). *Internal Family Systems Therapy*. New York: Guilford Press.
- van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking.
- Yehuda, R., Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2016). Holocaust exposure induced intergenerational effects on FKBP5 methylation. *Biological Psychiatry*, 80(5), 372–380.