



Beyond the Mask

Understanding Neurodivergence in Women: ADHD, Autism, AuDHD, Adaptation, Shame, and Self-Trust

Reflection, Rootwork & Integration Guide

Purpose of This Guide

This guide is meant to help you slow down and make sense of what you just learned.

This is not just a worksheet.

This is a place to begin listening to the parts of you that may have been misunderstood, mislabeled, overworked, dismissed, or forced to perform “fine.”

For many neurodivergent women, the pain was not only the ADHD, autism, AuDHD, sensory needs, emotional intensity, executive functioning struggles, or burnout.

The pain was also being misunderstood while trying so hard.

- It was being praised for masking.
- It was being corrected for needs.
- It was being called lazy when access was missing.
- It was being called dramatic when the nervous system was overwhelmed.
- It was being called too sensitive when the body was registering pain, rejection, overload, or threat.
- It was being told to try harder when what was actually needed was support.

This guide is here to help you ask different questions.

Not:

→ **What is wrong with me?**

But:

- What was misunderstood?
- What did I have to adapt around?
- What did the system fail to see?
- What did this pattern protect?
- What did this pattern cost?
- What support do I need now?

That is the REVAM layer.

- We are not excusing impact.
- We are not avoiding accountability.
- We are not saying every pattern should stay.
- We are saying shame alone cannot be the plan.

Because behavior is not random.

Behavior is communication.

And when we get curious about the communication underneath the behavior, we create room for care, repair, support, and self-trust.

There are reasons.

Those reasons deserve to be understood with care.

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Important Disclaimer

This guide is intended for psychoeducation, reflection, and personal growth.

It is not therapy, crisis care, diagnosis, medical advice, legal advice, or a replacement for individualized mental health treatment, medical care, crisis support, or professional evaluation.

Using this guide, purchasing REVAM materials, or participating in REVAM content does not create a therapist-client relationship.

Some sections may bring up grief, anger, sadness, shame, emotional activation, trauma responses, memories of being misunderstood, family pain, school pain, medical dismissal, relationship pain, identity grief, or body-based distress.

Please move through this material at your own pace.

- You can pause.
- You can skip a section.
- You can return later.
- You can stop if your body says this is too much right now.

If this guide brings up overwhelming distress, trauma responses, thoughts of harming yourself or someone else, or concerns about your safety, please seek support from a licensed mental health provider, crisis resource, emergency service, or trusted support system.

If you are in immediate danger, contact emergency services in your area.

In the United States, you can call or text **988** for the Suicide & Crisis Lifeline, text **HOME to 741741** for Crisis Text Line, or contact **RAINN's National Sexual Assault Hotline at 800-656-HOPE (4673)** if sexual violence is part of what you are processing.

You are not expected to do this work alone.

How to Use This Guide

You do not have to complete this guide in one sitting.

You can:

- Read it slowly
- Journal through it
- Talk it through with someone safe
- Complete one section at a time
- Skip what feels too close
- Return when you have more capacity
- Use only the action tools
- Sit with the questions without writing anything

The goal is not to perform insight.

The goal is to notice what has been there.

If you feel yourself rushing, freezing, getting irritated, going blank, feeling sleepy, wanting to dismiss the question, or suddenly feeling “this does not apply to me,” pause.

That reaction may be part of the pattern too.

You are not failing.

You are noticing.

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Grounding Before You Begin

Before you begin, ask:

→ **Am I present enough to reflect right now?**

If the answer is no, start here:

Place both feet on the floor.

Look around the room and name five things you can see.

Take one slow breath.

Unclench your jaw if you can.

Drop your shoulders if you can.

Place a hand somewhere grounding: chest, arm, leg, or stomach.

Say to yourself:

- “I am reflecting. I am not failing.”
- “I can pause when needed.”
- “I do not have to understand everything today.”
- “My pace matters.”
- “There are reasons.”

Write one sentence about what you need before beginning:

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Beyond the Mask

Part 1 of 2

A Visual Map

*Women, Neurodivergence,
and the Cost of Being Missed*

1



Neurodivergence Is Bigger Than One Label

This series begins with ADHD in women, but many women also live with autism traits, AuDHD, sensory differences, and complex nervous system needs. What looks inconsistent on the outside may have many layers underneath.

2



Why Women Get Missed

Many girls and women are overlooked because they are quiet, helpful, anxious, high-achieving, or masking. Their struggle is often internal, so support comes late.

3



The DSM and System Gaps

Diagnostic systems were built mostly around how ADHD and autism showed up in boys. That means many women were never fully seen by the systems meant to identify them.

4



Masking and Camouflaging

Many women survive by studying people, over-preparing, people-pleasing, hiding sensory stress, and pushing through exhaustion. Masking can look successful while costing a lot.

5



What Often Gets Misread

Inattention, shutdown, emotional intensity, sensory overwhelm, perfectionism, and burnout are often mislabeled as laziness, drama, anxiety, or a character flaw.

Being missed does not mean you were not struggling.
It often means the system was not looking in the right places.

Women, Neurodivergence, and the Cost of Being Missed

Use this map as a reminder of the first half of the class.

1. Neurodivergence Is Bigger Than One Label

This series begins with ADHD in women, but many women also live with autism traits, AuDHD, sensory differences, executive functioning differences, and complex nervous system needs.

What looks inconsistent on the outside may have many layers underneath.

Write what this brings up for you:

2. Why Women Get Missed

Many girls and women are overlooked because they are quiet, helpful, anxious, high-achieving, socially rehearsed, or masking.

Their struggle is often internal, so support comes late.

Write what may have been missed in you:

3. The DSM and System Gaps

Diagnostic systems can be helpful, but they have not always captured the full lived experience of neurodivergent women.

A checklist may name symptoms, but it may not show the cost of hiding, adapting, masking, or surviving.

Write what the system did not ask about:

4. Masking and Camouflaging

Many women survive by studying people, overpreparing, people-pleasing, hiding sensory stress, and pushing through exhaustion.

Masking can look successful while costing a lot.

Write one way masking has shown up for you:

5. What Often Gets Misread

Inattention, shutdown, emotional intensity, sensory overwhelm, perfectionism, and burnout are often mislabeled as laziness, drama, anxiety, difficulty, or a character flaw.

Write one pattern that may have been misread:

Anchor:

Being missed does not mean you were not struggling.

It often means the system was not looking in the right places.

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Section 1: The System Was Not Looking for Me

Many neurodivergent women were not missed because nothing was there.

Many were missed because the system was looking for a narrow picture.

For a long time, ADHD and autism were often recognized through what was easiest to see.

For ADHD, people often looked for:

- Visible hyperactivity
- Disruption
- Impulsivity
- Trouble sitting still
- Missing assignments
- External disorganization
- Behavior that interrupted others

For autism, people often looked for:

- Obvious social difficulty
- Lack of eye contact
- Visible repetitive behaviors
- Narrow stereotypes of special interests
- Communication differences that matched a narrow clinical picture
- Behavior that clearly stood out to others

Those experiences are real.

But they are not the whole picture.

Many girls and women learned to make their struggle quieter.

- They learned to stay agreeable.
- They learned to copy others.
- They learned to overperform.
- They learned to be helpful.
- They learned to hide confusion.
- They learned to study social rules.
- They learned to push through sensory overload.
- They learned to work harder behind the scenes.
- They learned to become exhausted privately instead of disruptive publicly.
 - A child who leaves their seat may be noticed.
 - A child who quietly panics and overworks may be praised.
 - A child who interrupts may be referred for help.
 - A child who masks, copies, and collapses at home may be missed.

This is why the question matters.

Many systems asked:

→ **“Is she causing a problem?”**

Instead of:

→ **“What is this costing her?”**

That difference can change everything.



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Reflection

What parts of your experience were hard for others to see?

Where did you learn to make struggle quieter?

Were you more likely to be noticed for your pain, or praised for hiding it?

Where did people see the outcome but not the cost?

What did the system fail to see about you?

What did you start believing about yourself because you were not seen accurately?

Rootwork Questions

Was I missed because I was not struggling, or was I missed because I learned how to hide the cost?

What would it mean to stop blaming myself for not being recognized sooner?

Action Tool: What Was Missed Map

People saw:

People did not see:

I was praised for:

But the cost was:

The support I needed was:

The story I started believing about myself was:

A more accurate story may be:



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Section 2: The DSM and the Lived Experience Gap

Diagnostic criteria can be helpful.

They can help name patterns, guide diagnosis, support treatment, and create access to accommodations.

But diagnostic criteria are not the whole lived experience.

A checklist may ask about attention.

- **But it may not ask how much time you spend overpreparing so no one notices you are struggling.**

A checklist may ask about hyperactivity.

- **But it may not ask about racing thoughts, internal restlessness, or the feeling that your mind never turns off.**

A checklist may ask about social communication.

- **But it may not ask how often you rehearse conversations, copy facial expressions, force eye contact, or hide confusion.**

A checklist may ask about routines or restricted patterns.

- But it may not ask what happens in your body when plans change suddenly.

A checklist may ask whether a symptom is present.

But it may not ask:

- What did you build around the symptom?
- How did you hide it?
- Who praised you for hiding it well?
- What did it cost?
- What support did you need but not receive?

This is the gap between criteria and lived experience.

Criteria can name symptoms.

Rootwork asks about the cost.

Reflection

Have you ever felt like your experience did not “count” because it did not look like the stereotype?

What parts of your experience would not show up on a basic checklist?

What did you build around your symptoms so no one would notice?

What labels were given to you before anyone considered neurodivergence?

Examples may include anxious, dramatic, lazy, sensitive, defiant, moody, disorganized, cold, rude, emotional, or difficult.

Which label hurt the most?

What did that label miss?

Rootwork Questions

Where did I learn that my struggle had to be visible to be valid?

What would it mean to believe my internal experience matters even when others cannot see it?

Action Tool: Checklist vs. Lived Experience

A symptom or pattern I relate to is:

How this may look on the outside:

How it feels on the inside:

What I do to hide or manage it:

What it costs me:

What support would help:

Section 3: Neurodivergence in Plain Language

Neurodivergence means the brain or nervous system processes the world differently from dominant expectations.

It can affect:

- Attention
- Sensory needs
- Communication
- Learning
- Emotional regulation
- Body signals
- Energy
- Social processing
- Executive functioning
- Recovery time
- Transitions
- Motivation
- Memory
- Time awareness

Examples of neurodivergence can include ADHD, autism, AuDHD, learning differences, sensory processing differences, and other nervous system differences.

Neurodivergence is not one single thing.

- It does not look the same for every person.
- It does not mean every struggle is neurodivergence.
- It does not mean everyone needs every label.

But it does mean difference should not automatically be treated as defect.

A support need is not the same as a character flaw.

- Needing reminders does not mean you do not care.
- Needing quiet does not mean you are rude.
- Needing structure does not mean you are weak.
- Needing recovery does not mean you are antisocial.
- Needing clear communication does not mean you are difficult.

Support needs are information.

Reflection

What does the word neurodivergence bring up for you?

Do you feel relief, fear, curiosity, grief, resistance, validation, or something else?

What parts of your experience feel like they may be connected to neurodivergence?

What parts still feel unnamed?

Have you ever judged yourself for needing support?

What support need have you treated like a personal failure?

Rootwork Questions

What if needing support does not mean I am failing?

What if my needs are information?

Action Tool: Support Need Reframe

A support need I judge myself for is:

The shame story says:

A more accurate story may be:

This support helps me because:

One way I can practice allowing this support is:

Section 4: ADHD as Access Difference

ADHD is often misunderstood as being distracted, lazy, careless, messy, impulsive, or inconsistent.

But ADHD is not just “being distracted.”

ADHD can affect the brain’s ability to manage action.

This includes:

- Starting
- Stopping
- Planning
- Time awareness
- Working memory
- Motivation
- Emotional regulation
- Task switching
- Attention
- Follow-through
- Body cues
- Remembering steps
- Staying with a task long enough to finish

This is why you may know what needs to be done and still feel unable to start.

- You may care deeply and still forget.
- You may want a clean home and still feel stuck.
- You may love someone and still forget to reply.
- You may be smart and still miss details.
- You may want consistency and still have access that changes from day to day.

The shame story says:

→ “I’m lazy.”

The REVAM reframe says:

→ “**This may be an access problem, not a character flaw.**”

Reflection

Where do you notice ADHD-like access struggles?

- ☐ Starting tasks
- ☐ Finishing tasks
- ☐ Switching tasks
- ☐ Remembering steps
- ☐ Tracking time
- ☐ Organizing items
- ☐ Organizing thoughts
- ☐ Managing emotions
- ☐ Following through
- ☐ Replying to messages
- ☐ Keeping routines
- ☐ Stopping once started
- ☐ Losing things
- ☐ Feeling motivated only under pressure
- ☐ Needing urgency to act
- ☐ Other:

Which of these have you judged yourself for the most?

What do you usually tell yourself when this happens?

What support have you tried?

What support have you avoided because it felt embarrassing, childish, too needy, or like “too much”?

Rootwork Questions

What if this is not about not caring?

What if this is about access?



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Action Tool: ADHD Access Map

The task or pattern I struggle with is:

The part that is hardest is:

- ☐ Starting
- ☐ Planning
- ☐ Remembering
- ☐ Time
- ☐ Motivation
- ☐ Steps
- ☐ Sensory load
- ☐ Emotion
- ☐ Finishing
- ☐ Transitioning
- ☐ Other:

The shame story says:

The access need may be:

One support I can try is:

Section 5: Time Blindness and Task Paralysis

Time blindness means difficulty sensing, estimating, tracking, or moving through time.

It may look like:

- Thinking a task will take 10 minutes when it takes an hour
- Losing time in hyperfocus
- Struggling to start early enough
- Forgetting future obligations
- Feeling urgency only at the last minute
- Having a hard time transitioning from one task to another
- Running late even when you care

Task paralysis happens when the brain cannot access the starting point.

From the outside, it may look like doing nothing.

Inside, there may be a lot happening.

The task may feel too big, too boring, too unclear, too shame-filled, too sensory-heavy, too full of decisions, or too connected to past criticism.

“Do the laundry” may sound like one task.

- But it may actually include sorting, washing, drying, folding, putting away, remembering the load, having space, tolerating textures, and staying with the task long enough to finish.

That is not one step.

That is a whole sequence.

Task paralysis is not doing nothing.

It is being stuck.

Reflection

Where does time feel hardest for you?

- ☐ Getting places on time
- ☐ Estimating how long tasks take
- ☐ Remembering appointments
- ☐ Starting early enough
- ☐ Stopping when focused
- ☐ Transitioning between tasks
- ☐ Knowing what is realistic in one day
- ☐ Feeling future deadlines before they are urgent
- ☐ Other:

Where do you notice task paralysis?

What kind of tasks freeze you most often?

What is the shame story you tell yourself when you are stuck?

What might make the task more accessible?

Rootwork Questions

What if I am not lazy?

What if I need the first step made visible?

Action Tool: Break the Task Down

The task is:

The first tiny step is:

The next step is:

The step after that is:

What might get in the way?

What support could help?

- ☐ Timer
 - ☐ Body doubling
 - ☐ Music
 - ☐ Written steps
 - ☐ Fewer steps
 - ☐ Starting for five minutes
 - ☐ Asking for help
 - ☐ Removing sensory barriers
 - ☐ Other:
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Section 6: Autism as Sensory-Social Processing Difference

Autism is often misunderstood through stereotypes.

Some people think autism always means a person lacks emotion, lacks empathy, cannot connect, or has obvious social difficulty.

That is not accurate.

Autism can affect:

- Sensory processing
- Communication
- Social energy
- Transitions
- Routines
- Predictability
- Special interests
- Body signals
- Emotional processing
- Recovery time
- Direct communication needs

For many autistic women, there may be deep feeling, deep care, deep observation, and deep awareness.

But the way they process the world may be different from what others expect.

Autism is not a lack of feeling.

It is a different way of sensing, processing, communicating, and recovering.

Reflection

Do any of these feel familiar?

- ☐ Needing direct communication
- ☐ Feeling exhausted after social time
- ☐ Needing routines or predictability
- ☐ Getting overwhelmed when plans change
- ☐ Having strong sensory preferences or sensitivities
- ☐ Feeling deeply but having trouble naming the feeling quickly
- ☐ Having strong interests that bring comfort or energy
- ☐ Needing time to recover after being perceived
- ☐ Feeling misunderstood socially
- ☐ Needing more processing time
- ☐ Other:

Which of these have you hidden?

Which of these have been judged by others?

Which of these have you judged in yourself?

Rootwork Questions

What if my sensory, social, or recovery needs are real needs?

What if I do not have to look like a stereotype to deserve understanding?

Action Tool: Autism Access Reflection

A sensory or social need I notice is:

I usually hide it by:

I hide it because I am afraid of:

When I ignore it, the cost is:

One way I can honor this need is:

Section 7: Camouflaging

Camouflaging is often used to describe autistic masking.

Camouflaging means hiding or managing autistic traits so a person appears more neurotypical or socially acceptable.

It may include:

- Copying facial expressions
- Forcing eye contact
- Suppressing stims
- Rehearsing conversations
- Using scripts
- Hiding sensory distress
- Mirroring others
- Studying social rules
- Holding it together in public
- Falling apart in private

Camouflaging can help someone avoid bullying, rejection, judgment, exclusion, or misunderstanding.

But it can also create exhaustion, burnout, anxiety, depression, identity confusion, social fatigue, feeling unknown, and fear that people only accept the performed version.

The shame story says:

→ **“I’m fake.”**

The REVAM reframe says:

→ **“I learned to perform safety.”**

Reflection

Where do you camouflage or perform socially?

- ☐ Eye contact
- ☐ Facial expressions
- ☐ Tone of voice
- ☐ Laughing or smiling
- ☐ Hiding confusion
- ☐ Hiding sensory distress
- ☐ Suppressing movement or stimming
- ☐ Rehearsing conversations
- ☐ Copying others
- ☐ Pretending to understand
- ☐ Hiding shutdown
- ☐ Other:

What does camouflaging help you avoid?

What does it cost you afterward?

Who gets to know the less-performed version of you?

Who feels safest to unmask around?

Rootwork Questions

What parts of me did I learn were not acceptable?

What would it mean to be known without performing the whole time?

Action Tool: Camouflaging Cost Check

In this situation, I camouflaged by:

I was trying to avoid:

It helped me by:

It cost me:

My body felt afterward:

A less costly support might be:

Section 8: AuDHD and the Push-Pull

AuDHD means a person is both autistic and ADHD.

This can create needs that seem to pull in different directions.

ADHD may need novelty, movement, stimulation, urgency, variety, and flexible options.

Autism may need predictability, routine, sensory safety, recovery, clear expectations, and sameness.

Both can be true in the same nervous system.

This can look like:

- Wanting routine but struggling to keep it
- Craving change but panicking when plans change
- Wanting connection but needing recovery
- Seeking stimulation but becoming overstimulated
- Having many ideas but needing predictable steps
- Being impulsive in one area and rigid in another
- Needing structure and flexibility at the same time

This is not inconsistency.

It may be competing access needs.

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Reflection

Where do you notice push-pull needs?

- ☐ I need routine, but I struggle to maintain it.
- ☐ I want change, but I get overwhelmed when plans change.
- ☐ I want connection, but I need a lot of recovery.
- ☐ I seek stimulation, but I get overstimulated.
- ☐ I need structure, but too much structure makes me feel trapped.
- ☐ I want freedom, but too much freedom feels chaotic.
- ☐ I have many ideas, but I need help turning them into steps.
- ☐ I want to be spontaneous, but uncertainty stresses me out.
- ☐ Other:

Where have you judged yourself for having needs that seem to contradict each other?

What would it mean if both needs were valid?

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Rootwork Questions

What part of me needs novelty, movement, or stimulation?

What part of me needs sameness, predictability, or recovery?

How can both parts be supported?

Action Tool: AuDHD Support Builder

One push-pull I notice is:

One side needs:

The other side needs:

The shame story says:

A more accurate story may be:

A support that honors both sides could be:

Section 9: What Is Masking?

Masking means hiding, suppressing, adjusting, or performing parts of yourself to avoid judgment, rejection, conflict, shame, misunderstanding, loss of belonging, being seen as too much, or being seen as not enough.

Masking can look like:

- Pretending to understand
- Laughing when uncomfortable
- Hiding confusion
- Performing calm
- Saying yes when already at capacity
- Copying how others act
- Overpreparing
- Making yourself smaller
- Not asking for help
- Hiding sensory overwhelm
- Pushing through shutdown signs

For ADHD, masking may look like using perfectionism to hide forgetfulness.

For autism, masking may look like camouflaging social or sensory needs.

For AuDHD, masking may look like trying to manage competing needs so no one sees the internal chaos.

Masking often begins as protection.

The goal is not to shame the mask.

The goal is to understand what the mask protected and what it cost.

Reflection

Where do you notice yourself adjusting, hiding, or holding parts of yourself in?

At work:

With family:

In friendships:

In romantic relationships:

In parenting or caregiving:

Online or on social media:

In medical or professional spaces:

What are you usually trying to avoid when you mask?

- ☐ Judgment
 - ☐ Rejection
 - ☐ Conflict
 - ☐ Being misunderstood
 - ☐ Being seen as too much
 - ☐ Being seen as lazy
 - ☐ Disappointing people
 - ☐ Being corrected
 - ☐ Being questioned
 - ☐ Needing support
 - ☐ Being vulnerable
 - ☐ Looking different
 - ☐ Being seen as difficult
 - ☐ Other:
-

Rootwork Questions

What part of me did masking protect?

What part of me did masking disconnect me from?

What did I learn would happen if I stopped performing?

Action Tool: Masking Awareness Map

Use this when you notice yourself feeling exhausted after an interaction.

Where was I?

Who was I with?

What did I adjust or hide?

What was I afraid would happen if I did not adjust?

What did it cost me afterward?

What support, boundary, or script would have made that moment less costly?

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Section 10: Behavior Has Meaning

Behavior is not random.

A lot of what we do is connected to a need, even when we do not realize it at the time.

- Overthinking may be about trying to feel prepared.
- People-pleasing may be about trying to stay connected.
- Shutdown may be about trying to feel safe.
- Avoidance may be about trying to escape shame.
- Perfectionism may be about trying to prevent criticism.
- Overexplaining may be about trying not to be misunderstood.
- Procrastination may be about overwhelm, fear, unclear steps, or task paralysis.
- Emotional intensity may be about a nervous system registering disconnection as danger.
- Irritability may be about sensory overload, unmet needs, or fatigue.
- Clutter may be about executive function load, not not caring.

When behavior is only judged from the outside, people miss the need underneath it.
That is where shame grows.

Rootwork does not stop at the behavior.

Rootwork asks:

- What is this behavior trying to do for me?
- What need is it pointing toward?
- What support was missing before this became the pattern?
- What impact still needs care, repair, or accountability?

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Reflection

What patterns do you notice in yourself?

- ☐ Overthinking
- ☐ People-pleasing
- ☐ Avoidance
- ☐ Shutdown
- ☐ Procrastination
- ☐ Perfectionism
- ☐ Overexplaining
- ☐ Emotional flooding
- ☐ Irritability
- ☐ Task paralysis
- ☐ Forgetting
- ☐ Disorganization
- ☐ Overcommitting
- ☐ Minimizing your needs
- ☐ Pushing past capacity
- ☐ Camouflaging
- ☐ Sensory avoidance
- ☐ Reassurance seeking
- ☐ Other:

Choose one pattern:

What does this pattern usually look like?

When does it show up most often?

What might it be trying to protect you from?

What need could be underneath it?

What impact might still need care or repair?

Action Tool: Behavior Translation

The behavior I notice is:

The story I usually tell myself about it is:

Examples: "I'm lazy," "I'm too much," "I'm irresponsible," "I'm difficult."

A more compassionate and accurate translation might be:

Examples: "I may be overwhelmed," "I may need clearer steps," "I may be afraid of rejection,"
"My sensory system may be overloaded."

The need underneath may be:

One support I can try is:

One repair, boundary, or responsibility that may still matter is:

Gentle Check-In

Notice if your mind wants to argue with compassion.

That often happens when shame has been the main language you were taught.

You do not have to fully believe the new story yet.

You can begin by making room for it.

Section 11: Invisible Labor and High-Cost Functioning

Invisible labor is the hidden work required to appear okay.

It may include:

- Mentally rehearsing
- Double-checking
- Tracking people's moods
- Reading facial expressions
- Recovering after interactions
- Hiding overwhelm
- Catching up privately
- Managing sensory overload quietly
- Using panic to complete tasks
- Holding the emotional temperature of the room
- Creating systems to hide disorganization
- Working twice as hard to look like you are keeping up

People may see the outcome.

They may see the finished work, the clean house, the helpful response, the good grades, the professional email, the parenting, or the smile.

But they may not see the cost.

This is why “high-functioning” can be misleading.

High-functioning is not the same as supported.

A person can look successful and still be exhausted, anxious, burned out, overstimulated, under-supported, disconnected from needs, functioning through panic, or recovering in private.

Reflection

What do people often not see about your internal experience?

Where have you had to work harder than others just to keep up?

Where have you been praised for something that was actually costing you?

Where do you look capable but feel unsupported?

What does “high-functioning” cost you?

Rootwork Questions

What did I have to learn in order to be accepted?

What did that acceptance cost me?

Action Tool: Invisible Labor Inventory

Before I start a task, I often have to:

During a task, I am also managing:

After a task, I may feel:

People see:

People do not see:

The support I wish I had is:

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Section 12: The Inside vs. Outside Gap

Many neurodivergent women live with an inside-outside gap.

Outside, it may look like calm, productive, social, organized, fine, and capable.

Inside, it may feel overloaded, panicked, rehearsed, exhausted, disconnected, and barely held together.

This creates a specific kind of loneliness.

If people only see the outside, they may underestimate the cost.

And if you have spent years being misunderstood, you may start doubting your own experience too.

You may think:

- “Maybe it is not that hard.”
- “Maybe I am just dramatic.”
- “Maybe everyone feels this way.”
- “Maybe I should be able to do this.”
- “Maybe I am just worse at handling it.”

This is where self-trust gets damaged.

Not because you are weak.

Because your internal experience was not accurately mirrored back to you.

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Reflection

What does your internal experience feel like when you are overwhelmed?

What do people see on the outside?

What do they not see?

Where do you feel most misunderstood?

Where have you minimized your own experience because others did not see it?

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Action Tool: Outside vs. Inside

Use this when you feel unseen.

Outside, it may look like:

Inside, it feels like:

What I wish people understood is:

What I can practice saying is:

Example:

“Even if I look calm, I am overwhelmed and need fewer instructions at once.”

Your version:

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Section 13: Interoception — When Needs Come Late

Interoception is your ability to notice internal body signals.

Signals like hunger, thirst, bathroom needs, pain, fatigue, stress, temperature, emotion, overwhelm, sensory overload, need for rest, need for connection, or need for space.

For many neurodivergent women, interoception can be complicated.

- You may not notice hunger until you are shaky.
- You may not notice stress until you snap.
- You may not notice exhaustion until you crash.
- You may not notice sensory overload until you are irritated.
- You may not know you need rest until your body forces you to stop.

This is often mislabeled as irresponsibility.

But from a different lens, it may be a body that learned not to expect care.

- If your needs were dismissed, you may have learned not to notice them.
- If you were praised for pushing through, you may have learned to ignore your body.
- If you were expected to keep going no matter what, your body may have stopped expecting you to listen.

The work now is not to shame yourself for missing signals.

It is to rebuild communication with your body.

Slowly.

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Reflection

Which body signals do you tend to notice late?

- ☐ Hunger
- ☐ Thirst
- ☐ Bathroom needs
- ☐ Fatigue
- ☐ Pain
- ☐ Stress
- ☐ Overwhelm
- ☐ Anger
- ☐ Sadness
- ☐ Sensory overload
- ☐ Need for rest
- ☐ Need for connection
- ☐ Need for space
- ☐ Other:

What usually happens when you miss those signals?

What did you learn about having needs?

Were your needs treated as valid, inconvenient, dramatic, or too much?

Action Tool: Body Signal Check

Set a reminder 2–3 times a day and ask:

Have I eaten?

Have I had water?

Do I need the bathroom?

Is my body tense? Where?

Is there too much noise, light, or stimulation?

Do I need rest, movement, connection, or space?

What is one small need I can respond to now?

Gentle Check-In

If listening to your body feels unfamiliar, that does not mean you are failing.

It means you are rebuilding a relationship that may not have been supported before.

Write one small body cue you are willing to pay attention to this week:

Section 14: Sensory Needs Are Access Needs

Sensory needs are real needs.

They are not just preferences.

They are not just someone being picky, dramatic, difficult, or sensitive.

Sensory processing can involve:

- Sound
- Light
- Texture
- Smell
- Touch
- Food
- Clothing
- Crowds
- Temperature
- Movement
- Pain
- Background noise
- Being perceived

Sensory overload can affect mood, focus, energy, and regulation.

- A scratchy shirt can use up energy.
- A loud room can make it harder to think.
- Bright lights can increase irritation or fatigue.
- Certain food textures can feel unbearable.
- Too many people talking at once can make the nervous system feel trapped.

When sensory needs are ignored, the nervous system may respond with irritability, shutdown, panic, avoidance, headaches, exhaustion, or emotional flooding.

The shame story says:

→ **“I’m too sensitive.”**

The REVAM reframe says:

→ **“My sensory system may need support.”**

Reflection

What sensory input affects you most?

- ☐ Sound
- ☐ Light
- ☐ Texture
- ☐ Clothing
- ☐ Smell
- ☐ Food texture
- ☐ Touch
- ☐ Crowds
- ☐ Temperature
- ☐ Movement
- ☐ Background noise
- ☐ Being watched or perceived
- ☐ Other:

What happens when your sensory system gets overloaded?

How do you usually respond?

Do you hide your sensory needs?

What are you afraid people will think if you name them?

Action Tool: Sensory Support Plan

One sensory trigger I notice is:

How it affects me:

What I usually do:

What I need instead:

One support I can try is:

A sentence I can practice saying is:

Example: "I am getting overwhelmed by the noise. I need a quieter space for a few minutes."

Your version:

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Beyond the Mask

*Women, Neurodivergence,
and the Cost of Being Missed*

A Visual Map

Part 2 of 2

6



The Cost of Being Missed

When neurodivergence goes unnamed, many women carry shame, self-doubt, grief, relationship strain, and years of feeling 'too much' or 'not enough.'

7



The Body and Nervous System Layer

Executive functioning, sensory needs, interoception, sleep, and stress all affect daily life. Struggling to notice or meet your needs is not failure—it is often a nervous system story.

8



RSD and Internalized Ableism

Rejection sensitivity can make criticism feel intense. Internalized ableism can turn survival pain into self-blame. Many women learned to ask, 'What is wrong with me?' instead of 'What support do I need?'

9



Support Changes the Story

Validation, accommodations, therapy, medication, sensory support, community, and self-understanding can reduce shame and increase access. Support is not cheating. It is care.

10



Belonging Without Self-Erasure

The goal is not to become less yourself. The goal is to build a life where your needs, strengths, and humanity all have room to exist.

There are reasons. Curiosity makes room for healing, self-trust, and belonging.



What Needs Support Now

Use this map as a reminder of the second half of the class.

6. The Cost of Being Missed

When neurodivergence goes unnamed, many women carry shame, self-doubt, grief, relationship strain, and years of feeling “too much” or “not enough.”

What cost do you recognize in your own story?

7. The Body and Nervous System Layer

Executive functioning, sensory needs, interoception, sleep, and stress all affect daily life.

Struggling to notice or meet your needs is not failure. It is often a nervous system story.

What nervous system need are you starting to notice?

8. RSD and Internalized Ableism

Rejection sensitivity can make criticism feel intense.

Internalized ableism can turn survival pain into self-blame.

Many women learned to ask, “What is wrong with me?” instead of “What support do I need?”

What self-blame are you ready to question?

9. Support Changes the Story

Validation, accommodations, therapy, medication, sensory support, community, and self-understanding can reduce shame and increase access.

Support is not cheating. It is care.

What support are you willing to let count?

10. Belonging Without Self-Erasure

The goal is not to become less yourself.

The goal is to build a life where your needs, strengths, and humanity all have room to exist.

What part of you needs more room?

Anchor:

There are reasons.

Curiosity makes room for healing, self-trust, and belonging.

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Section 15: Rejection Sensitivity and the Body's Fear of Disconnection

Rejection sensitivity is not just “being hurt easily.”

It is about how deeply the body registers rejection, criticism, exclusion, disappointment, correction, disconnection, or being misunderstood.

For many ADHD and AuDHD women, rejection sensitivity can feel immediate and intense.

- A text feels different.
- A tone shifts.
- Someone seems annoyed.
- A friend takes longer to respond.
- A partner looks distracted.
- A supervisor gives feedback.
- A small mistake happens.

Someone says, “Can we talk?”

And suddenly the body reacts as if connection is at risk.

This can lead to overthinking, people-pleasing, apologizing quickly, pulling back first, becoming defensive, trying to fix the mood, replaying the interaction, assuming you did something wrong, feeling physically sick after criticism, seeking reassurance, or shutting down.

This is not weakness.

This is protection.

Somewhere along the way, connection may not have felt secure.

So your system learned to scan for signs that belonging might be at risk.

The work is not to shame the sensitivity.

The work is to slow down the meaning your nervous system attaches to the moment.

Reflection

What tends to activate rejection sensitivity for you?

- ☐ Tone changes
- ☐ Delayed replies
- ☐ Criticism
- ☐ Correction
- ☐ Being excluded
- ☐ Someone seeming annoyed
- ☐ Making a mistake
- ☐ Asking for help
- ☐ Conflict
- ☐ Feeling ignored
- ☐ Someone needing space
- ☐ Being misunderstood
- ☐ Other:

What does your body do when you feel rejection sensitivity?

What story does your mind tell you?

What do you usually do to protect yourself?

- ☐ Over-apologize
- ☐ People-please
- ☐ Explain
- ☐ Withdraw
- ☐ Get defensive
- ☐ Shut down
- ☐ Seek reassurance
- ☐ Become angry
- ☐ Try to fix everything
- ☐ Other:

Action Tool: RSD Reality Check

When activated, ask:

What happened factually?

What story did my nervous system create?

What else could be true?

What do I need right now?

- ☐ Reassurance
- ☐ Space
- ☐ Clarity
- ☐ Grounding
- ☐ Repair
- ☐ Time
- ☐ Movement
- ☐ Support
- ☐ Other:

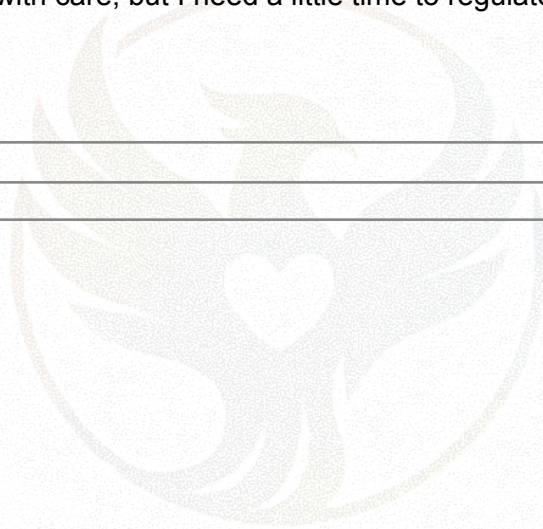
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What is one response that does not abandon me or overwhelm the other person?

Script Options

- “My brain is reading this as rejection, and I need a moment to slow down before I respond.”
- “I am feeling activated and may be adding meaning that is not confirmed yet.”
- “Can I ask for clarity instead of assuming?”
- “I want to respond with care, but I need a little time to regulate first.”

Write your version:



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Section 16: Anxiety, Depression, and Misdiagnosis

Many neurodivergent women are diagnosed with anxiety or depression first.

Anxiety and depression are real.

- They deserve care.
- They deserve support.
- They deserve treatment.

And sometimes they are not the whole story.

- Sometimes anxiety grows after years of trying to keep up without support.
- Sometimes depression grows after years of feeling like you are failing at things that seem easier for everyone else.
- Sometimes shutdown is treated as depression, but no one asks about autism, sensory overload, or burnout.
- Sometimes emotional dysregulation is treated as a mood issue, but no one asks about ADHD.
- Sometimes burnout is treated like a motivation issue, but no one asks what masking has cost.

The distress is real.

The root may be deeper than the first label.

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Reflection

Have you ever felt like a diagnosis or label explained part of your experience, but not all of it?

What parts of your story have felt missed?

Have anxiety, depression, or burnout ever been the visible outcome of years of unsupported neurodivergence?

What would you want a provider, support person, or loved one to understand more fully?

Rootwork Questions

What if the distress is real and the root is more layered?

What if I deserved more curiosity than I received?

Action Tool: What Else Might Be Underneath?

The visible struggle is:

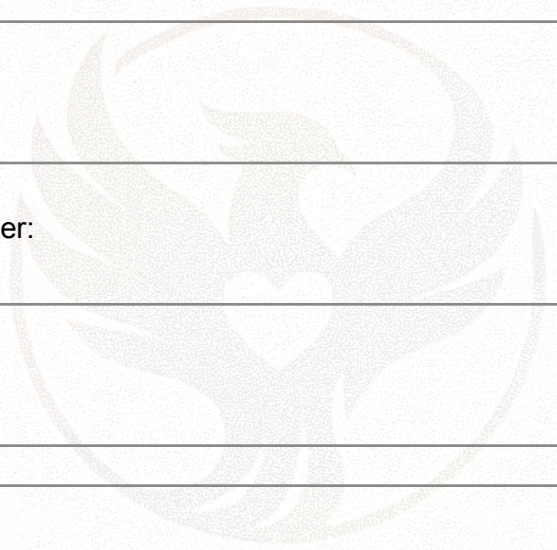
The first explanation I was given was:

What that explanation helped me understand:

What it did not explain:

Other layers that may matter:

Support I may need now:

A large, faint watermark logo is centered on the page. It features a stylized phoenix with its wings spread, perched atop a heart shape. The entire logo is enclosed within a circular border.

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Section 17: Neurodivergence and Trauma Can Overlap

ADHD, autism, AuDHD, and trauma are not the same thing.

But they can overlap.

- They can intensify each other.
- They can be confused for one another.
- They can exist together.

For example:

- Distractibility may be ADHD, trauma, or both.
- Shutdown may be autistic overload, trauma freeze, or both.
- People-pleasing may be masking, trauma protection, or both.
- Emotional intensity may be ADHD regulation difficulty, trauma activation, AuDHD overload, or layered together.
- Difficulty trusting the body may come from interoception differences, trauma, or both.
- Unsupported neurodivergence can also become traumatic.
- Repeated rejection can shape the nervous system.
- Being punished for needs can teach the body to hide.
- Being misunderstood for years can affect identity.

Neurodivergence deserves recognition.

Trauma deserves care.

Both deserve support.

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Reflection

Where do you notice possible overlap between neurodivergence and trauma in your life?

- ☐ Shutdown
- ☐ Emotional intensity
- ☐ Forgetfulness
- ☐ Hypervigilance
- ☐ Sensory sensitivity
- ☐ Social withdrawal
- ☐ People-pleasing
- ☐ Dissociation
- ☐ Difficulty trusting the body
- ☐ Fear of being misunderstood
- ☐ Fear of needing support
- ☐ Other:

What parts of your story feel layered?

Where have people oversimplified your experience?

What would it mean to hold more than one truth at the same time?

Rootwork Questions

What if I am not broken?

What if my story has layers?

What support would honor the full story?

Gentle Check-In

If this section feels tender, pause.

You do not have to unpack trauma alone.

This guide can help you notice patterns, but trauma processing deserves safe, individualized support.

Write one grounding support you can use after this section:

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Section 18: The Story You Have Been Told

Over time, outside messages can become your inner voice.

Messages like:

- “I should be able to do this.”
- “Why can’t I just...”
- “I’m too much.”
- “I’m not enough.”
- “I’m lazy.”
- “I’m dramatic.”
- “I’m careless.”
- “I always mess things up.”
- “I need to try harder.”
- “Other people can do it.”
- “I do not deserve rest yet.”

That voice may feel like truth.

But it may be learned.

It may have been shaped by environments that did not understand your ADHD, autism, AuDHD, nervous system, sensory needs, processing, or capacity.

This is internalized ableism.

Internalized ableism is what happens when you begin to believe that the way you think, feel, process, communicate, sense, or function is wrong because it does not match the expectations around you.

It is not something you chose.

It is something you learned.

And if it was learned, it can be questioned.

Reflection

What are some of the messages you learned about yourself?

Where did those messages come from?

- ☐ Family
- ☐ School
- ☐ Work
- ☐ Religion
- ☐ Relationships
- ☐ Social media
- ☐ Culture
- ☐ Productivity expectations
- ☐ Past criticism
- ☐ Medical dismissal
- ☐ Undiagnosed ADHD experiences
- ☐ Unrecognized autism experiences
- ☐ AuDHD push-pull
- ☐ Other:

Which message still feels the loudest?

Does that message still feel true when you look at your experience with more context?

Action Tool: Inner Voice Audit

Write the harsh thought:

Whose voice does it sound like?

What expectation is underneath it?

What need or support does this thought ignore?

A more accurate statement would be:

Example:

Harsh thought: "I'm lazy."

More accurate: "I'm overwhelmed and need smaller steps, clearer structure, and less shame."

Your version:

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Section 19: Shame in a Productivity Costume

Internalized ableism often sounds like motivation.

But it is usually shame in a productivity costume.

It says:

- “Push harder.”
- “Stop making excuses.”
- “You should be able to handle this.”
- “Other people can do it.”
- “You are falling behind.”
- “You do not deserve rest until everything is done.”

For neurodivergent women, this can become deeply tangled with masking and overperformance.

- You may become driven by the fear of being exposed as struggling.
- You may overwork to outrun shame.
- You may create systems that look impressive but are actually built on panic.
- You may say yes because needing limits feels like failure.
- You may judge yourself for needing support that others seem not to need.

But needing support is not failure.

Support is not weakness.

Support is access.

The question is not:

→ **“How do I force myself to function like everyone else?”**

The question is:

→ **“What actually works for my nervous system in a sustainable way?”**

Reflection

Where do you push yourself past capacity?

What are you afraid would happen if you stopped pushing?

Where do you confuse rest with failure?

Where do you confuse support with weakness?

Where do you use shame to create urgency?

What would become possible if support was allowed to count as responsibility?

Action Tool: Support Instead of Shame

Choose one area where you are struggling.

Area:

What shame says:

What my nervous system may need:

One support I can add:

One expectation I may need to adjust:

One person, resource, or system that could help:

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Section 20: Reframing Without Bypassing

Reframing is not pretending something does not hurt.

It is not saying:

- “It’s fine.”
- “It made me stronger.”
- “At least I understand now.”

Reframing is not bypassing.

Real reframing tells the truth with more context.

Instead of:

→ **“Something is wrong with me.”**

You might ask:

→ **“What happened enough times that I started believing this?”**

Instead of:

→ **“I’m lazy.”**

You might ask:

→ **“Is this task unclear, overwhelming, under-supported, sensory-heavy, or connected to shame?”**

Instead of:

→ **“I’m too sensitive.”**

You might ask:

→ **“What is my body registering as unsafe, painful, or overwhelming?”**

Instead of:

→ **“I can’t do anything right.”**

You might ask:

→ **“What support would make this more accessible?”**

Reframing is not about removing accountability.

It is about removing shame so accountability can actually happen.

Reflection

What is one pattern you are ready to understand differently?

What is the old shame story?

What is the more accurate story?

What support does the new story point toward?

What responsibility is still yours?

What repair, boundary, or communication may be needed?

Action Tool: Shame to Support Reframe

Shame says:

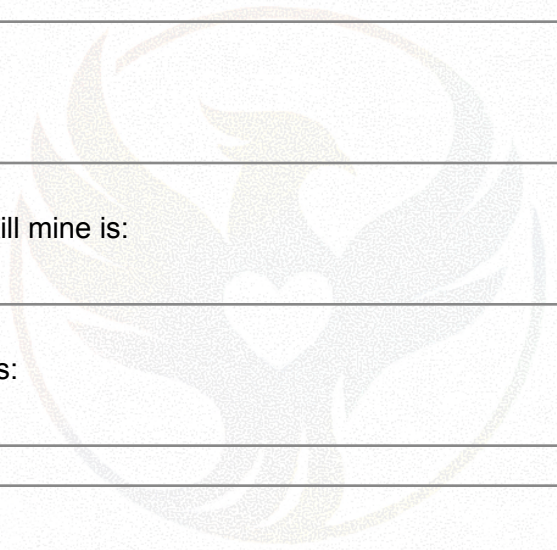
Rootwork asks:

My need may be:

The support I need is:

The responsibility that is still mine is:

One supportive next step is:

A circular logo featuring a stylized phoenix with its wings spread, holding a heart in its talons. The text "PHOENIX WITHIN" is written in a large, serif font above "R·E·V·A·M HEALING" which is in a smaller, sans-serif font.

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Section 21: Moving Forward Without Forcing

You do not have to change everything at once.

For many neurodivergent women, the pressure to transform can become another place to fail.

- A new planner.
- A new routine.
- A new system.
- A new version of yourself that is finally organized, calm, consistent, social, productive, regulated, and acceptable.

But sustainable change does not come from self-rejection.

It comes from building support around the truth.

- The truth of your capacity.
- The truth of your processing.
- The truth of your sensory needs.
- The truth of your energy.
- The truth of your patterns.
- The truth of your nervous system.

Moving forward may begin with noticing.

- Noticing when you are masking.
- Noticing when your body is overwhelmed.
- Noticing when rejection sensitivity is activated.
- Noticing when sensory load is rising.
- Noticing when internalized ableism is speaking.
- Noticing when you are pushing instead of listening.

Awareness is not passive.

Awareness is where choice begins.

Reflection

What is one way you can respond to yourself differently this week?

What would it look like to pause instead of push?

What might it feel like to consider your needs, not just your responsibilities?

What is one small support you can put in place?

What is one expectation you can release or adjust?

What is one pattern you can simply notice without forcing change yet?

Action Tool: One-Week Support Plan

This week, I will practice noticing:

When I notice shame, I will try:

When I notice overwhelm, I will try:

When I notice masking, I will ask:

When I notice sensory overload, I will try:

When I notice task paralysis, I will try:

One support I will use is:

One need I will take seriously is:

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Section 22: Belonging Without Self-Erasure

When shame loosens, connection becomes possible again.

Not just connection with others.

Connection with yourself.

Many neurodivergent women spend years trying to become easier to accept.

- Easier to understand.
- Easier to manage.
- Easier to love.
- Easier to approve of.
- Easier to tolerate.

But belonging that requires you to abandon yourself is not true belonging.

- You deserve support that does not require self-erasure.
- You deserve tools that honor your brain instead of punishing it.
- You deserve relationships where your needs can be named without immediate shame.
- You deserve to understand yourself with more accuracy and less cruelty.

This does not mean every pattern stays.

It does not mean impact does not matter.

It means change begins from care, not contempt.

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Reflection

Where have you made yourself easier to accept by hiding parts of yourself?

What parts of you feel hardest to let others see?

Where do you long for belonging without performing?

Who feels safe enough to practice more honesty with?

What would support without self-erasure look like?

Rootwork Questions

What would it mean to belong without disappearing?

What would it mean to be supported without having to prove I deserve it?

Final Reflection

Take your time with these.

You do not have to answer all of them.

Choose the ones that feel most important.

What did the system fail to see?

Where did you learn to override yourself?

What did your mask protect?

What did your mask cost?

What part of you is asking to be listened to now?

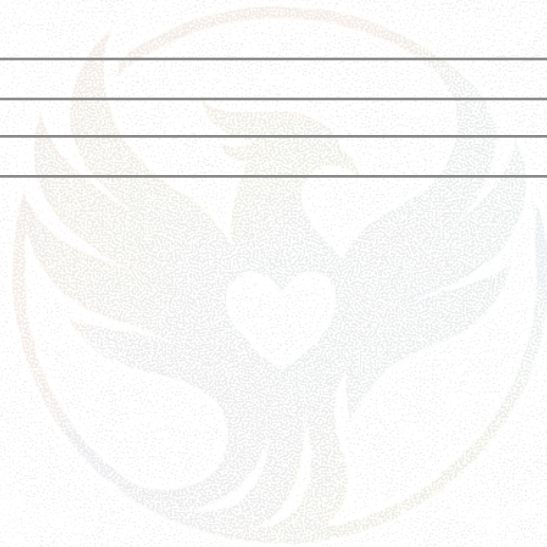
What need have you been minimizing?

What pattern are you beginning to understand differently?

What parts of you still feel unnamed?

What support do you need now?

What would it mean to believe there are reasons?



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Final Grounding

Before you close this guide, pause.

Look around the room.

Name three things you can see.

Take one slower breath.

Place a hand somewhere grounding if that feels okay.

Say:

- ❖ “There is nothing wrong with me.”
- ❖ “There are reasons.”
- ❖ “Those reasons deserve to be understood with care.”
- ❖ “I can build support without shaming myself into change.”
- ❖ “I do not have to understand everything today.”
- ❖ “I can move slowly.”

Write one sentence you want to carry with you:

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Closing Reminder

- ❖ You are not lazy for needing support.
- ❖ You are not dramatic for feeling deeply.
- ❖ You are not careless because your brain tracks differently.
- ❖ You are not broken because you learned to mask.
- ❖ You are not failing because old systems did not make room for you.

What was missed was not proof that nothing was there.

What was masked was not proof that it was easy.

What was praised may have still had a cost.

The work begins with understanding, not shame.

There are reasons.

And those reasons deserve to be understood with care, not judgment.

This guide is meant to help you slow down and make sense of what you just learned.

Take your time.

You can write, reflect, pause, or simply sit with the questions.

You do not heal by becoming easier to tolerate.

You heal by becoming more connected to yourself.

— Phoenix Within REVAM Healing

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