

Behavioural Masking and Breast Cancer Survivorship: A Personal Reflection

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Abstract—In psychology and sociology, masking is the process in which an individual disguise his/her natural personality or behaviour to conform to social pressures, to fight any harm or agitation. Masking is a social camouflaging behaviour where individuals suppress their true personality, emotions, or neurodivergent traits to conform to social pressures, avoid judgment, or fit in. It is a learned, often exhausting coping strategy commonly used by autistic individuals to appear "normal," but it can lead to burnout, anxiety, and mental health challenges. Concealing one's natural personality or behaviors such as autistic traits, mental health struggles depression/anxiety, in response to sudden shock or social pressure or fear of stigma. When people mask their behaviour, consciously they change their body language, tone of voice, or facial expressions around specific people or in certain situations.

Index Terms— Behaviour, Behavioural Masking, Psychology, Sociology, Underplaying emotions, Overplaying emotions, Social Behaviour, B.F.Skinner, Erving Goffman, Breast Cancer, Lumpectomy, Radiation, Chemotherapy, Fawn Response, Universal Energy, Faith.

1. Introduction

At the age of 54, I was diagnosed with breast cancer. Receiving that diagnosis felt as if the sky had fallen on me. The shock, fear, and sudden loss of control were beyond words. I remember the doctor at Tata Memorial Hospital, Mumbai informing me of my diagnosis in a calm, matter-of-fact tone. He explained that breast cancer in women in their fifties is often highly treatable and usually has favourable outcomes. While his words were medically reassuring, emotionally I felt shattered.

For doctors who see hundreds of patients, cancer diagnoses are routine. For patients, however, each diagnosis is life-altering. That contrast was difficult to accept in the moment.

After the initial shock, which I silently nursed for nearly two hours, I faced the difficult task of informing my family. Instead of crying or appearing vulnerable, I chose to mask my emotions. I presented myself as strong and composed, believing that displaying courage would protect my loved ones from fear. This behaviour was a form of emotional shielding.

Understanding Behavioural Masking: Masking, in psychology and sociology, refers to the process by which individuals conceal their true emotions, behaviours, or personality traits to conform to social expectations or avoid judgment. It is a form of social camouflage. People may change

their tone of voice, facial expressions, or body language depending on the situation. Often, masking becomes a learned coping strategy used to maintain acceptance or safety. Masking is commonly discussed in relation to neurodivergence, mental health challenges, or trauma. However, it also appears strongly in medical settings, particularly among patients dealing with serious illnesses.

When individuals mask their emotions, they suppress fear, sadness, or vulnerability and replace them with socially acceptable behaviours such as politeness, optimism, or compliance. While this may create a sense of normalcy, it often leads to emotional exhaustion, loneliness, and internal distress.

My Experience of Masking During Treatment: When I was admitted for a lumpectomy, I restricted my son's presence at the hospital. Only my spouse and two relatives stayed with me. I deliberately concealed my negative emotions and replaced them with outward positivity.

On my surgery day, I met two women waiting for their surgeries, and we became friends. We encouraged one another, reminding ourselves that everything would be fine. These friendships sometimes called "cancer friendships" are powerful sources of empathy and understanding because they arise from shared experience.

Masking, in such moments, becomes a survival mechanism. It allows individuals to continue functioning despite emotional turmoil. However, it can also prevent genuine emotional expression and delay healing.

During my hospital stay and later chemotherapy and radiation treatments, I noticed that many patients behaved similarly. In the wards and waiting rooms, I observed what I call the "good behaviour mask." Many patients appeared cheerful, cooperative, and calm, even while facing immense fear. They smiled for their families, reassured others, and acted brave often crying only when alone.

The "Good Patient" Mask: In healthcare environments, patients often adopt what psychologists describe as "good patient behaviour." This involves being polite, compliant, grateful, and emotionally restrained. Patients hide distress, pain, or atypical behaviors (such as stimming which means self-stimulatory to appear "normal" or "well-behaved" to medical staff.

There are several reasons why patients adopt this mask:

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Securing Better Care: Patients may believe that polite and cooperative behaviour will result in better treatment from medical staff. They may fear that complaining or expressing discomfort could label them as "difficult."

Navigating Power Imbalances: Hospitals often create a power dynamic in which patients feel vulnerable. Masking behaviour becomes a way to maintain safety and avoid conflict.

Cultural and Social Expectations: Society encourages patients—especially women—to remain positive, strong, and emotionally controlled. Displaying fear or sadness is often discouraged.

Trauma Responses: Masking may also relate to the "fawn response," a survival mechanism in which individuals appease others to avoid conflict or danger. This response is often rooted in childhood experiences or earlier trauma. I wish to give here reference of Erving Goffman's "dramaturgical theory" Goffman focuses on how people construct meaning through interactions, interpreting symbols and behaviours within social contexts. Cancer survivors fear uncertainty about treatment success, and severe side effects. Common fears include mortality, pain, body image changes, financial ruin, and the emotional burden on family. This profound stress frequently leads to anxiety, depression, and long-term fear of recurrence. Patients balance their speech, actions, moving ahead in life with burden. However, they get used to giving the fawn response where individuals appease others, prioritize their needs, and avoid conflict to feel safe.

The Emotional Cost of Masking: While masking may make social interactions easier, its long-term consequences can be harmful. These include: Emotional exhaustion, Burnout, Identity confusion, delayed emotional healing, suppression of important symptoms, reduced self-advocacy etc. When patients underreport pain or distress to remain "good," it can affect treatment outcomes. Masking also contributes to loneliness. When everyone sees strength, few recognize vulnerability.

I wish to give here B.F. Skinner's operant conditioning theory, developed in the 1930s, it suggests that learning occurs through rewards and punishments, shaping behavior based on its consequences. Behaviours followed by positive outcomes are reinforced and repeated, while those followed by punishment are weakened. Key techniques include reinforcement, punishment, and shaping. I have seen fellow patients coming for chemotherapy, radiotherapy treatments getting fierce if they are not given timely treatment. Patients becoming impatient in hospitals is an extensive issue driven by a combination of high-stress environments, long wait times, and communication gaps. This behaviour is frequently a symptom of underlying anxiety, vulnerability, and a perceived lack of control over their own health and environment.

I too have become anxious often due to waiting time. Wanting to go home for taking rest. Especially in radiotherapy which commonly causes temporary fatigue, weakness, skin irritation, and targeted tissue damage by affecting both cancerous and healthy cells. I experienced that the emotional cost of masking behavior is trying.

Survivorship and the Pressure to Stay Positive: Even after treatment ends, many survivors continue to wear a mask.

Society often expects cancer survivors to be warriors—strong, positive, and inspirational. While positivity can be helpful, constant forced optimism becomes emotionally draining.

Survivors may feel pressure to: "Stay strong," "Look on the bright side," "Avoid expressing fear or fatigue," "Appear grateful at all times". This expectation can invalidate genuine emotions such as grief, anger, or anxiety. It also hides the reality of long-term side effects, including fatigue, pain, and fear of recurrence.

Moving Toward Emotional Authenticity: Over time, I began to recognize the burden of masking. I gradually allowed myself to feel fear, grief, and vulnerability without judgment. I started seeking emotional support and creating safe spaces where I could express myself honestly. Some strategies that helped me include:

Granting Myself Grace: I started becoming kinder, patient, and understanding toward myself, especially during challenging times, by embracing imperfections, letting go of guilt, and setting realistic expectations. It involves recognizing you are human, allowing yourself to rest without needing to earn it, and shifting negative self-talk into compassionate, positive reflection

Allowing myself to rest and accept that it is normal to feel overwhelmed: rest is essential for managing overwhelm, which is a normal response to high stress rather than a personal failure. Accepting this feeling allows for self-compassion, reducing guilt-driven burnout. Effective strategies include taking small, scheduled breaks, practicing active relaxation, and setting firm boundaries. I recognized that feeling overwhelmed is a natural response to having too much on your plate, not a sign of weakness. I shifted my mindset to view rest as essential for performance and health, not as a luxury or a sign of laziness.

Finding Safe Spaces: I cultivated mental, emotional, and physical solitude to reconnect with my own needs, values, and intuition, away from external pressures. Key practices included setting firm boundaries, journaling, spending time in nature, and practicing mindfulness to, as mentioned in, observe your emotions without judgment. I started connecting with support groups, friends, counsellor who understood the emotional journey of illness.

Practicing Balanced Coping: I started creating for myself the mental, emotional, and physical room to reconnect with my identity. I achieved it by escaping routine through travel, engaging in immersive drama, and experiencing personal music, allowing for introspection and liberation from external expectations. Travel offers solitude and perspective, while drama enables emotional exploration, and music acts as a conduit for inner discovery. Traveling alone forces independent decision-making and fosters comfort in one's own company, helping to identify personal preferences without outside influence. Visiting new, often remote, places offers a chance to disconnect from daily stressors and, as practiced in places like India, engage in *mauna* (silence) to truly listen to oneself.

Combining medical action with emotional expression rather than relying solely on forced positivity: One of the most profound realizations in survivorship is that while the body undergoes immense trauma, the emotional and spiritual self often grows stronger. Facing a life-threatening illness stripped

away trivial concerns in my life. I began to focus more on meaning, connection, and gratitude. Surviving cancer deepened my inner strength and strengthened my faith.

Today, I feel more connected to what I describe as universal energy. I live more consciously in the present moment. I understand that true strength does not lie in constant bravery but in honesty—with oneself and with others.

2. Final Reflection

Masking may protect us in moments of fear, but it cannot sustain us forever. True resilience does not come from suppressing emotions; it grows from acknowledging them with honesty and courage. Survivorship is not merely about living after illness—it is about rediscovering oneself and learning to live with renewed meaning. Perhaps the greatest lesson I learned is that strength is not the absence of fear. Strength is the courage to feel deeply, to speak truthfully, and to live authentically. This trust became an active and unwavering belief that God is in control. Such faith brought me peace, purpose, and inner strength—an unquestioning belief that sustained me when uncertainty felt overwhelming. I felt It involves an active, unwavering belief that God is in control, which brings peace, purpose, and strength, often described as

“unquestioning belief”

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