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Neuroqueering Gender: On the intersectionalities of
neurodivergent experience and gender identity

By

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Introduction:

The term “neurodivergent” and the neurodiversity paradigm from which it stems are relatively new, having been coined in the 1990s. And yet, they have quickly been adopted into popular use in the past two decades, becoming widely accepted as community and identity labels (Milton et al., 2020). Breaking away from an ongoing history of pathology, a broader neurodivergent community has arisen disjointedly out of and in relation to Autistic, ADHD, OCD, DID, and others who diverge from normative neurotypes’ communities. This community is one manifestation of the neurodivergent movement, which coexists alongside and sometimes overlaps with the Mad Pride Movement.

In this paper, I align myself politically with the neurodivergent movement and community, emphasizing its members’ shared experiences of systemic oppression and resistance against normative cognitive standards. I argue that neurodivergent experience is frequently neuroqueer and thereby promotes a readiness to challenge normative social standards through neuroqueer concepts of gender. This analysis provides person-centered accounts of recent statistics which have found that neurodivergent individuals are more likely to be gender non-conforming than their neurotypical counterparts (Warrier et al., 2020; Corbett et al., 2022; Kallitsounaki & Williams, 2022).

I refer both to the neurodivergent community in the singular and neurodivergent communities in the plural. Politically and socially, it is advantageous for “the neurodivergent community” to unite in our identities, providing communal support and affirming care work for social and political movements aimed at securing neurodivergent political, social, and economic rights. Many, though by no means all, of my interlocutors refer to the community in the singular. In support of a unified movement, I too refer to “the neurodivergent community.” However, this

is not intended to overlook the diverse experiences, perspectives, and backgrounds of neurodivergent people, including those who are neurodivergent but do not identify with the movement. In my conception of the neurodivergent movement, a unified community should not imply any restriction on the diversity among its members. It should be noted that there is no single set of ideas among neurodivergent people, and the communities of neurodivergent individuals are often as varied from one another as they are divergent. It is notable that within the popularly heard “community,” certain voices are underrepresented due to intersectional systemic limitations. For instance, BIPOC neurodivergents offer a great wealth of neurodivergent experience and perspective to the subject explored below but are minimally represented in this paper and many neurodivergent spaces, the nuances of which are explored further in the “belonging” section of this paper.

It's challenging to ascertain the exact size of the neurodivergent population due to demographic data primarily focusing on specific diagnoses rather than encompassing neurodivergence as a whole. However, emerging recognition of the broader neurodivergent label has allowed for some estimates. For example, Jepson et al. (2023) suggest that approximately 1 in every 10 individuals in the UK may be neurodivergent, while the National Institutes of Health estimate that globally, 15-20% of the population falls under the neurodivergent spectrum (DCEG, 2022).

Despite ongoing confusion regarding who qualifies as neurodivergent and how many such individuals exist, communities are visibly coalescing in virtual spaces. Examples include Facebook Groups like "Neurodivergent Adulting" (18k members), “Neurodivergent Black Women” (1k members), "Introverted Neurodivergent Page" (418k members), "Feral Neurodivergent Raging Meme Posting" (492k members), "Neurodiverse Multiverse" (33k

members), and "Feral Neurodivergent Raging Queer Posting" (20k members). Reddit also hosts active communities such as "r/neurodiversity" (80.4k members), "r/neurodivergent" (2.7k members), and "r/neurodivergentLGBTQ" (2.7k members). Furthermore, neurodivergent voices are prominent on platforms like Instagram, YouTube, and TikTok, where content creators such as "paige layle," "I'm Autistic, Now What?," "Zara Beth," and "The Thought Spot" share activist content and engage in community-building.

While many neurodivergent people who are not content creators engage with this content and continue to build additional virtual community spaces and dialogue, it is noteworthy that this dialogue is predominantly led by white neurodivergents, a phenomenon that will be further explored later in this paper. Surprisingly, women represent the dominant voice in this discourse, which contrasts with stereotypes and historical statistical trends where conditions like ADHD and Autism were more commonly diagnosed in males. Although, this does reflect trends in recent studies which suggest that women and girls are more likely to be underdiagnosed and late diagnosed in these areas (Harrop et al., 2024).

Historically, neurodivergent individuals have often been structurally excluded from gathering in physical space through neuronormative systemic structures, which frequently create environments that are uncomfortable and hostile to those with sensory sensitivities (Jaarsma & Welin, 2012; Mostafa, 2015; Finnigan, 2024). It is likely that the center of community dialogue within virtual spaces is a result of this structural violence.

Much of the dialogue about and from the neurodivergent community situates this movement tentatively within disability, neurodiverse, and mad issues. Notable neurodivergent scholars, such as Nick Walker, Leah Lakshmi Piepsna-Samarasinha, and Remi Yergeau, amongst many others, independently find themselves writing within these fields. In this paper, I

argue, alongside the community and my fellow neurodivergent scholars and activists, that the neurodivergent community and neurodivergent population constitute a significant minority group. They embody the valuable neurodiversity inherent in human capability, united by shared experiences of oppression stemming from their minority neurodivergence, yet remain diverse and variable in the multitude of perspectives, outlooks, and intersectionalities among their members.

Neuroqueer theory is even more recent, having been publicly proposed as recently as 2014 by autistic activists and scholars M. Remi Yergeau, Nick Walker, Athena Lynn Michaels-Dillon, and Ibbly Grace (Barnett, 2024). This term, *neuroqueer*, is now being adopted into the neurodivergent community in much the same way as its predecessors and is expanding beyond its meaning in theory into an identity label. In this project, I have found that those at the forefront of organizing and driving the neurodivergent community forward, especially within autistic and ADHD subcultures, have begun to use this terminology while many “diagnostically qualifiable” neurodivergents are still unfamiliar with or unsure of the meaning of such terminology. Additionally, because of the community’s long and continued history of pathologization, many debate who gets to claim these labels, who qualifies as neurodivergent and/or neuroqueer, and what these ascriptions really mean.

The neurodivergent community shares stark parallels to the queer community in its approach to gender and sexuality. Membership is often a debated topic for people identifying as both or either because of how readily passing/masking is pressed upon members (Brune & Wilson, 2013; Nicolazzo, 2016; Evans, 2017; Miller et al., 2021). Compulsory normativity and struggle are shared themes between the communities (Rich, 1980; Benson, 2023). Additionally, identity within these communities can feel paradoxically apparent and hidden, prompting

extensive dialogue within their respective communities about choice (or lack thereof), performance, pride, and resistance against normative systems (Butler, 1990; Sandahl, 2003; Shapira & Granek, 2019; Rosqvist et al., 2022; Wise, 2023).

Interestingly, the neurodivergent community has not yet become heavily politicized, although recent efforts are being made by activist-scholars to politically charge the subject (Botha, 2021a; Gorman, 2024). This is significant in light of the politicization of disability studies, which, under Kafer's political/relational model of disability, implicates disability "in relations of power," noting that "those relations, their assumptions, and their effects are contested and contestable, open to dissent and debate" (Kafer, 2013, p. 9). While neurodivergence is often discussed in terms of identity qualifications within the context of the medical model, it has rarely been popularly brought into a political/relational framework within which the power relations of neuroconformity are disputed. Conversely, within academic dialogue of the pathology paradigm and neuroqueer theory, especially within critical autism studies, conventions of neuronormativity are deeply criticized (Roscigno, 2019; Shapira & Granek, 2019; Rosqvist et al., 2020; Walker, 2021; Rosqvist et al., 2022; Wise, 2023).

Furthermore, while the neurodivergent community is technically a subset of the disabled community, there is often a disconnect between the two (or three, if one includes the Mad Pride Movement, which also seems removed from its ideological siblings). However, due to the neurodivergent community's distinct and increasingly visible links to the queer community—neurodivergent populations are being increasingly found to be more likely to be queer and gender diverse than normative populations (Thrower et al., 2019; Warriar et al., 2020; Corbett et al., 2022; Kallitsounaki & Williams, 2022; Barnett, 2024)—there is a possibility of future politicization of the identity labels with which they are associated.

Focused examinations of this community can offer invaluable insights into the cultural and lived experiences of neurodivergent individuals. In my research, I have conducted interviews and surveys with 76 neurodivergent-identifying people in order to better understand the lived experiences behind the statistical link between queer and neurodivergent identities. This study investigates how the neurodiversity paradigm and neurodiverse identity shape understandings of gender identity and expression and argues what that can mean both for neuroqueer theory and for the community as a socio-political movement.

In this paper, I assert two key claims. First, I align politically with the neurodivergent movement by asserting that the neurodivergent community is a distinct and valid community united by shared experiences of systemic violence and compulsory neuronormativity. Second, I argue that membership in this community implies an understanding of the neurodiversity paradigm and a readiness to challenge normative social standards through neuroqueer concepts of gender. This challenge to neuronormative structures may predispose neurodivergent individuals to deconstruct heteronormative expectations, potentially explaining higher rates of queerness among neurodivergents as a socio-cognitive rather than solely biological phenomenon.

I explore these claims through four main themes: (1) performance and passing, (2) transgressing and moving against social norms, (3) belonging and identity within community, and (4) a dissociative perspective on gender.

The initial theme that emerges when examining the intersectionality of neurodiversity and gender is the interplay of gender performance, neurodivergent masking, and passing as they relate to gender and sexual identity within disability contexts. I propose that even among straight cisgender neurodivergents, the rhetoric of neurodivergent masking parallels that of queer gender performance. I additionally suggest that neurodivergent individuals are frequently preoccupied

with concepts of personal identity in relation to the Other and in embracing their own identity as a perceived Other (Butler, 2001). Because of the historic pathology of queer identities and the continued pathology of neurodivergence, I argue based on commentary from my interlocutors that much of this work results in highly self-critical “box checking” and self-pathologization done by some neurodivergents towards themselves in an attempt to conform to medical model-based categorizations. Themes of transgression frequently arise in both neurodivergent and queer communities, where individuals challenge perceived social norms. This intersection often creates internal conflict as neuroqueer individuals navigate the tension between conformity for survival and the urge to question and problematize social norms. The theme of belonging arises quite readily in the midst of this developing community. Much of this theme is concerned with issues of place and with how and when neuroqueer people can feel connected to their communities and when they don't. Finally, I argue for a dissociative perspective on gender through an analysis of Dissociative Identity Disorder (DID) subreddits and a case study involving a friend who has DID. In this theme, I will examine the complex neuroqueered perspectives on gender-body congruence offered by the dissociative experiences, identity formation, and complex gender identities of DID systems.

The exploration of these themes involves interviews and surveys of neurodivergent-identifying individuals, ethnographic analyses of virtual community spaces, and textual analyses of neurodivergent-produced media.

My research is additionally autoethnographic, as I myself am a neurodivergent researcher with both personal and familial connections to complex neurodiverse experiences. It is because of my own experiences and those of some of my close friends and interlocutors that I have the unique positionality to expand the neurodivergent conversation beyond that of ADHD and

autism, to which it is frequently, erringly, limited. My hope is, in many ways, to queer the community of neurodivergence, or to neuroqueer it, through a rejection of pathologized labels and expectations of diagnostic criteria (Yergeau, 2018; Walker, 2021). When one asks, what does it mean to be neuroqueer? How can we respond but to say that neuroqueer is against the normative? That if one can't or won't (or some combination therein) conform to what is neuronormative and heteronormative, then one is neuroqueer. I, myself, am neuroqueer, as are most of my friends. In this year of research, I had the opportunity to live with my good neuroqueer friend who also happens to have Dissociative Identity Disorder (DID) *and* be autistic, and therefore much of my discussion will surround the fascinating implications that DID has for our understandings of gender in addition to the more commonly addressed conversations on autism and ADHD. I also consider psychosis, Mad Studies, though to a lesser degree than the conversation within Critical Autism Studies and Disability Studies, and take the time to be reflexive on my personal experience and biases.

In this paper, I also aim to reflexively acknowledge my own biases, recognizing that they profoundly and comprehensively influence my research. I begin and end this project with a rejection of the pathology paradigm and any attempts to impose normative standards upon the community. This work is grounded in the aspiration that neuronormativity becomes obsolete, and my aim is, in many ways, to contribute to its demise.

Language Style:

I acknowledge here the balance that I aim to strike in my language. I favor Plain Language (Monteleone, 2023) as it is used to improve accessibility for many disabled and neurodivergent people, and I hope that my interlocutors will be able to read, and find accessible, this paper, as many have requested to read it upon its completion. It is clear up to this point,

however, that while my writing toes some sort of normative line, it is not written in Plain Language. This is because I wrote, first and foremost, true to myself and my internal dialogue. Nevertheless, I want to be clear that my intent is not to cater to any unnecessary academic standards of inaccessible language, though it does sometimes tend that way. Therefore, to aid all of my readers, and true to the conventions of the community which I have studied, larger sections of my writing will include a “tldr” outline at their ends, written in Plain Language. It's important to note that these “tldr” sections will provide general outlines of the information in a Plain Language format, but they will not be complete translations of the entire text.

Terminology

Before continuing, I will elaborate on some key terms and definitions. This work centers around a fairly newly labeled community and newly coined theory whose language and definitions can often be in flux or may be unfamiliar to the general reader.

Neurodiversity: The biological diversity of all human neurocognitive functioning and experience (Walker, 2021). The term has been widely attributed to Judy Singer in her 1998 thesis but has recently been recognized instead to have a collective genesis within the online autistic community itself (Botha et al., 2024).

Neurodivergent: An identity label denoting an individual or community of individuals whose mind/s diverge notably from normative societal expectations of cognitive function and behavior (Walker, 2021). Neurodivergence is constructed in contrast and relationship to neurotypicality. One cannot truly exist without the other.

Neurotypical: An ideological norm denoting concepts and people who can and do conform to normative standards of neurocognitive functioning and behavior, or those whose natural functioning falls within the norm (Walker, 2021).

Neurodiversity Paradigm: **A specific theory of neurodiversity which asserts that there is no one “correct” or “healthy” type of neurocognitive function nor is there an appropriate hierarchy of functioning. It embraces and affirms the natural diversity of human minds and argues that this form of diversity is conceptually similar to other forms of diversity such as gender, sexuality, race, etc. (Walker, 2021).**

Pathology Paradigm: **A theory of neurodiversity and disability within the medical model which pathologizes and aims to “cure” or “fix” non-normative (dis)ability.** When we identify something as a part of the pathology paradigm that means that some action, structure, or concept is working to reassert two primary principles of the paradigm, that “there is one “right,” “normal,” or “healthy” way for human brains and human minds to be configured” and behave, and that if an individual’s mind diverges from that standard, there is something wrong with them that must be “corrected” (Walker, 2021, p. 18).

Queer: **A fluid label used to describe people and concepts which do not conform to normative standards usually related to gender and/or sexuality; and academic theory, a concept and an action, which questions, investigates, and problematizes normative assumptions of socio-cultural categorization especially but not exclusively in relation to gender and sexuality.** *Queer* is a complexly intangible label, used variably to mean, and sometimes not mean, ideas of categorization or aspiration of membership to various labels (Berlant & Warner, 1995). Its connection to “queer” as a community identity, as LGBTQIA+ is frequently debated as “queer” in academic contexts is not the identity itself but is recurrently linked to it (Eng et al., 2005).

Neuroqueer: **An academic theory built off of queer and crip theory, originally used as a verb, neuroqueering is “the practice of queering (subverting, defying, disrupting, liberating**

oneself from) neuronormativity and heteronormativity simultaneously” (Walker, 2021, p. 160). Though the term “resists a definition” it is intertwined in actions in which “subjects perform the perversity of their neurotypes;” the word flexes its meaning and application, circularly put, neuroqueerness is created when neuroqueerness is performed. It reflects an anormative intersectionality between neurodivergent and queer experience and is therefore also sometimes adapted into an identity label and/or is used as a verb much like “crip” and “queer” are (Walker, 2021).

Passing: **A term used most often in the queer community to refer to someone who can appear or does appear to conform to the normative standard of gender and sexuality.** For example, someone who is passing might be a lesbian who is mistaken as straight because she appears normatively fem, a bisexual couple in an apparently straight relationship, or a trans person who has transitioned to such a degree that people do not frequently mistake their gender. This term can and has been used in other more intersectional ways beyond the queer community as well, such as individuals of a racial minority passing as the racial majority (Nicolazzo, 2016; Butler, 1993) or a disabled person passing as abled (Brune & Wilson, 2013; Samuels, 2013; Siebers, 2004).

Masking: **A term used most often in the neurodivergent community to refer to the act of concealing one’s neurodivergence or behaving in a way that appears neurotypical.** AFAB neurodivergents are statistically more likely to be high-masking than AMAB neurodivergents—this is known as the camouflage hypothesis within the medical model (Allely, 2019; Hull et al., 2020; Tubío-Fungueiriño et al., 2020). Masking is largely considered harmful to neurodivergent mental health by the neurodivergent community and can be done consciously or unconsciously (Cage & Troxell-Whitman, 2019; Bradley et al., 2021; Belcher, 2022). Although many

prominent social powers, pathology-based care, and normative expectations enforce masking as a desirable practice, the neurodivergent community encourages de-masking as a way to alleviate emotional distress and improve one's window of tolerance (Price, 2022).

Literature Review:

While traits associated with neurodiversity and individual pathologies are extensively studied within the medical model and pathology paradigm, research within the neurodiversity paradigm remains comparatively sparse. Mainstream Psychology, Anthropology, and Sociology have largely adhered to the pathology paradigm, contributing to the marginalization of neurodivergent individuals (Yergeau, 2018; Botha, 2021a; Botha, 2021b). These pathologized approaches have led to studies of disability and neurodivergence that often fragment and depoliticize these communities.

Conversely, disciplines such as Disability Studies, Mad Studies, Critical Autism Studies, and emerging Neurodiversity Studies situated within Psychology, Anthropology, and Sociology actively challenge pathologization. They advocate for socio-cultural or socio-political models of disability, madness, and neurodiversity (Kafer, 2013; Chapman, 2020; Beck, 2023; Huberta Jackson-Lowman et al., 2023). Despite these efforts, many studies still pathologize neurodivergence and struggle to move beyond the ideological confines of the pathology paradigm, focusing predominantly on individual diagnoses. For instance, Dind (2021) notes that within academia, "neurodiversity" is often narrowly associated with critical autism studies, despite efforts by advocates to broaden its scope (Walker & Raymaker, 2021).

In many respects, the persistence of these pathologized approaches may perpetuate the fragmentation of disability, madness, and neurodivergent issues, thereby hindering the socio-political progress of marginalized communities. Without significant cultural change, these

challenges are likely to persist, impeding broader efforts to address neurodiversity as a holistic and inclusive concept.

Minority Identification

As noted above, statistics on the worldwide population of neurodivergent individuals are lacking due to the fragmented reporting of neurodiverse diagnoses. Even so, the numbers reflecting the potential size and breadth of the neurodiverse community are far from insignificant. For instance, ADHD alone is estimated to be found in approximately 5% of the global population (Catalá-López et al., 2017). This number rises to around 8.4% in children aged 2-17 in the United States (Danielson et al., 2018). Jepson et al. highlight that in the UK, approximately one in every ten people may be neurodivergent (2023, p. 4). And the National Cancer Institute estimates that the neurodivergent population comprises about 15-20% of the global population (DCEG, 2022).

Part of the lack of awareness or recognition of the neurodiversity paradigm in academic works might be fairly attributed to the relatively recent emergence—within the past two decades—of the term and identity of “neurodivergent” and its associated paradigm (Milton et al., 2020). Nevertheless, this explanation is limited. Similar movements against medical model explanations of social difference have occurred in the context of race, sexuality, gender, and disability (Yergeau, 2018; Smilges, 2023).

Additionally, when considering the identification and formation of the neurodivergent community and neurodivergent culture as a site of ethnographic interest, one might also take into account historical systems of oppression and eugenics which have contributed to the prevention of a cohesive, identifiable neurodivergent community prior to the 1990s. Factors such as histories of abuse, institutionalization, inaccessible public spaces, and eugenics have all

prevented neurodiverse people from congregating or forming in-person communities (Yergeau, 2018). In many ways, it is therefore the advent of social media and virtually-based communities that has facilitated the establishment of the neurodivergent community.

While disability and queerness are heavily stigmatized when they are recognized by the normate, there is often a level of “passing” or “masking” that members of these groups engage in to keep themselves safe from prejudice. Their oppressions in the world, like many, therefore raise questions of how categories are made and enforced by the “typical.” Crip theory rebuts assumptions that the boundaries of nonconformity are fixed by anything other than systemically violent social schema (McRuer, 2006). This line of inquiry can also be extended to neurodiversity (Botha & Frost, 2018). Examining social interaction among autistic individuals, Heasman and Gillespie (2018) highlighted the often-overlooked capability of autistic peers to communicate without issue (p. 919). This implies that challenges in communication may not be inherent within the autistic community itself but rather emerge when interacting with neurotypicals. They further emphasize the limitations of previous analyses of autistic communication, critiquing the neurotypical assumptions of prior research. Such limitations have contributed to a skewed perception of autistic individuals as less proficient communicators than they may genuinely be, as neurotypicals encounter difficulties in understanding autistics while the latter face no such struggles in communicating with each other.

Botha and Gillespie-Lynch (2022) explore autistic identity development within the context of marginalized identities, advocating for a shift in perceiving autism not as a social-communication disorder but as a social identity. This aligns with the broader notion that neurodiversity should be recognized as a new category of intersectionality wherein atypical neurotypes are recognized as valuable minority identities (p. 94).

Because the theory of neurodiversity and the neurodiversity paradigm largely arose within the autistic community and Critical Autism Studies, much of the available literature tends to center specifically on autism and ADHD even though this is but one facet of the many neurodivergent identities in existence. Additionally, despite its proposed neurodivergent inclusivity, much of the neurodivergent community focuses predominately, though not exclusively, on issues related to autism, ADHD, and AuDHD (a co-morbid diagnosis of autism and ADHD) thereby further consolidating neurodivergent study around these specific neurodivergent subcultures.

This emphasis mirrors similar issues within the Mad Pride Movement/Mad Studies and Disability Rights Movement/Disability Studies which also tend to advocate a radically inclusive resistance, though they tend to highlight neurotypes featuring psychosis and physical disability respectively though being more radically inclusive of a broader range of neurotypes and disabilities in theory (Beresford, 2019). At present, however, the fields of Neurodiversity Studies, Disability Studies, and Mad Studies are not mutually exclusive and co-exist (Menziez et al., 2013).

In mental health literature beyond these academic sub-fields, it is common to concentrate on pathologies, particularly depression and anxiety, within a distinctly neurotypical framework (White, 2018). However, exclusively fragmenting neurodivergence into individual pathologies in this way results in a significant loss and serve as a promotion of the deficit perspective. While individual diagnoses can be useful, disregarding a community bound by a shared struggle to survive poses the risk of suppressing the voices of a sizable minority community that is becoming increasingly visible through digital mediums.

Discussion Prior to Neurodiversity

In the academic literature, the intersectional connection between queerness and neurodivergence has been made in conjunction with queer theory and crip theory, though prior to the descriptor of neurodivergence or mad studies, academics were largely limited to terms such as “mental health” or “psychic abnormalities” if they wanted to describe the structural connection between queer and neurodivergent paradigms (Chapman, 2020). The problem with these words is that “mental health” is often used to ascribe to a medical model concept of “fixable disturbance” wherein a patient is treated with the goal of returning to a normative standard and once “brought back” to a satisfactorily normative state “returned to healthy functioning and normal society” which has been seen to be harmfully applied to trans and neurodivergent communities (Koenig, 2011; LeFrancois, 2011; Kapp, 2019). It therefore often includes dialogues which evoke the narrative of a “mental break” wherein a subject is removed from neurotypical society, “treated”, and promptly returned to their presumed previously neuronormative state (Martin, 2007). This narrative is broadly reflective of compulsory neuronormativity (Strand, 2017). Those who sought to describe neuronormative violences with these older terminologies often found themselves either incidentally embracing neuronormativity through the limitations of language (“mental health problems” implies a neuronormative framework) or were confined to individual pathologies (Botha, 2021; Rosqvist, Chown, & Stenning, 2020).

Queer Theory

Queer theory is notoriously difficult to pin down as having any single meaning. Understood broadly as a questioning or challenging of categorization. Itself an identity reimagining and identity destroying action, it arose around the same time as the concepts of

neurodiversity and *neurodivergence* within the socio-political movements of the U.S. 1990s (Amin, 2016). As a result, queerness has been politicized since its inception within academics, and the term gained traction popularly alongside this politicization, while theories of disability strove to achieve similar popular notoriety. *Queer* must be thought of flexibly, as it resists definition, embodying both a thing which one does, or rather undoes, and a thing which something is, or ceases to be. In light of its intangibility, Amin suggests that *queer* is “fundamentally *affective*: it is a matter of sensing some resonance between one’s object of study and the inchoate cluster of feelings that inhabit and animate the term,” (2016, p. 173)—in other words, something is queer when it feels queer.

The combination of political movement and politicized terms aided the de-pathologization of nonnormative sexualities. Although a broader rejection of neuronormative pathologization has not been the central focus of queer theory alone, the queer rejection of normative categorization is frequently incompatible with the medical model of (dis)ability and the pathology paradigm. It is this incompatibility which crip and neuroqueer theory later emphasize. Indeed, the political charge of queerness is readily debated with those like Eng, Halberstam, and Muñoz (2005) arguing for an infinitely variable queer which may indefinitely build upon its past queerness while those such as Butler see an eventual outgrowing of queerness’ socio-political entanglement as culture reaches forward for new terms and symbols of anti-normativity (Eng et al., 2005; Butler, 1993). Indeed, Butler notes that the construction of *queer* carries with it “a performative ‘works’ to the extent that it *draws on and covers over* the constitutive conventions by which it is mobilized” thereby preforming the very thing that it works to dispel (1993, p. 227). In this way, Butler projects the circular end of queer futurity as it enacts its own demise.

Queer theory carries its own sense of rage and despair. This queer negativity (later followed by crip negativity) is best understood as a mournful and redemptive force (Smilges, 2023). Similarly affective, Halberstam argues for a more radical negativity not limited to what a homonormative antisocial theory but rather something arguably neuroqueered, working towards identification with “rage, rudeness, anger, spite, impatience, intensity, mania, sincerity, earnestness, overinvestment, incivility, and brutal honesty” (Caserio et al., 2006, p. 824). A theory rooted in queer negativity, therefore, is one innately (neuro)queer and innately crip in its “destruction” of the affective self, or rather a reclamation through cognitive divergence towards a nonnormative state of affirmative being. I read Halberstam as a neuroqueer call of rebellion “to turn away from the comfort zone of polite exchange to embrace a truly political negativity, one that promises, this time, to fail, to make a mess, to fuck shit up, to be loud, unruly, impolite, to breed resentment, to bash back, to speak up and out, to disrupt, assassinate, shock, and annihilate” (p. 824).

Concepts of the self arise frequently within queer theory as formulations of problematization and antisocial negativity that require one to position one’s self against a perceived Other, and construct the self in relation to that Other (Butler, 2001). Butler describes the performance of gender as becoming indistinguishable from the performer: “the body performing and the ideal performed appear indistinguishable,” at which point “the artifice of the performance can be read as artifice” itself (Butler, 1993, p.129). This can be likened to ways in which people are socially confused about what is or what counts as neurodivergent because the performance of neurotypicality can make one appear neurotypical or confuse one’s identity or embodiment with performance.

Crip Theory

Crip theory was initially coined by Robert McRuer as a child of queer theory which unites the anti-normate positionality of queer theory with the political relations of a disability subject. Crip theory makes its subject the problematization, politicization, and upsetting of compulsory able-bodiedness, a crip turn on compulsory heteronormativity discussed in queer theory (Rich, 1980; McRuer, 2006; Smilges, 2022). These concepts are later followed by compulsory sociality and compulsory neuronormativity (Dolmage, 2016; Yergeau, 2018; Benson, 2023).

Like *queer* and *neuroqueer*, a place, attitude, thought, or person can be *cripped* as a rejection or complication of compulsory able-bodiedness and compulsory heteronormativity and to be queer and disabled is to be, in concept, crip. Also like the word *queer*, *crip* is a reclaimed slur once used to disparage a person's (dis)abled divergence from the normate. For these reasons, there are still many members of disabled and queer communities still do not use these labels for themselves. And although I use them in this paper as a personal claimant of both labels, one should generally differ to the discretion of the community and individual in the application of reclaimed words.

Within crip theory, capitalism is often implicated as one of the primary drivers of the social construction of disability and neurodivergence, interpreted through Marxian social economies as ever-seeking new ways to reduce individuals into units of production and expel those who may be economically perceived as inefficient thereby creating disability (McRuer, 2006; Russell, 2019; Chapman, 2023). The response to this system and ablest violences perpetuated by the current socio-economic climate has been the building of crip-centric “liberated zones” and radical disability justice through practices like Piepzna-Samarasina's care

work (Piepzna-Samarasina, 2012; Kafai, 2021). Care work moves crip kinship into a radically disabled, mad, queer, BIPoC, and neurodivergent futurity structured upon interdependence, mutual aid, and crip love in the face of colonial industrialist capitalist violences (Piepzna-Samarasina, 2022).

Neuroqueer Theory

Neuroqueer theory, independently coined in 2014 by Nick Walker, Melanie Yergeau, and Athena Lynn Michaels-Dillon, builds upon queer theory and crip theory to incorporate neurodivergence into its conceptualization. This theory suggests that “[neurodivergent] politics routinely reward those who are multiply privileged... the logics of ableism are intertwined with the logics of racism, classism, and heterosexim” (Yergeau, 2018, p. 5). Neuroqueer theory introduces the concept of *neuroqueering*, akin to *queering* within queer theory, wherein *neuroqueering* a space actively involves rejecting neuronormative structures. It is a profoundly intersectional theory, emphasizing the inherent connection between socially-imposed heteronormativity and socially-imposed neuronormativity (Walker, 2021).

Establishing ties between crip theory and neurodivergent issues has been noted to be of critical relevance in that past. Wilson and Beresford (2002) consider that expanding discourse between crip and mad studies might beneficially challenge pathology-ruled accounts of disability and madness which enforce compulsory able body and mindedness. Additionally, Thorneycroft (2020) notes that crip and mad subjects have many parallel experiences and politics as they both exist under “oppressive regimes of ableism and sanism” (p. 155).

The association between neurodivergence and queerness has been substantiated by cultural observation and statistical evidence. For instance, the prevalence of gender-queerness in autistic communities has resulted in identity labels such as autigender and neurogender as gender

identities that signify a distinctive and intricately entwined connection between an individual's neurodivergent identity and their gender identity (Boren, 2022; Barnett, 2024). According to Warrier et al. (2020) transgender and gender-diverse individuals exhibit higher average rates of autism, as well as other neurodevelopmental and psychiatric diagnoses, compared to cisgender individuals (p. 1). Gender-diverse individuals are also reported to be 3.03 to 6.36 times more likely to be autistic than their cisgender counterparts (p. 6). This correlation between gender identity and autism extends beyond autism, as genderqueer individuals also demonstrate heightened rates of ADHD, bipolar disorder, depression, OCD, learning disorders, and schizophrenia (p. 7). Corbett et al. (2022) additionally found both AMAB and AFAB autistic adolescents to report greater gender incongruence, greater binary gender diversity (identifying as the binary gender opposite of that assigned at birth), and greater nonbinary gender diversity than amongst neurotypical children; as well as finding that autistic AFAB adolescents were significantly more likely to identify as trans compared to AMAB autistics. Similarly, Kallitsounaki & Williams (2022) found links between gender dysphoria, gender incongruence, and autism. This data strongly reinforces the concept of a potential socio-cultural relationship between gender identity and neurodivergent identity.

Neurodiversity Studies

In response to the growing amount of theory surrounding the pathology paradigm and growing recognition of neurodivergents as a minority group, Rosqvist, Chown, and Stenning (2020) have proposed "Neurodiversity Studies" as an emerging field focusing on neurodivergent groups and the neurodiversity paradigm. They assert that characterizing neurodivergent behaviors as "deviants to assumed standards of intellectual, perceptual, and emotional processing" results in neurodivergents becoming subjects of internal and external oppression. As

they propose it, Neurodiversity Studies seeks to “[decenter] the cognitive, affectual, and sensory norm”, critique the inherent violences of the medical model of neurodivergence, and advocate for a social model. Neurodiversity Studies, similar to Mad Studies, aligns itself with the voices of the neurodivergent community, identifying and acknowledging neurodivergence as a “neurominority” (p. 1) that has long been the victim of systemic violence and eugenics.

Literature Review “tldr” Outline

- Neurodivergent people share experiences of oppression through ableism and neuronormative practices. They should therefore be considered a minority group similar to minorities within gender, sexuality, race, and socio-economic status.
- There are thematic and statistical links between neurodivergence and queerness. Previous studies have found that neurodivergent people are more likely than neurotypical people to identify as LGBTQIA+.
- The medical model of disability and neurodivergence thinks of neuro-cognitive (the way people think) difference from what is considered “normal” as wrong or deficient. The neurodiversity paradigm is a way of looking at the cognitive differences in the world as all equality valuable.
- Neurodivergent people, like disabled people, have a long history of oppression wherein they have been institutionalized (put in mental hospitals or asylums) or killed. This violent removal of neurodivergence from general society is a history of eugenics.
- Queer theory in academics is an idea centered around questioning normal expectations. It is historically connected to topics of gender and sexuality but is primarily focused on questioning what most people think of or assume to be “normal”.
- Crip theory was developed by Robert McRuer and is built off of queer theory but within subjects of disability. It focuses on questioning what people assume to be “normal” about physical, mental, and social ability. It also looks at how queerness (especially in terms of questioning) interacts with disability.
- Neuroqueer theory was developed by autistic scholars Nick Walker, Remi Yergeau, and Athena Lynn Michaels-Dillon. It is similar to queer and crip theory but focused on neurodivergent, especially autistic, topics.

- Neurodiversity studies is a proposed academic area of study focused on researching the natural diversity of human minds (neurodiversity). But it is not a mainstream area of research yet.

Methods and the virtual field:

This study investigates the intersectionality of gender and neurodiversity through a holistic, ethnographic approach. It includes interviews and surveys with neurodivergent individuals, analysis of virtual chat groups and forums, and examination of neurodivergent media. Because I, as the researcher, also identify as neurodivergent, this work incorporates some implicitly autoethnographic elements, although autoethnography is not the primary focus. My analysis, rooted in neuroqueer theory, explores how neurodiverse individuals conceptualize and experience gender. Critical to this is the emphasis on performance present within queer theory (Watson, 2005). In this context, I examine parallels between analysis of queer performance and neurodivergent “masking” of neurotypical behavior, exploring interactions within the categorically subjective framework of queer theory (McCann & Monaghan, 2020). This rejection of fixed categorization through queer and neuroqueer theory is crucial to avoiding the pathologization of neurodivergent sub-groups.

It is important to note that these theories can include cisgender individuals as well. In this case, cisgender individuals may be considered *neuroqueered* by membership within the neurodivergent community, as their neurodivergence may still result in unique relationships to gender which, while cis, may not be normative (Yergeau, 2018).

Some of the questions that I asked in my surveys and interviews include things like, “Do you feel that masking has anything to do with your gender presentation?” and “Do you feel that your neurodiversity influences how you think about gender?” My focus is exclusively on self-identified neurodivergent individuals in order to assess characteristics of the neurodivergent

community while avoiding structuring my study around the medical model which categorizes neurodivergence by diagnosis. This, notably, includes “self-diagnosed” individuals who are usually excluded from these kinds of studies. Additionally, I examine virtual social spaces such as neurodivergent subreddits and Facebook Groups to understand how neurodivergent individuals discuss and engage with gender expression, providing insights into the structure of online neurodivergent communities.

Neurodivergence in the Virtual Field

Virtual ethnography has been primary in this investigation. Given the historical underrepresentation of the researched community and the prevalent tradition of studying disabled individuals in dehumanizing ways, a comprehensive examination of the ethical dimensions of virtual ethnography becomes imperative (Antunes & Dhoest, 2019). This consideration is particularly significant in a neurodivergent context where the community has been persistently marginalized, given little space for their own voices, and has received minimal benefits from prior research (Goodley, 2011).

Moreover, neurodivergent individuals are often regarded as a vulnerable group due to the inherent societal hostilities toward disabled communities (Garland-Thomson, 2011). Adding to the complexity, certain neurodivergent sub-groups—such as autistic individuals who make up a substantial portion of the identifying neurodivergent community—have historically been deemed vulnerable due to ableist presumptions regarding their capacity to give informed consent (Hamilton et al., 2017).

Aligning with the insights of Antunes and Dhoest (2019) regarding virtual ethnographies of autistic communities, this study acknowledges the necessity for researchers to engage emotionally and reciprocally with interlocutors. This becomes particularly pertinent in the

context of virtual neurodivergent communities, where digital platforms may foster a more intimate form of communication, due to being unencumbered by the barriers present in face-to-face interactions (Antunes & Dhoest, 2019, p. 13). This concept gets at one of the key claims of this study, that virtual spaces may offer a more accessible and constructive environment for neurodivergent engagement compared to in-person settings, potentially yielding data that more authentically represents neurodivergent thoughts and experiences than conventional face-to-face data collection methods.

Furthermore, this methodological approach aligns with the principles of *inclusive sensory ethnography*, as proposed by Alper (2018). Within this framework, researchers actively adapt their ethnographic methods to be more flexible and accommodating, striving to establish an environment that minimizes the risk of punishing or excluding neurodiverse interlocutors due to their sensory needs. It is essential to recognize that the ways in which neurodivergent individuals engage with technology and digital spaces likely differ from the experiences and cognitive processes of neurotypicals in similar digital environments. Consequently, it is imperative to refrain from imposing neurotypical assumptions about virtual personas and attitudes upon neurodivergent individuals (Alper, 2018).

This perspective prompts a reevaluation of assumptions regarding virtual communities as impersonal spaces wherein individuals interact through misrepresentative personas of themselves. Much work within virtual ethnography pushes back against these biases even in neurotypical spaces (Wilson & Peterson, 2002; Lindlof & Shatzer, 2009; Carter, 2005). However, virtual ethnography of neurodivergence introduces a unique dynamic due to the prevalent neurodivergent experience of “masking” a real-world neurotypically-passing persona (Radulski, 2022). The tension between masking in real-life and the opportunity to un-mask in

virtual spaces may thus provide a level of genuine expression not easily achievable in other scenarios and may stand in contrast to the neurotypical experience wherein internet usage is associated with a lack of social connection (Morahan-Martin & Schumacher, 2003).

Going forward, I examine this paper's primary claims. These claims are as follows: (1) That the neurodivergent community is a distinct and valid community bound together by shared experiences of systemic violence and compulsory neuronormativity; and (2) that being part of this community implies an understanding of the neurodiversity paradigm and a readiness to challenge normative social standards. I argue that this challenge to neuronormative structures predisposes neurodivergent individuals to deconstruct heteronormative structures, potentially explaining higher rates of queerness among neurodivergents as socio-cognitive rather than biological (as argued within the pathology paradigm) due to the internal deconstructive work required of neurodivergents as members of a "divergent-hostile" world.

Sampling

I recruited participants primarily through social media posts within neurodivergent subreddits and Facebook Groups, resulting in data collection from a total of 76 self-identifying neurodivergent individuals. For in-person and phone interviews, I utilized personal community contacts and snowball sampling, resulting in 7 contacts, 4 of whom were interviewed multiple times. Additionally, I gathered ethnographic data through an open-response Google form linked in study advertisements posted within neurodivergent focused subreddits and Facebook Groups. All participants received a consent form outlining the study's purpose and use of their information. Participants were encouraged to provide thorough answers, with all questions being optional and open-ended. Throughout the study, no personally identifying information was

collected or associated with participant responses, and all names used in this paper are pseudonyms.

I collected additional ethnographic data collected in the form a field notes carried out virtually through critical analysis of virtual groups, forums, comments, and social media. I documented comments and dialogues observed in these spaces, considering them representative of aspects of the neurodivergent community and culture. However, it's important to acknowledge that the virtual nature of these interactions, alongside media algorithms and subcultural variations in subreddits and groups, are inherent limitations of this study.

Methods “tldr” Outline

Most information was collected through interviews and surveys of neurodivergent people.

- Most neurodivergent community spaces are online. This online space is called “the virtual field”.
- Anyone who considers themselves neurodivergent was welcome to be included, but many had official diagnoses as well.
- Information from 76 neurodivergent people was collected. This information asked questions about their lived experiences as a neurodivergent person, their concepts and experiences of gender, and their experience in neurodivergent and non-neurodivergent communities.
- Notes were also taken within neurodivergent social media spaces, part of the virtual field, and this was also reflected on.
- Because the author is neurodivergent, some of the work includes their own experience.

Research and Discussion:

My ethnographic study yielded experiential commentary from a total of 76 neurodivergent individuals collected through surveys and interviews. Respondents ranged from ages 18 to 55, with a mean age of 29.58, and identified with a broad variety of neurodivergent pathologies. In collecting data, I took a vastly neuroqueer approach, and therefore welcomed an

expansive array of neurodivergent identities, including those currently questioning their neurodivergent identities or who simply identify as “neurodivergent” without further specification. Nevertheless, the dominant diagnoses of respondents were, as expected, ADHD ($n = 41$) and Autism ($n = 50$). Other notable pathologies included Tourette’s Syndrome ($n = 18$), dyscalculia, dyslexia, and dyspraxia ($n = 13$), Schizophrenia Spectrum Disorders ($n = 8$), and Dissociative Identity Disorder ($n = 3$).

In addition to the free response surveys and interviews, I conducted field research in virtual neurodivergent communities such as Facebook groups “Neurodiverse Multiverse” and “Neurodivergent Adulting” and subreddits like “r/neurodiversity”, “r/DID”, and “r/DiscussDID”. To my knowledge the majority of my survey sampling came from these community spaces.

Of my 76 interlocutors, 68 identified with queer label in some respect with 55 identifying as gender nonconforming, trans, nonbinary, or agender. 65 identified as bisexual or pansexual, 23 identified as asexual or aromantic, and 13 identified as gay or lesbian. It is notable when looking at these numbers to reflect on the fact that I did not specifically sample for or seek out queer identifying individuals or identify my study as researching specifically queer or neuroqueer identities. Although the focus of my research on neuroqueer theory likely impacted the demographic of respondents that I ultimately received comments from, it is fair to consider the significant portion of “neuroqueer” interlocutors to be somewhat representative of statistics which suggest that individuals within neurodivergent communities tend to identify as queer more often than their neurotypical counterparts (Ekblad, 2018; Gratton et al., 2023). Additionally, neurodivergent communities themselves take time to note this trend as in my field research I noted numerous casual polls in neurodivergent and queer virtual spaces which inquired after the respective queer or neurodivergent identities of their members and AuDHD neurodivergent and

nonbinary spaces seem to be especially interdisciplinary in their involvement with one another. One example of this is a community poll taken with the “Non-Binary Social Space” Facebook Group in which of 1.8k responses, approximately 1k were AuDHD, 333 were ADHD, 308 Autistic, and only 29 labeled themselves as Neurotypical.

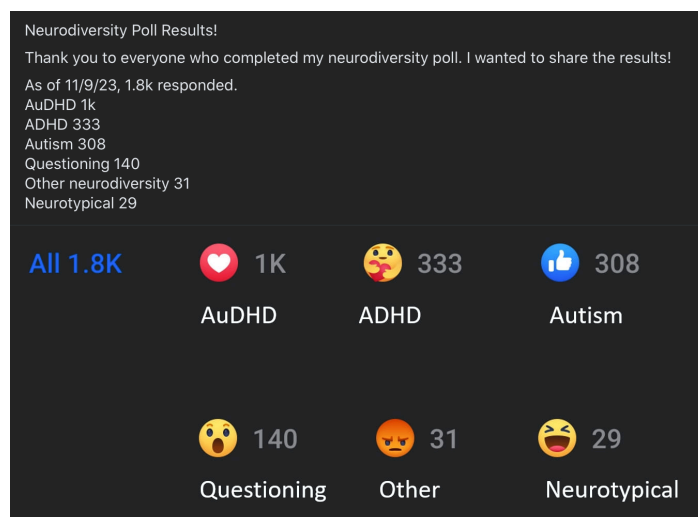


Figure 1. Nonbinary community poll on neurodivergence

62 of 76 interlocutors broadly agreed with the principle that their neurodivergent identity meaningfully impacts their conceptualization of gender, though each interlocutor had their own diverse nuances to share on this point. Of the 14 dissenting opinions, ethnographic themes consistent with the general claims of this work are still apparent or are no more variable than within the diverse experiences of the group as a whole. In my analysis, I draw upon commentary from my interlocutors sourced from interviews and surveys, utilizing quotes and summaries to exemplify my arguments and showcase the diverse opinions and experiences of neurodivergent individuals. These firsthand accounts provide nuanced insights into how neurodivergent individuals perceive and navigate their identities within various social and cultural contexts.

Taking a hermeneutic and queered approach, five central themes were identified: (1) performance and passing, (2) self-pathologization, (3) transgressing and moving against social norms, (4) belonging and identity within community, and (5) nature or the “natural neuroqueer”.

Performance and Passing, Masking Neuroqueerness

Part of my inquiry with interlocutors looked at intersectionalities of gender performance, passing, and neurodivergent masking. Masking, the act of performing neurotypicality done by neurodivergents to appear in line with social norms and survive daily neuronormative expectations, can be quite readily likened to gendered or racial passing as all are instances of a member of a minority group performing a normative expectation in order to enjoy some of the privileges of the normate. It is additionally recognized within all of these practices that this performance often results in deep internalized pain and distress on the part of the “performer”. In neurodivergent circles, much of the work of affirmative health care is built around de-masking, or quitting the performance, where it is safe to do so. It is widely recognized that masking is frequently internalized to such an extent that it is difficult to recognize what is true to the self and what is the performance. This is one aspect of internalized ableism which contributes to trends of derealization and dissociation amongst neurodivergent/autistic people (Dincel & Karayagmurlu, 2024; Evans et al., 2024). To my knowledge, there is no name for the distress that persistent masking causes a neurodivergent person, however many people are diagnosed with C-PTSD, depression, anxiety, and other mental health conditions as a result.

The neuro-affirming care of de-masking can easily be likened to the more accepted gender affirming care recommended for treatment of gender dysphoria. Within the discussion of gender care, something akin to a model for neurodivergent care becomes apparent. Although neurodivergent activists have named the need for affirming care for decades, and social

movements within queer communities have greatly progressed the concepts and acceptance of affirming care within LGBTQ+ contexts, ABA therapy is still considered the “gold standard” of care for autistic neurodivergents and conformist care models are often just as bad for other neurodivergencies. Applied Behavioral Analysis shares its historical roots and therapeutic models with sexuality and gender conversion therapies now outlawed in many states. And though the violent neuroqueer history of ABA and similar practices is long, politics have not yet aligned with the neurodivergent movement to the extent that it has with LGBTQ+ issues.

Looking at how masking influences neurodivergent concepts of gender many interlocutors noted a burdensome social influence and a derealized sense of gendered self which I would argue reflects a positive neurodivergent capacity for conceptualizations of self beyond the confines of social expectations. In other words, imagining culture as the water in which fish swim, neurodivergents are diving birds.

Figure 2 reflects some of the depersonalizing pressures associated with masking. In my investigations, I came upon this comic in both neurodivergent and trans/nonbinary virtual groups (this one is collected from a trans femme Facebook page), highlighting its reflection of the parallel experiences of performance and masking in these communities.



Figure 2. Comic with text reading, “My life’s work is a collection of behaviors and phrases. Through watching others, I’ve learned how to position and move my body in ways that will make me more likeable. I’ve memorized which facial expressions I should perform for each different tone. Am I able to truly call myself a person? Or am I just a menagerie of stolen things?”

The text in Figure 2 acknowledges the sense of distance some neurodivergent and gender nonconforming individuals feel from others due to expectations of identity performance, which in turn results in distance from oneself. This sentiment resonates widely amongst neurodivergent individuals who experience a loss of self and identity through constant masking and conformity to social norms. In this post, that sense of masking and performance is coded to the experience of gender and transness.

In my surveys and interviews, thoughts on this sense of gendered masking and neuroqueered experience of gender were collected through a series of questions. I asked interlocutors if they felt their neurodiversity influenced how they think about gender. 68 of 76 said that they did. Below are some of the thoughts which arose out of this prompt and its subsequent questions such as, “Do you feel differently about your gender alone compared to

when you are with others?” and “Do feel that masking has anything to do with your gender presentation or expression?”:

Jay (they/them). Alone I am usually more of a genderless blob. Sometimes I feel a bit manly or womanly. But mostly I just exist and that’s great. When I am in public or with almost any person I am performing. It is tiring. I have considered that this is attached to masking in a way as since I was quite young I created this character. This person based on the gender I should be which is a stereotype of that gender. People like this persona as they like when everyone conforms. I hate playing it but do it automatically. I definitely perform gender to mask.

Em (she/they). I am a heavy masker, to the point that I mask even to myself. I have always felt uncomfortable around the idea of sex, and I often wonder if that is my neurodiversity or my gender identity. When I am alone, I feel fully comfortable trying out different identities or ideas of identities, whereas around others, I feel as though I cannot safely explore who I might be, just as I feel I cannot safely present my autistic traits in some situations. I personally feel as though my journey to learn to unmask is partially discovering all of the situations in which I mask. Presenting as a cisgender woman does not come naturally to me. Just as I have been “trained” to act in certain ways that don’t show my autism, I have been “trained” to behave more appropriately for a woman.

Dee (they/them). I have a hard time reading body signals because of my autism, why wouldn’t I have a hard time feeling gender as well?

Jay, Em, and Dee identify quite clearly this overlap between the social masking demands of neurodivergence and the ways that such demands interplay with binary gender expectations. In these cases, gender performance is actually a part of masking. Whether internalized to such an extent that it is difficult to recognize or a daily conscious effort, my neurodivergent interlocutors tended to identify gender as a powerful site of performance through which they contextualize or construct their masks. As Em states: “[I perform femininity/non-transness] just as I perform certain behaviors to not look autistic because I don’t feel safe or comfortable presenting as an autistic person.”

Alex (they/them). I am more aware of how I present around others. By myself I don’t think about my gender. Sometimes I get dysphoria about my body and it sucks, but again I feel like that is separate to how I view my gender.

F (she/they). I think gender can be performative when with others or thinking of others (like when clothes shopping - will my clothes be acceptable by the public who perceive my gender?). When alone, I don’t think about my gender. I feel genderless.

Bug (they/them). I feel that because I believe that gender is a social construct it falls in line with the other social rules I don't know/follow. To me gender is something I partake in because society told me I need to. The only way I feel connected to the label female is because I was socialized as a girl/woman and that is inherently different than the way men are socialized in American society.

These interlocutors express a concept of genderlessness when alone. A somewhat unusual concept beyond neurodivergence, that one can “step out” of cultural context or expectations through solitude. I would note this persistent concept that gender is indeed something that someone can be without, not only in the sense of agender identity (identifying with no gender), but also that gender is something that you put on for people, and take off when you're alone and untouched by gendered expectations. As Beth (she/her) notes when she says, “I mask less when I'm around people who I know are also gender expansive,” that one can step out of gender performance and out of masking through transgressive acts and spaces which actively work to defy binaries. From this statement, it can be noted how trans-safe spaces may also foster neurodivergent-safe spaces due to their transnormative ideologies.

This is not to imply that neurodivergent people exist outside of culture. Like everyone else, they are heavily influenced by their socio-cultural environment on a daily basis, although neurodivergents often feel that influence more negatively. These negative influences on neurodivergent awareness and perplexity with surrounding cultural norms are most likely attributable to stressors within the neurodivergent community/culture itself. In the absence of such stressors, cultural hypervigilance would probably not characterize neurodivergence. However, even without normative stressors, the category of neurodivergence would likely still seek to define itself in contrast to the normative Other, as it is the manifestation of divergence that the category is constructed.

Sai (he/him). I am cis/het passing, and I feel that it is more a matter of privacy that I don't strongly, consciously signal to others that I am bisexual and not super invested in heteronormative

masculinity. I know that people consider me masculine, but I don't consider that part of my masking. I like that people consider me masc, and it doesn't bother me that sometimes I do or say things that cause them to doubt that.

Matthew (he/him). I do believe my neurodiversity has a play in how I may present or express my own gender, and I feel that my neurodivergence gives me a different, almost outside, perspective on gender in its own standing and as a concept. If I didn't have to mask I feel as though I would express myself more femininely due to my hyperfixations/special interests being considered "feminine" (strawberry shortcake, care bears).

Skyler (he/him). I express being trans more in public since I feel like I have to prove that I am a male for the views of others. I don't feel differently when I am alone but I do feel more relaxed since I'm not forcing myself in male roles.

Here, the interaction of masculine performance with neurodivergence becomes apparent, as both cis and trans men feel pressured to don masculinity for the benefit of other's perceptions and categorizations of themselves, even when they might otherwise engage in behaviors coded as more feminine. For these interlocutors there is a sense that personal interests in feminized behaviors, looks, and activities does not itself threaten their categorizations of their gender identity but it does threaten others' perceptions of their gender identity. Intersectionally, their transbinary gendered expressions of masculinity threaten their neurodivergent passing/masking as they seem to perceive the othering of transnormative gender expression to inherently other them as neurodivergent as well. In other words, they are masking their neuroqueered presentation of self because they are aware non-normative gendered objects/behaviors publicly neuroqueer them.

Self-Pathologization

Living within the context of a pathologized identity and a world that demands high masking neuronormativity a great deal of self-pathologization also arose in my research. It is somewhat unavoidable because of how individuals must game the insurance and medical systems, checking criteria boxes to determine if they are neurodivergent enough. Therefore, like

self-weighted identity labels asking “am I queer enough”, neurodivergents must ask “am I neuroqueer enough?” In addition to the internalized pathologization, there is this expectation that one must be granted entry to neuroqueerness through the authority of a certified mental health professional. Obviously, there is a lot of gatekeeping surrounding the community where “self-diagnosis” is concerned. Indeed, in social media, the issue of self-diagnosis is the hot topic debate, with medical model advocates arguing that everyone must be assessed by a professional to become a certified member of the community in the fear that neurodivergence will be flooded with “fakers” or that people can be misaligned with neurodivergence.

Similar to queer issues, being “neuroqueer enough” is a constant question. Community classification largely rests on the concept that you’re neuroqueer if you’re neuroqueer, or as Yergeau states, “you’re neuroqueer, if you neuroqueer” (2018, p. 27) implying that it is the acting of neuroqueering which constructs the identity. However, there are those proponents of pathologization which presume that one must methodically check boxes to qualify for neuroqueerness. In this capitalized way (you meet these criteria you receive diagnosis/membership), efforts are made to keep neurodivergence exclusive, either as a hierarchization of suffering (sorting those who have “really suffered” or “really struggled” from the “casually neurodivergent”) or to reinforce the (market) value of DSM-V diagnoses.

Based on my research, neurodivergent people often experience significant pressure to police themselves and others. Paradoxically, due to a tendency towards literal or black-and-white thinking and the pressures of masking, it is sometimes neurodivergent individuals themselves who rigorously categorize neurodivergent pathologies. Consequently, I encountered a few interlocutors who were distressed at my welcoming of self-diagnosed individuals. While this was a minority opinion amongst my interlocutors, the need to check and heavily analyze “criteria of

neurodivergence” and to what extent one meets these criteria on a daily basis is quite common.

One example of this is my interlocutor Finn (they/them) who reflects:

“I’m better with abstracts than the typical autistic person, though obviously that isn’t always true. I’m good at reading others’ body language and judging how I can act or identify based on the individual. I definitely try to emulate others and sometimes feel like a fake queer/nonbinary person because I do not always act and behave in the same ways. Much like I often do not know how to feel about my gender, I have had a crisis recently because I do not know what my real personality is. I feel as though I have been performing both of those things based on the circumstances and people around me.”

Finn kept returning to these ideas of performance which seem deeply rooted in self-pathology. Feeling “fake”, trying to find the right performance of both neurotype and gender/sexuality, and eventually losing one’s internal identity within that performance/mask are common experiences expounded upon by my interlocutors. This performance is exacerbated by the medical model, which imposes this mask while purporting to assess what lies beneath it. It becomes a self-fulfilling prophecy: in seeking to reveal a true neurotype, identity, or self through diagnostic criteria, individuals weighing their struggles against these standards within the diagnosed community often find themselves pressured into contradictory performances of neurodiversity. Simultaneously, they must maintain a neurotypical mask for their daily survival. In essence, neurodivergent individuals are compelled to mask their neurodivergence. Through the ongoing performance of neurotypicality, many, like Finn, may feel estranged from their own neurodivergence and, consequently, from the support and affirming care of the neurodivergent community.

Transgressing, Moving Against Society

Notably in conflict with themes of self-pathologization and compulsory sociality is this theme of transgression (McReur, 2006; Dolmage, 2016; Yergeau, 2018). Neuroqueerness, that is, resisting, questioning, problematizing, and pushing against normative structures, was perhaps the most anecdotally noticed and posited influence on neurodivergent queerness that my interlocutors shared. Returning to Yergeau's assertion that "you're neuroqueer, if you neuroqueer," this circular logic appears in the crux of neuroqueerness (2018, p. 27), a concept my interlocutors seemed markedly aware of.

My interlocutors tended to describe neurodivergents as "outside" the norm but also stated a resistance to conforming to it. While some did note in themselves a lack of questioning or queering their perspective, it does seem to be a popularly theorized trait of the community that, as Bug stated, "[neurodivergents] deconstruct gender as a social construct easier than neurotypicals because it is a societal rule rather than an objective reality". In fact, many interlocutors responded in this way. Below are some responses to the prompt, "Studies have shown that there tend to be more genderqueer people in the neurodivergent population and vice versa than in the general population, do you see this in your lived experience?" which reflect a recognition of this neuroqueer take on societal structures:

Ember (any pronoun). Perhaps, having already decided not to mask our gender fluidity, we also come to decide not to mask our neurodivergence, or vice versa. Perhaps already being outside the "norm", we embrace one more category of ways that we are "othered" or "different". Perhaps, already seeing social rules and regulations as made-up and nonsensical, we realize that gender is likewise not a real or rigid restriction we need to be bound by.

Kay (he/him). Without the perception of positive social feedback there's none of the rewards provided to neurotypicals for remaining within the non-queer community. There's no motivation to do so other than to avoid ostracism, which is often unavoidable for neurodivergents.

F (she/they). For me, I always questioned the "rules" because they don't make sense to me.

These interlocutors very much consider neuroqueerness to be a facet of neurodivergence or a byproduct of that common trait of neurodivergence to “not understand” or reject rigid social rules. Within the medical deficit model this “lack of understanding” is considered just that, a lack. And it has been the case that some professionals, when faced with neuroqueer clients, have considered their clients’ queerness to be a symptom of their neurodivergence and something that requires correction (Shapira & Granek, 2019). The converse of this is of course that neurodivergents are uniquely equipped with the capacity to queer their thoughts and understandings of social conventions because of this perceived “outsiderness.” That is to say that whatever it is that creates neurodivergence as something beyond normative neurocognitive processes is itself queer by nature and suggests that this demographic disproportionately possesses skills reflecting complex cultural and introspective reflexivity.

I do not mean to perpetuate the rhetoric of the “super-crip” by suggesting that neurodivergent individuals are inherently superior thinkers compared to those considered “neurotypical.” It is crucial to acknowledge that categories like “neurodivergent” and “neurotypical” are socially constructed. These categories essentially construct themselves so that anything identified as diverging from the norm becomes neurodivergent and thereby produces its own exceptionalism. As Nick Walker suggests, there may not be a definitive category of “true neurotypical,” as neurotypicality itself represents a normative ideal that no one can perfectly embody (Walker & Raymaker, 2021). Those classified as 'neurotypical' do not entirely lack divergences from this neuronormative ideal but can typically conform without significant distress.

The real question is then what distinguishes a neurocognitive process enough to be notable, and why are these differences often viewed through a medical deficit model rather than

embraced as natural (neuro)diversity? Furthermore, why are non-normative cognitive abilities marginalized instead of recognizing the full spectrum of neurodiversity as a source of highly valuable cognitive skills?

Some interlocutors perceived something more like an innate difference in gender conceptualizations amongst the neurodivergent. This concept of neurodivergent gender as something different than normative gender constructs reflects concepts of neurogenders (Yergeau, 2018; Leetal, 2023). The statements from my interlocutors below reflect this more “built-in” take on gender construction amongst neurodivergent people.

Alex (they/them). I just think we see gender very differently and so we present very differently.

Em (she/they). I feel as though neurodivergent brain functioning is somehow very closely linked to queer identity in the brain. Especially when considering masking is commonly used by neurodivergent people to stay unnoticed, and queer people tend to be overlooked unless we express ourselves in a way that makes us feel comfortable

This is where labels like autigender come into use. Autigender is a neurogender identity, or aspect of neuroqueerness as identity, denoting someone whose experience of gender is so interconnected with their autism that it cannot be understood without the context of their neurodivergence (Holmans, 2021; Boren, 2022). In this conceptualization neurodivergences such as autism are so different from the norm that normative gender constructs lose all meaning. Because gender must reflect something internal, categorized contextually by something external (cultural gender norms) and because in neurodivergence there is a disruption between what is normatively expected internally and what is perceived externally, gender norms cannot *be* neurodivergent. This concept quickly leads to Yergeau’s argument that that if you are neurodivergent you are neuroqueer, even if you identify with heteronormative labels, because the way that you perceive your own gender and your gendered self’s relationship to those around you is inherently different.

Some interlocutors also noted that this inherent queerness as socio-cultural. Because neurodivergence is commonly understood as “odd,” “wrong,” or “on the outside” within the pathology paradigm, neurodivergent individuals might be more likely to reflect on their own difference. Within the solitary existence of knowing that you are different from those around you but unable to describe why, perhaps neurodivergents are more likely to seek out fringe communities, exploring queerness in search of the difference that society reflects back at them. Below are additional responses reflecting perspectives on the overlap between the neurodivergent and queer communities, responding to inquiry into their personal experience with this intersectionality.

SB (they/them). Because people who feel "wrong" or "different" are more likely to explore why, this can lead to multiple discoveries. It's enhanced introspection.

Ian (he/him). If you're neurodivergent you may, by default, end up analyzing the world a lot more and at some point, that will likely reflect on the self and start the self-discovery journey. If you're already seen as weird because of neurodiversity you're less likely to care if one more weird factor (or at least seen in society as weird) is added to the pile. I don't think the differences are necessarily because there are actually more people who are queer and neurodiverse, more so that said neurodiverse people are more likely to realize when they are queer.

Jake (he/they). You have to understand your identity better as a neurodivergent person than as a neurotypical person as a survival mechanism either for the sake of better expressing yourself to others or having more internally to focus on and distract from the outside neurotypical world.

Much of this conceptualization of neuroqueerness is rooted in the fringe experience of neurodivergence and radical acceptance of neuroqueer negativity. Neuroqueer negativity builds upon crip negativity and trans negativity to describe the neuroqueer nexus of these experiences (Malantino, 2022; Smilges, 2023). When Malantino describes trans negativity he marks “the ways in which negative affect gives form to trans lives” and indeed he leaves this concept open to “other aspects of identity and experience that modulate negative affect” (p. 5). Negative affect is a direct result of oppression, living a marginalized existence wherein the balances of power do

not favor the non-normative individual. In explaining the neuroqueerness of neurodivergence, one sees an acceptance of this state of negativity. Neuroqueerness, in its blending of identity and building of community, in fact, builds upon it, directing neuroqueerness towards a positive affirmation of identity and strength that transgresses expectation.

It is critical to strike a balance between a paranoid and reparative read of neuroqueerness (Sedgwick, 2003; Love, 2010). In neuroqueer theory, neurodivergent individuals build upon a foundation of neuroqueer negativity to construct new ways of being—neurogender, neuroqueerness, community, and neurodivergent joy. The community interprets their own situations through a paranoid read—as one might expect from transgressing neurocognitive experiences—deeply feeling painful neuroqueer emotions and subsequently adopting a reparative stance. Through this process, neurodivergent communities gain strength, form new connections, forge new identities, and challenge the status quo, producing an affirming positivity through reparative negativity.

Belonging, Identity within Community

One significant challenge in establishing recognition for the neurodivergent community is the absence of physical spaces. While some parts of the community, such as the Autism Self Advocacy Network established in 2006, have become organized, much of the community—as it can be singularly conceptualized in spite of its notable fragmentation—exists online through platforms like Reddit, Facebook Groups, YouTube, and TikTok. This virtual landscape is highly dynamic and ever-changing, and there is something to be said for the influence that social media algorithms have on the development of community ideals as a result. We might conversely consider the transnormative ideals of the neurodivergent community as a-algorithmic or

algorithm shaping by existing in this space, informed by and informing virtual expectations. One might instead argue that neurodivergence *neuroqueers* the internet wherever it goes.

This neuroqueer virtual environment in many ways results from a crip and neuroqueer negativity; neurodivergent people often feel unsafe in the world and therefore seek out safe space virtually. This work parallels and often intersects with efforts to establish safe spaces for queer and trans individuals in recent years (Felner et al., 2018; Loy-Ashe, 2023). Furthermore, my findings align with Autistin et al.'s (2020) qualitative study, which highlights how trans and gender diverse youth often seek and establish affirming virtual spaces not easily accessible in physical social environments. I argue that just as Autistin et al. found that gender diverse youth create reparative or resilient spaces to escape stigma and violence, build a sense of belonging, foster confidence, hope, and contribute to their communities, neurodivergent virtual spaces operate similarly, sharing intersectionalities of identity and neuroqueer action amongst their participants.

Demonstrating this intersection, Figure 3, collected from the Facebook Group “Non-Binary Social Space,” illustrates the interconnectedness between gender diverse and neurodivergent communities, as well as the awareness within neurodivergent and trans/nonbinary communities of this connection. In my investigations it was not uncommon to see unprompted overlap between the two further demonstrating the neuroqueer action, community building, and solidarity within trans/nonbinary and neurodivergent communities.

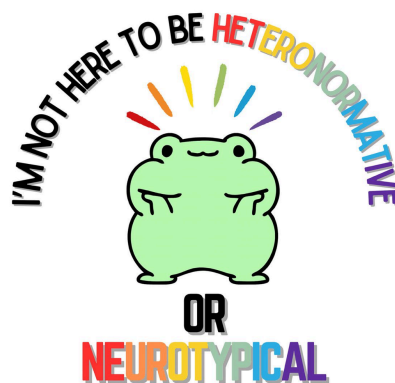


Figure 3. Facebook post reading: “I’m not here to be heteronormative or neurotypical” in rainbow font.

In addition to this reparative work, however, severe limitations exist, particularly concerning racial intersectionalities and geographic/socio-economic access to the internet. Not everyone has equitable access to social media spaces and these spaces often disproportionately favor wealthy white voices. As Frey et al. (2022) notes: “similar to offline environments, the Internet and social media are racialized social contexts that may shape how [people] experience, interpret, and internalize understandings of race and whiteness.” Racial minorities are already underrepresented in the neurodivergent community and the racialize context of social media additionally contributes to this underrepresentation.

BIPoC neurodivergents face significant barriers in diagnosis and neurodivergent identification, exacerbating their underrepresentation in the virtual spaces I investigated. This disparity can be attributed partly to historical experiences of genocide and eugenics, which intersect with a legacy of racism and harmful practices within the medical community. These factors provide strong reasons for some people of color to avoid public affiliation with issues of mental health or seeking diagnoses. Additionally, social media platforms like TikTok have been shown to harbor racist landscapes that actively harm the well-being of people of color, potentially prompting further avoidance of these spaces (Amarikwa, 2023). As a result, advocacy

for and identification with neurodivergence in virtual spaces are often dominated by white voices, reflecting the racial privilege prevalent within these spaces. However, while this paper does not delve into the intersectionality of neurodivergence and race, it is essential to acknowledge, investigate, and respond to the rich and diverse contributions of neurodivergent people of color, which, although statistically underrepresented, are by no means lacking. As Lewis and Arday (2023) argue, investigating the intersection of race and neurodiversity prompts inquiries into normative cultures, policies, and practices, revealing how intersectional racism and ableism contribute to specific forms of marginalization and suppress uniquely valuable perspectives.

In spite of the significant racial and socio-economic limitations, there is still much to be said for the accessibility of virtual community space. Indeed, accessibility is one of the primary reasons that the neurodivergent community predominantly exists online, as real-life spaces often lack accessible and safe environments for neurodivergent individuals to come together. This lack of a sense of safety is one of the most resounding experiences reflected in my research. This experience parallels the lack of safety felt by queer and trans individuals, and even more those of BIPOC queer individuals (Scheuerman et al., 2018; Veldhuis et al., 2018; Rogers et al., 2023). For the many neurodivergent people with other marginalized intersectionalities this lack of safety is compounded. In response to the questions, “As a neurodivergent individual, what sort of places and communities do you find to be neurodivergent-safe?” and “What sorts of places and communities do you find are not neurodivergent-safe?” respondents said the following:

Mac (he/him). Most environments are not safe. Any work environment I've been in, anywhere loud or crowded, grocery stores, "professional" spaces. It keeps me safe to be less visibly [neuroqueer].

Jules (she/her). Most [places aren't safe]. You can't do many things outside of your own home (including work) without having to cope or mask.

Owen (he/him). Honestly everywhere I've ever been [is unsafe], I don't think I've ever truly felt comfortable somewhere or in a community regardless of how much I enjoyed it.

Jasper (they/them). Mostly the whole country [is unsafe] (aside from small online communities).

Sam (he/they). [I've found] certain local nonprofits that may espouse values of inclusion but do not have neurodivergent representation on the board or small businesses or nonprofits run by more neurotypical or non-ally folk who are led by financial pressure and strain to exploit neurodivergent people [are not safe].

Erdu (she/her). Not really ever safe... but closer [to safe] with LGBTQIA+ (despite not being LGBTQIA+), common interest clubs, or the library.

Sai (he/him). I am not sure what it means to be neurodivergent-safe. I am not aware of a place or community where being vulnerable and disclosing information about yourself isn't a risk.

Meg (she/her). Work places, social places, most anywhere there are people [is unsafe].

Ember (any). I don't feel especially neurodivergent-safe in stores, malls, or other places dominated by capitalism. I don't feel especially safe in terms of neurodivergence in places or communities where the majority of the people have had (or think they have had) similar backgrounds and similar life experiences. For me, these are places where people don't talk about what's real or what's going on; conversations feel more superficial and performative.

Chase (they/them). I constantly feel the need to explain myself in both senses. I appear strongly masculine now in terms of my physical gender presentation, so whenever I feel close enough to someone to come out as non-binary it's a whole slew of explanations. My neurodivergence also requires a lot of explanation, as I don't particularly fit into the gendered terms that are currently used to categorize autism and ADHD and also the simple fact of being neurodivergent means my behavior appears startling to others.

Ana (she/her). Everywhere [is unsafe]. You always have to conform to others and adapt to others, never the reverse. Others like being loud? Than you have to take it and it's rude of you to not like it. [Normative expectations are] way more important than making you actually physically uncomfortable. You are the rude one and you have to adjust.

Jay (he/him). Honestly, my home [isn't safe]. I don't feel safe anywhere, really.

Zack (any). Anywhere in the outside world [isn't safe], I don't think it's the same for all neurodivergent people but any public space is nearly impossible to go in.

Kat (she/her). Leadership, like corporations or healthcare, academia [aren't safe]; much of the world, to be honest.

Em (she/they). You will find someone who is not safe in every single place and community imaginable. As someone who coordinates supports for autistic individuals, I have worked with a boss who said the R slur and talked down on the individuals, I have families who have laughed when I asked if their autistic family member wanted to register to vote or try for employment or volunteering. The existence of Autism Speaks, an organization that is working on a cure for being who I am, and ABA, a behavioral support approach that tells people the way they do everything is wrong, are just the start of why, without proper education and awareness, there can never be safe communities and places for neurodivergent individuals.

Mo (they/them). [*In response to the question, "What places or communities are not neurodivergent-safe" simply responded:*] All of them.

My interlocutors have demonstrated that they do not feel safe in the world. As a whole, I would argue that the structures of neuronormative society are hostile to neurodivergent people, almost by definition, and neurodivergent individuals are acutely aware of this reality. While the previous standard may have been "conform or be institutionalized (or "exterminated")," neurodivergent individuals continue to encounter this "conform or else" predicament. The "or else" now is more often suffering lifelong financial insecurity, loss of employment, housing instability, loss of relationships/friends/partners, social isolation. None of these "consequences" are meaningfully protected against and for most there is no substantial tangible place of refuge or identifiably predominately neurodivergent communities.

At the same time, organizing work is being done to establish in-person neurodivergent community spaces; though at present most neurodivergent individuals find refuge in virtual spaces or find nothing and remain highly isolated. In 2019 the Greenleaf Neurodiversity Community Center was launched in Austin, Texas (Greenleaf NCC, n.d.). A similar project in Lafayette, Colorado called the Neurodiversity Community Center likewise opened in 2024 (Grajeda, 2024). There are many autism centers, but the greater portion of these are run by allistic people ascribing to the medical model, often touting ABA practices, and limiting their

focus to a single pathology. For now, most neurodivergent people make do with their virtual connections or find some safety in other nonnormative spaces like the queer community where many people already are neurodivergent (although interlocutors had mixed experiences in this regard, finding allistic queer spaces to be equally hostile).

While there is a desire for the benefits of access to safe in-person community spaces, it is important to reiterate the benefits of virtual accessibility. We should not necessarily think of virtual space for this community as inherently more limited than in-person spaces when, for many, it is their only access to other neurodivergents and deep connections can and are built through these platforms. As the following interlocutors noted when asked if they felt connected to the neurodivergent community.

Jules (she/her). I absolutely feel connected to the neurodivergent community - on reddit mainly - turns out most of my friends are ND or suspected ND.

Anastasia (she/her). Only through the internet, or if I specifically seek it out in real life which I rarely do.

Matthias (he/him). Yes, I do. I have many friends who are part of the community and I am part of several online groups as well.

However, the overwhelming majority of my interlocutors noted that they largely feel disconnected from the neurodivergent community. They wished that there were neurodivergent - safe physical spaces available to them and recognition of their identities and needs beyond the internet. Many were prone to neuroqueer negativity, feeling wholly isolated and despairing that there is any place where they might find connection at all. Indeed, virtual spaces might make neuroqueer communities even more susceptible to ableism due to their widespread accessibility. Debbie Ging (2017) discusses these technological affordances of social media, highlighting how while the transnational nature and opportunities for connectivity in virtual spaces may foster solidarity among minority groups, these same capabilities also amplify hegemonic violences and

validate narratives of victimhood for cisgender, white, male, Anglophile individuals. Despite the prevalence of diverse and often harmful hegemonic opinions in social media spaces, virtual communities serve as crucial sources of connection and identity formation in the absence of dedicated neuroqueer third spaces. We may also consider that while social media algorithms often favor white Anglophone voices and facilitate the spread of harmful ideologies and social structures, many in-person community spaces and nonprofit organizations face similar hegemonic challenges and may perpetuate their own damaging moral license (Felner, 2018; Heckler, 2023). They too can be influenced by socio-economic power structures that favor white, male dominance (Danley & Blessett, 2022). Moreover, these physical spaces contend with the slower dissemination of ideas and the risk of forming echo chambers due to geographic limitations, mirroring the ideological echo chambers of social media (Kinsella et al., 2018; Martin & Webster, 2018). Nevertheless, I would argue that virtual neurodivergent communities can be viewed as reparative spaces, where community and ideology are constructed from a shared experience of oppression and violence.

Many Facebook Groups reflect this reparative attitude in their titles and content, opting for humorous outlets for those who share these often otherwise isolating experiences. Groups like “Feral Neurodivergent Raging Meme Posting” and “Neurodiverse Multiverse” often encapsulate this reparative read of neuroqueerness through their highlighting of neurodivergent joy, positive affect, and satire.



Figure 4. Facebook post reading: “I still don’t know why part of autistic/adhd diagnosis isn’t putting you in a room with someone already diagnosed and seeing how quickly you bond. With comment: Because that would make too much sense.

For example, Figure 4 shows in a satirical format a way in which neurodivergent people understand themselves to be both outcast by neurotypical social expectations and equally “normal” within neurodivergent contexts. This concept goes back to the understanding that neurodivergents do not in fact have a social deficit, as the medical deficiency model would have us believe, but socialize nonnormatively. Neurodivergents’ ability to get along with and easily socialize with other neurodivergents is one to the most glaring pieces of evidence refuting the deficiency model.

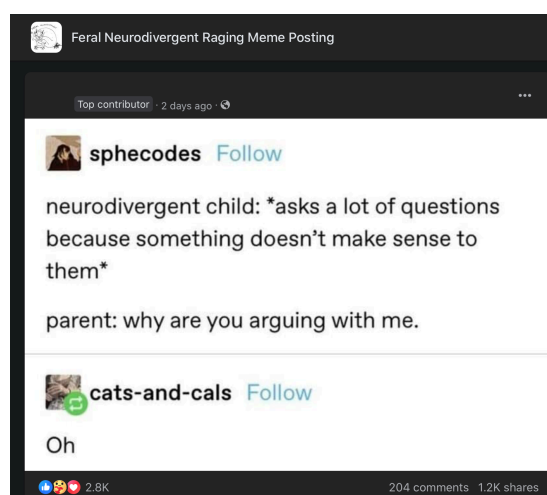


Figure 5. Facebook post reading: “neurodivergent child: *asks a lot of questions because something doesn’t make sense to them*”; parent: why are you arguing with me.” With reply: “Oh”.

Again, in Figure 5, neurodivergent humor cuts to the heart of their own marginalization. They bring recognition to their own neuroqueerness, as it is this ability to ask questions and *neuroqueer* assumptions that sets them apart as “abnormal”. This is the heart of both neurodivergent isolation and the foundation of their community as neurodivergents ponder, reflect, and neuroqueer together. It is therefore not neurodivergence but neuronormativity which creates the “dysfunction” of neurodivergence. Where neurodivergent individuals are able to create their own spaces, however, this “dysfunction” disappears.

Dissociated Gender: Gender from a DID Perspective

A focused analysis of Dissociative Identity Disorder (DID) within the context of gender provides intriguing insights into the construction of gender and identity. This perspective diverges from the broader view of neurodivergence to explore a DID perspective of gender. I consider this perspective to be intriguing as a neuroqueer model of gender conceptualization which may provide insight into how concepts of gender and identity are constructed. Moreover, while neurodivergent discourse often centers autistic and ADHD experiences, influenced largely by critical autism studies, examining DID allows me to expand beyond this focus. I chose DID because of the unique insight into gender and identity construction afforded by the specific experiences of DID systems and because I already happened to have a close relationship with one DID system.

Although my surveys only yielded 3 interlocutors with DID (all of whom were also autistic) my conversations with one interlocutor in particular, my roommate, have been extensive. I furthermore, conducted extensive virtual field research within DID subreddits. In a more autoethnographic sense I take the time to evaluate gender and DID because of its unique reflection of how gender is perceived, constructed, and performed within individual experience.

I first met E. in undergraduate college. We became fast friends and at the time they were unaware of their DID, believing instead that they had Tourette's Syndrome (also frequently co-occurring with Autism) on account of their random outbursts which are now understood to have been one of their littles (a child alter) forcing a front. "Fronting" is a term used to describe which "alter" or "part" is generally operating the body at the time. While there is far more on the subject of DID and my friend's particular journey discovering and developing relationships with their alters, and indeed my growing friendship with each alter as well, there is hardly space for all of that. I contain this section to E.'s gender identity and that of their alters.

E. is nonbinary, they use they/them pronouns both because of its gender neutrality and because it recognizes their pluralism and status as a system. Their system is made up of themselves (the anchor, also known as "host" though they dislike this term), Aster (a little/child alter and gatekeeper, often manages switches between alters), Venna (another little), MM (a caregiver, looks after the littles), Rorian (former persecutor turned protector), Sage (protector), and Mor (protector). Their alters' genders vary. Aster (he/him) is a cisgender boy. Venna is frequently feminine presenting and uses she/it pronouns. MM (she/her) is a cisgender lesbian. Rorian uses she/it pronouns. Sage uses he/they. And Mor likewise uses she/they/it.

While working on this project, I interviewed each alter on their gender identity. It is worth noting that different systems have different gender make-ups. Some are all one gender others are mixed, though it is much more common to see systems with alters of varying genders than those without. This is of particular interest due to current thought on DID wherein alters are conceptualized as "parts" of the singular person or body in which they exist. While the alters exist as complete entities themselves, they are at the same time all pieces of the whole, the system, and none can therefore ever be a true antithesis to another, or be said to be contrary to

the person/system's central nature though they may frequently appear in conflict (International Society for the Study of Trauma and Dissociation, 2011). This bears striking implications to conceptualizations of gender construction as internal-identity and as a preformed social construct.

One question that I found to be frequently discussed within the “r/DID” and “r/DiscussDID” subreddits was: How does one reconcile conflicting gender identities within a system? How do individual alters think about their gender identities? And how does the system as a whole identify within daily life? Interestingly, it seems very few identities or systems as a whole consider themselves to be genderfluid and even alters fronting within a body of the opposite gender do not necessarily consider themselves to be trans even though they are presently within a body that is incongruent with their gender and often experience signs of gender dysphoria. The lack of trans/nonbinary identity in this scenario is likely explained by the function of a system's “innerworld”, an internal projection of place and physicality where memories are stored and alters reside, wherein individuals are more likely to have varied and more gender representative bodies of their own. In this way, one might consider the need to manifest a congruent body within the innerworld as analogous to the singlet (non-systems) need to seek gender-affirming care and practices in their daily lives.

I recorded additional comments from other systems in the above mentioned subreddits on how they reconcile their gender identities in my field notes. Below are some contrasting perspectives and situations:

Juniper System: Our system has multiple genders, but our entire bodymind is a transgender woman. Our totality of existence and how we present to the world is as a woman, but we were born with a male body.

Aspen System: We are all collectively nonbinary. But some have different genders than others, all under the nonbinary umbrella. One alter is genderfluid. Another is genderqueer, and Another

is demigirl. Regarding expression: for the most part the majority of the system is masculine. Two are feminine/femme. And one is strictly androgynous. I think it's because we all passively rub off on each other.

Burr System: I'm a woman, I present as a woman, alters are (including me) six female and one male. We consider the male alter's gender to be a relic of childhood gender dysphoria that was related to our CSA [childhood sexual assault]. I am not aware of any discomfort with our body, clothing, or presentation when he is at the front, but I do not have a great memory for times when he's in front.

Cedar System: We tried using collective labels like genderfluid, genderqueer, bi/pan, queer, etc. but it never made us happy because it felt like we were lying in a way. As of now I tell irl people that I'm a trans man (most of us are men anyway). As for sexuality, I'm okay with letting people believe I'm bi/pan since the previous primary fronter initially came out as that (previous primary fronter now identifies as a lesbian so my system really is LGBT) but I personally am a gay man and don't want to date women (that could change in future, there could be a primary fronter switch again but I barely understand why it even happened in the first place for us)

These systems exhibit diverse views of their own gender identities. For instance, systems like the Burr and Juniper Systems often maintain a cohesive sense of self through majority rule and by isolating trauma-based outliers (in Burr's case). Conversely, systems such as the Aspen and Cedar Systems often find themselves relying upon a more singular presentation or label for daily life while internally noting diverse and expansive identities. Interestingly, systems in my research that identify primarily as 'collectively' nonbinary rather than leading with a cis or binary trans identity tend to show more variance in the gender identities of their alters. This observation resonates with my case study of E., who primarily identifies with nonbinary labels.

Considering the profound affective and sensory experiences of physical 'wrongness' in trans/nonbinary gender-sex congruence, the difference or absence of physical manifestation in DID prompts exploration into what internal sense underpins one's understanding of gender. Rarely can the experience of gender be analyzed without the context of biological sex against which an individual weighs their internal senses to develop or identify their gender identity. The question I am drawn to then is not so much "why is gender-sex congruence needed,"—being

nonbinary myself I understand the deep affective and sensory pain of physical “wrongness”—but rather “what internal sense produces a knowledge of gender, even in the absence of physical manifestation?”

When interviewing members of E.’s system, MM—even as a cisgender woman in a feminine body, both within the innerworld and while fronting—told me that she finds herself “tired of gender”. Playing on Shakespeare, she states that “gender is a stage, and I want off it.” Of course, MM is arguably neurodivergent, and seems to share this reoccurring trend of transgression or rejection of social expectations with many of my other interlocutors. For her, it is not just a desire to step away from “normalcy” but to dissolve her sense and the Other’s perceptions of herself as implicitly gendered in the first place, or perhaps, to disband the Other as a concept. And perhaps this makes sense within the paradoxically dissociative and communal context of DID, wherein consciousness can seem to seek incorporeality, division, and coalescence all at once. At the same time, I would propose the DID perspective of gender as something of a queer model which is uniquely positioned to encapsulate the intangibility of *queer* and *neuroqueer* as concepts which color our theories of gender.

Rorian takes a slightly different position to MM, as she wishes not only to “step off the stage” but to “burn it down.” Rorian embodies her own kind of neuroqueer negativity, although it is perhaps her dissociative ability which truly allows her to envision a world wherein “the stage” of gender can be burned while any mental constructs, including the innerworld, can be largely understood to be very much build upon “the stage” itself. Other systems commenting on this topic have mixed views which tend to split between embracing mix of diverse gender-identities within a system—these people may have any blend of gender identifying alters but do not identify singularly and therefore tend not to identify as genderfluid or non-binary due to the

mix of genders itself—and others aim for singularity either formulating a genderfluid/non-binary identification as a signifier of popular identification, what is easy to explain to others, or working to “train” alters into conformity with a single gender identity, whether this be a non-binary or cis identity. It is worth noting however that of those who have taken the latter approach, many systems note a discomfort with taking on nonbinary labels because of the distinct difference which they sense between singlet genderfluidity and their own. To Rorian’s point, however, one might wonder how gender can be sensed and weighed within the context of surrounding culture, yet still reach affectively for something beyond it. This inquiry probes how individuals may find a sense of self that is constructed in contrast to the Other, as Butler describes in “Giving an account of oneself,” and yet sense that there is a self beyond. One might intuit a “purer” self beyond the shadow of the Other, which dissolves gender as a category yet embraces the diversity of human experience. Current culture interprets this “purer” self into gender in such a neuroqueered way that it loses all meaning.

Diverging from Rorian and Mor’s rejection of social context, Sage’s take on gender is far more communally based. He considers his use of they/them pronouns, in addition to his he/him pronouns, “more of a solidarity thing” which represents his rejection of gendered roles and the AFAB body that the system is a part of while he feels comfortable and certain in his masculine gender identity. Interestingly, he does not consider himself cis, because “the body” is AFAB, but also does not consider himself trans because he’s “always been a dude and it’s been okay like that.” This experience may challenge or otherwise queer the conventional understanding of gender identity, particularly binary identities, as inherently tied to the physical body. Within the neurodiversity paradigm from a DID perspective, this construction of gender around a disassociation from the body suggests an incorporeal element to one’s internal sense or knowing

of gender. Although we might consider the lived experience of alters to be a somewhat exceptional case, Sage's experience seems to reflect the ways in which identity is a composite of innate sense and cultural signs which orient the self as either against or within community through the context of their cultural environment. The perspective afforded by physical disassociation gives further insight into this innate sense of self as something paradoxically within and beyond culture. It is the performance of the pieces of that self-contained something-self packaged and presented within labels of cultural relevance.

When thinking of alters as parts of an individual consciousness, if we want to conceptualize it that way, the division of gender identities is distinctly interesting. While systems tend to have a dominant gender expression, they rarely conform exclusively to one gender. It is therefore possible to also conceptualize singlet gender identity as a composite of parts also of which, when combined, are amassed, weighed against normative gender expectations, and the parts which align most often with the expectations laid out for them determine the identity which they adopt. This concept is deeply consistent with expansive theories of gender which go well beyond binary systems. It also proposes a potential conceptualization of cis and transgender identity which are not explicitly tied to the body, further suggesting that gender is constructed within the mind and not the body—although the body is used to express gender—and that within this DID perspective physical sex and gender identity may not share as close of a relationship as otherwise popularly assumed. One might also consider whether the desire expressed by many trans, nonbinary, and neurodivergent individuals to be perceived as something eldritch, a non-entity, or to not be perceived at all, reflects limitations within the current culturally normative understanding of the gender spectrum or an internal rejection of gender itself.

[Research Discussion "tldr" Outline](#)

My research focused on neurodivergent lived experience of gender. This was investigated through:

- analysis of interviews and surveys of neurodivergent people
- analysis of neurodivergent virtual communities
- an analysis of peoples' experiences of Dissociative Identity Disorder (DID)

Thinking about **performance and passing**, the research asked neurodivergent people about their experience with masking and if masking impacts their gender.

- **Masking** (also called camouflage) is when a neurodivergent person acts neurotypical/normatively.
- It is argued that for neurodivergent people, masking is related to performance of gender. Because gendered actions and presentation must be performed, and because there are expectations for what performance is "normal" or not, it is like masking.
- Because neurodivergent people mask so often, they are more likely to be aware of their own gender performance, and also more likely to question (queer) normal assumptions of what gender should be.

Some neurodivergents also tend to self-pathologize. This is when a neurodivergent person "buys into" aspects of the pathology paradigm either through internalized ableism or cultural oversight (because we live in a world that says neurodivergence needs to be fixed and treated, we assume that it does).

- Some people worry if they are neurodivergent enough to belong in the community. This is a kind of self-pathologization because it assumes that you must check a certain amount of boxes to "qualify" as neurodivergent or that you must be certified neurodivergent by a professional.
- This level of questioning, worrying that one is not "really" neurodivergent, causes distress within the community and to neurodivergent people.
- There are capitalist aspects to self-pathologization because it requires one to go through a commodified medical system rather than relying upon one's own judgment and that of other neurodivergents.

Looking at **transgressing**, we think about how neurodivergent people think of themselves as outside of "normal" and are therefore more likely to identify with other labels that are also outside of normal such as being queer.

- Thinking of yourself as "outside" can be difficult, but can also lead to some helpful thinking. Because neurodivergent people are already "outside normal" they are more likely to think about other things in ways that are also "outside normal."
- Thinking of things in this way is a meaningful strength of neurodivergence.
- This outsideness can also cause a lot of distress. Feeling bad feelings and thinking emotionally painful thoughts about one's own neurodivergence and neuroqueer thought is **neuroqueer negativity**.
- Neuroqueer negativity can be used reparatively by neurodivergent people to build a stronger community and move forward from their oppression.

In **belonging**, a lot of neurodivergents people find online safe spaces because they feel unsafe in other places. Many neurodivergents are limited in how they can be in physical space because things are designed with neurotypical people in mind.

- Neurodivergent people build community online because it is a safe, accessible space
- Some people are working to build neurodivergent-safe community spaces in physical spaces as well

Looking at **DID**, the researcher recounts their experience with their roommate, E. and E.'s alters as well as examining DID community subreddits to examine DID systems' experiences of gender.

- Alters within DID systems exhibit diverse gender identities, challenging traditional concepts. Some alters do not identify as transgender despite differing genders from their body.
- DID may be a framework within which we can better understand neuroqueer theories of gender to complicate and expand understanding of gender identity beyond binary norms.

Conclusion

This study was guided by the central question: *how does the neurodiversity paradigm and neurodiverse identity neuroqueer understandings of gender identity and expression?* Through a rejection of the pathology paradigm and a neuroqueer analysis, I investigated a range of intersectionalities between neurodivergence and gender. This investigation was informed by recurring themes identified in interviews, surveys, and ethnographic research.

In an analysis of gender performance and masking, I posit that the similarities in cognitive process required for neurodivergents to mask is similar to practices of performance and gendered and racial passing. Due to these similarities, I argue that neurodivergent people are more likely to be aware of their own queerness than neurotypical people who are not regularly engaged in masking. Although I evaluate complications of internalized ableism and self-pathologization which might obscure this awareness, I further argue that masking is itself a neuroqueer exercise as it requires a reiterative contrast and cognizance of normative and nonnormative expectations.

It is further argued that in transgression of conformity one might accept their “outsider” status and thereby be more open to exploration of other minority identities such as queer labels. This transgression can lead to both neuroqueer negativity, despair of one’s “otherness” and oppression, and to foundations of neuroqueer community and a reparative affirmation of neurodivergence.

Through a DID-based framework of gender I posit that gender identity may not always be inherently tied to the state of one’s body, and that body congruence is not the sole determining factor for an individual possessing a sense of being trans or cisgender. The variable gender identities of those with DID also suggests the flexibility and diversity of gender within a single

person. Conceptualizing alters as parts of a 'whole,' this framework allows further inquiry into how gender identity is constructed internally and how variably gendered traits or parts might be aggregated into an approximate identity within individuals.

This study has explored the intersection of neurodiversity, gender identity, and neuroqueer perspectives through a critical lens. By rejecting the pathology paradigm and applying neuroqueer analysis, I investigated how neurodivergence shapes understandings of gender identity and expression. Through interviews, surveys, and ethnographic research, recurring themes emerged, revealing how neurodivergent individuals navigate gender performance and masking. These themes have shown how masking is akin to practices of gendered and racial passing. This awareness of queerness within neurodivergent communities contrasts with neurotypical experiences, which are less engaged in masking. Despite complexities like internalized ableism and self-pathologization, masking itself emerges as a neuroqueer exercise, highlighting contrasts between normative and nonnormative expectations and further emphasizing the connections between concepts of queer passing and neuroqueer masking.

Furthermore, this study suggests that embracing 'outsider' status can lead individuals to explore diverse identities, including queer labels, fostering both neuroqueer negativity and the foundation of affirming neurodivergent communities. Lastly, by employing a DID-based framework, I posit that gender identity transcends physical body congruence, offering insight into the flexibility and diversity of gender within individuals. These findings illuminate nuanced intersections and advocate for inclusive approaches to gender and neurodiversity, contributing to ongoing dialogues investigating and celebrating human (neuro)diversity.

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