

Neurodivergence in the Face of “Femininity”: Understanding the Experiences of Those Socialized as Women

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Abstract

Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder have long been considered primarily male disorders. This study seeks to establish an up-to-date account of the experiences of Neurodivergent individuals who are women, assigned female at birth, or both. Through interviews with ten individuals, the author found themes related to comorbidities, interpersonal relationships, masking, unmasking, and gender.

Findings led to the author’s conclusion that long-term adverse effects are related to the overall quality of life and sense of self if the conditions outlined in this paper go undiagnosed and untreated. For a better understanding of Neurodivergence, an updated recognition of ADHD and Autism is needed, especially in women and individuals assigned female at birth.

Keywords: ADHD, Attention Deficit Hyperactivity Disorder, Autism, Autism Spectrum Disorder, Masking, Unmasking, Gender, Women, Assigned Female at Birth, Neurodivergent, and Neurodivergence.

Introduction

For decades it has been believed that women are incapable of being Autistic or having ADHD, and even now, teachers, doctors, psychiatrists, friends, and family will miss prevalent signs that a girl or a child assigned female at birth (AFAB) may be Neurodivergent. This failure of recognition by professionals and families may be due to a lack of knowledge and adequate representation.

This research aims to investigate potential reasons for this phenomenon and document how Neurodivergence presents itself in AFAB people and women due to the social environment surrounding them as they grow up. The paper will also explore the societal expectations imposed by gender roles and how these expectations may exacerbate and worsen a Neurodivergent person's experience and quality of life.

The Diagnostic and Statistical Manual (DSM) has historically defined symptoms of disorders as they stereotypically present in males. Women and those assigned female at birth (AFAB) have often been socialized as girls - a process by which an individual internalizes their prescribed gender role as they interact with various key agents of socialization such as family, school, and other social institutions - and they go unseen, and important diagnostic information is missed. These phenomena further isolate and traumatize those individuals, who are left to navigate on their own and are often weighted down with expectations of conformity - i.e., Neurotypicality. Once diagnosed (if ever), there is often a mix of validation, relief, and grief - the juxtaposition of finally having an explanation for the unknowns and their quirks while also grieving the knowledge that they are living in a world that is not made for them. The journey of discovering themselves after discovering that they are Neurodivergent is often profoundly emotional, isolating, confusing, and traumatic.

Autism Spectrum Disorder (i.e., "Autism") is a developmental disorder characterized by difficulties with social interactions and communication alongside repetitive and restricted patterns of thought and behavior, as outlined in The Diagnostic and Statistical Manual of Mental Disorders. Attention Deficit Hyperactivity Disorder (i.e., "ADHD") can be defined as "a persistent pattern or inattention and hyperactivity, combined with impulsivity, that interferes with functioning or development."¹ Autism and ADHD are just two facets of Neurodivergence under a much broader umbrella, and there is not necessarily consensus on where the line is drawn (i.e., what is and is not considered Neurodivergence). While "Neurodivergent" encompasses a wide range of neurotypes, my research will focus primarily on those who are Autistic, have ADHD, or both.

Many Neurodivergent individuals mask their symptoms to appear "normal" or otherwise Neurotypical in public and social settings. Masking is defined by suppressing "stims" such as hand flapping, rocking, fidgeting, avoiding eye contact, and talking without a "filter." It is primarily a result of Neurodivergent individuals trying to fit in with what is deemed socially acceptable by society. When a Neurodivergent individual is masking, continuous effort is required to do things otherwise taken for granted, such as maintaining eye contact, standing still, not talking out of turn, or displaying the appropriate facial expressions. In addition, because our society places high value on conformity and sameness - especially in professional settings - Neurodivergent people have to work to avoid alienation or becoming outcasts from their social circles.

Women and those socialized to be girls as children are especially prone to masking, as the gender expectations surrounding being assigned female at birth (AFAB) place more constricting societal expectations upon them than those assigned male at birth (AMAB). This forced masking is damaging, requiring constant and intense concentration and effort. It is typically more socially acceptable for an AMAB Neurodivergent person to stim in public or act in a "Neurodiverse" way without being socially shunned as an outcast. Women and individuals assigned female at birth are automatically indoctrinated into masking from a very young age, specifically when they experience rejection from others when expressing or displaying Neurodivergent qualities. In contrast, cisgender boys and men, or those that "pass" as male, are typically allowed more leniency to act out on their Neurodivergent qualities because of the social consensus and acceptance that "boys will be boys" and thus are allowed to take up space.

Masking is exceptionally harmful to Neurodivergent individuals, as it can lead to burnout, chronic pain, and an increase in comorbid symptoms such as anxiety and depression, among other things. In addition, this extreme pressure to mask can also delay or entirely inhibit a Neurodivergent person from getting diagnosed, which in turn means a lack of much-needed access to accommodations and support and a lack of literature on Neurodiverse AFAB individuals and women.

For many masked Neurodivergent people, avoiding detection involves learning to conform to the role that society has forced onto them, specifically with gender roles and their corresponding expectations. This conformity manifests efficiently and systematically in the form of gender scripts as the Neurodivergent adolescent learns the language of gender performance as a means of masking effectively. Gender scripts are structures created by social

norms that individuals are encouraged to follow based on their assigned gender at birth, and many Neurodivergent women develop the social scripts of femininity in girlhood. This perpetual imitation of the girls and women around them inhibits the development of a true sense of self, separate from gender identity, as the imposed social norms do not allow for self-exploration.

Some Neurodivergent women and AFAB individuals can “hide in plain sight” by developing their particular interests in traditionally feminine things such as makeup or fashion. The consequence of this devotion to gender as a performance, however, is that masking *so well* for *so long* may cause them to become unable to separate themselves from the mask. The Autistic traits are drowned out in hyper-femininity since the Neurodivergent girl often experiences bullying for expressing Autistic traits that Neurotypicals perceive as traditionally “masculine.” For example, speaking with a steady/low pitch, minimal smiling, acting rambunctious or otherwise “disruptive,” liking math and science, dressing only in comfortable clothing, or acting like a tomboy - all of which puts the Neurodivergent girl at risk of being bullied at best and socially alienated at worst.

The problem, though, is that being Neurodivergent makes it so that acting out social constructs, roles, and expectations does not come naturally, and so the effort which it takes to perform the mask becomes overwhelming and ultimately plays a significant role in what is known as “burnout,” which can manifest in several ways. The question, then, is how do gender role expectations affect Neurodivergent women and AFAB individuals, and how does gender play a role in how they navigate societal stereotypes and expectations? The foundations for this question lie in the belief that Neurodivergent women and AFAB people are likely to experience more hardships and difficulties than Neurodivergent AMAB people, as AFAB individuals are significantly less likely to receive a proper diagnosis, accommodations, and support. So the point of posing this question is to illuminate the damaging effects of growing up as an AFAB Neurodivergent individual in our society and to explore the experiences of said individuals (i.e., masking, accommodations, and societal acceptance) through the lens of gender.

The stigmas and stereotypes surrounding the Neurodivergent community - specifically as an AFAB person - are incredibly damaging and contribute to upholding the values of an ableist society. Our society does not allow space for Neurodivergent people - especially those assigned female at birth. Neurodivergent AFAB individuals are socialized to their detriment due to constraining societal expectations and values. In turn, this causes the Neurodivergent AFAB person to mask their Neurodivergence in order to live up to the expectations of those around them.

Literature Review

While some previous publications on ADHD and Autism have discussed findings related only to male children, others have reported findings from studies of both males and females. However, few have illustrated the intersection of ADHD and Autism - let alone in women and those assigned female at birth (AFAB). Previously, the primary focus of these studies has been on the gender binary and has scarcely acknowledged or addressed those that are transgender, nonbinary, or otherwise gender non-conforming. With that said, over half of the compiled sources acknowledge and address prior under-recognition and diagnosis in Autistic women and women with ADHD.

This review will be fundamental to understanding the definitions and current use of the following key terms. These terms are ADHD, Autism Spectrum Disorder (ASD), and **Neurodivergence**, a descriptive, not a medical, term used to differentiate brain development in some individuals, which differs from more “typical” brain development in others. For this paper, the term Neurodivergent will be used to describe individuals who are Autistic, have ADHD, or both.

According to the National Institute of Mental Health, ADHD, also known as Attention-Deficit/Hyperactivity Disorder, is marked by ongoing inattention, hyperactivity-impulsivity, or a combination of the two that interferes with functioning and development. The National Institute of Mental Health defines Autism Spectrum Disorder (ASD) as a neurological and developmental disorder that causes difficulties in social interaction and communication and manifests repetitive and restrictive thoughts and behavior patterns. This literature review and subsequent research will add needed data and understanding to the experiences of Neurodivergent women and AFAB individuals.

Social outcomes, overall quality of life, long-term effects of going undiagnosed or receiving a late diagnosis, and effective diagnostic criteria and treatment strategies for ADHD and Autism in women are still mostly unknown, as previous research focuses primarily on male adults and children. In addition, the first studies on ADHD and Autism Spectrum Disorder were conducted in the 1970s, which consisted mainly of boys - this meant that the criteria and symptoms listed later in the DSM would be more applicable and more easily recognized in boys than in girls.

Debunking Myths about ADHD

While it has been previously thought that ADHD is predominantly a male disorder, it is now understood that the number of women with ADHD is approximately equal to that of men.² Evidence is mounting, indicating significant sex differences in the symptom profile, neuropathology, and clinical course of ADHD. Although it has been documented that females with ADHD differ from males in fundamental ways, almost no research exists that evaluates differences in treatment response. Given the subtle but essential differences in the presentation and developmental course of ADHD, it is most important that both clinical practice and research are informed by knowledge of these differences. Such awareness of differences will improve the quality of care for girls and women with ADHD. In 2017, researchers Langvik & Holthe conducted a study titled *The strives, struggles, and successes of women diagnosed with ADHD as adults*, addressing the experiences of late-diagnosed women with ADHD. This study also acknowledged that most women studied were diagnosed late in life due to the myth of ADHD being a male disorder.³

Three years later, in 2020, a study conducted by da Silva, Malloy-Diniz, Garcia, and Rocha addressed the same phenomenon, offering more evidence that ADHD is not only equally as common in males as in females but that failing to recognize and diagnose ADHD in girls and women produces detrimental repercussions to the overall quality of life for those individuals.⁴ Da Silva also addresses the masking and suppression of symptoms: behaviors that tend to be more common in women. This masking or suppressing of disruptive, hyperactive, impulsive, and disorganized behaviors associated with ADHD is because these behaviors are known to violate social norms and constructs of femininity.⁴

Findings from this study conclude that girls with ADHD have higher levels of anxiety, stress, and depression than boys and that women with ADHD are more likely to suffer long-term symptoms of ADHD than men.⁴ This study also found that when ADHD remains undiagnosed, self-actualization and access to treatment are lost. In addition, undiagnosed and untreated women often suffer from low self-esteem due to repeat failure, alienation, and feelings of inadequacy. There is also an associated increased risk of developing other comorbidities such as anxiety, depression, sleep disorders, eating disorders, and substance abuse disorders.⁴

The Evolution of Research Regarding ADHD

Several studies on ADHD suggest that children with ADHD have emotion-processing deficits. The children in these studies performed worse than typically developing children on emotion recognition tasks. Most of these studies, however, have focused on recognizing facial expressions, while there is other evidence that context plays a significant role in emotion perception. In 2009, a study by Da Fonseca, Segui, Santos, Poinso, and Deruelle aimed at further investigating emotion processing in children with ADHD by assessing not only facial emotion recognition (Experiment 1) but also emotion recognition based on contextual cues (Experiment 2).⁵ Twenty-seven children and adolescents with ADHD were compared to age-matched typically developing controls. The conclusion of this study proposes that emotion-processing difficulties in children with ADHD extend beyond facial emotion and affect the recognition of emotions based on contextual information. However, this study was too broad in scope, as many earlier studies lump boys and girls together while simultaneously reinforcing the gender binary.

The Wehmeir, Schacht, and Barkley work conducted in 2010 described how the social and emotional impairments involved in Attention-Deficit/Hyperactivity Disorder affected the quality of life of ADHD patients and their families.⁶ Three categories describe and show the differences among the emotional difficulties of the subjects and the different ways these difficulties affect the quality of life. However, the study is not specific to the female experience and is broad in its scope when looking at the outcomes of living with ADHD.

Consequences of Going Undiagnosed or Diagnosed Later in Life

In 2010, a study was conducted on late adolescent girls and young adult women diagnosed with ADHD in childhood. Researchers selected fifty-eight women from a longitudinal study on ADHD wherein delinquency patterns, interpersonal relationships, academic achievement, substance use, and job performance were reviewed. Conclusions from this study suggest that girls and women with ADHD experience more significant difficulties in

late adolescence and young adulthood compared to their non-ADHD female counterparts.⁷ Compared to non-ADHD girls and young women, participants in the study reported more conflict with their mothers and greater difficulty maintaining romantic relationships. Subjects in the study also experienced more depressive episodes. This study has contributed to a greater understanding of the long-term outcomes of women diagnosed with ADHD in childhood. However, a shortcoming of the study is that it does not compare the outcomes of women diagnosed in childhood to those never diagnosed or diagnosed later in life. Further research is needed to explore the outcomes of women diagnosed with ADHD later in life (i.e., past young adulthood).

Fuller-Thompson, Lewis, and Agbeyaka worked to develop sociodemographic and health profiles of women who self-reported having Attention-Deficit/Hyperactivity Disorder (ADHD).⁸ These profiles were compared to those of women without ADHD. Chi-square tests and logistic regression analyses were conducted on data from the nationally representative Canadian Community Health Survey-Mental Health, comparing 107 women aged 20 to 39 years (inclusive) with ADHD to 3801 without ADHD.⁸ Researchers concluded that women with ADHD had three times the prevalence of insomnia, chronic pain, suicidal ideation, childhood sexual abuse, and generalized anxiety disorder and double the prevalence of substance abuse, current smoking, depressive disorders, severe poverty, and childhood physical abuse when compared to women without ADHD. Furthermore, even after adjustments for age, race, education, and income, women with ADHD had much higher odds of having many problems. These results show that women with ADHD are particularly vulnerable to early physical and mental health problems.⁸

Langvik and Holthe worked to understand further the experiences of women with Attention-Deficit/Hyperactivity Disorder (ADHD).³ This study gives special attention to the roles of stigma and gender-specific issues. In-depth interviews were conducted with five women aged 32 to 50, all of whom had been diagnosed with ADHD as adults. The interviews were analyzed according to themes. These themes were: 1. Unidentified childhood ADHD to adult diagnosis, 2. Current symptoms and challenges, 3. The conflict between ADHD symptoms and gender norms and expectations, 4. The stigma of ADHD: "People think it is a fake disease," and 5. how participants were managing ADHD symptoms and identified strengths. Despite the difficulties experienced, all participants were highly educated and employed.

These subjects differed from those more often described as ADHD individuals who were "hyperactive, disruptive, or globally impaired."³ The participants were reluctant to disclose their diagnosis due to fear of negative judgment and lack of understanding from others. These findings highlight the importance of recognizing and categorizing ADHD as a severe disorder that causes continuing and increasing impairment in multiple areas for these adults. This study concluded that gender-specific issues of ADHD need to be examined further, particularly the challenges associated with motherhood. Stigma and the conflict between ADHD symptoms and gender norms complicate women's experiences living with ADHD.

A study conducted by H. Shaw in 2021 addressed ADHD in women and the stigma and stereotypes associated with the diagnosis. The researcher of this study looked at students' responses to the stigma surrounding ADHD, as well as whether or not they felt compelled to mask their symptoms. Findings indicated that while students did mask some of their symptoms, they found that they compensated by befriending other Neurodivergent individuals and were geared towards self-acceptance.⁹

Recognition of Gender Differences

Researchers noted gender differences regarding ADHD, as Fedele, Lefler, Hartung, and Canu demonstrated in 2010.¹⁰ Based on the data compiled, researchers concluded that there are distinct differences between women and men with ADHD. They also found that women with ADHD had higher rates of hyperactivity, paid attention less, and suffered from more significant impairments related to home life, social life, education, and money management. They also appeared to struggle more with general life activities. This research project consisted of 874 college students from three different universities. This study may not represent the total population of individuals with ADHD, however, as the population age range for this study is narrow. However, such results are relevant and essential when reviewing deviations in Neurodivergence based on sex.

In 2014, Quinn and Madhoo worked to describe the clinical presentation of ADHD in women and girls.¹¹ They also studied what factors would influence diagnosis and treatment. Attitudes about ADHD among individuals with ADHD and "knowledgeable informants" (e.g., families, teachers, colleagues) varied based on the diagnosed individual's gender. Quinn's and Madhoo's conclusions indicated that females with ADHD may develop more successful coping strategies than males to mask their symptoms.¹¹ They also found that anxiety and depression, common comorbidities in female patients with ADHD, can lead to missed or misdiagnosed results.¹¹ If not correctly diagnosed and treated, girls with ADHD may experience the same negative consequences as boys, such as poor

academic performance and behavioral problems. Some issues related to hormonal effects on ADHD expression and treatment response experienced by women and girls. This study concluded that an accurate ADHD diagnosis in women and girls requires establishing a history of symptoms and understanding their gender-specific presentation.¹¹

Autism, like ADHD, had been previously considered to be a primarily male disorder up until the last decade or so. In 2014, Moysse and Porter studied the unrecognized difficulties Autistic girls face in school.¹² These included incidents of 1. Autistic girls masking their needs for support 2. Current misunderstandings of Autism in girls by some teachers, including the lack of support, emphasize a need for teachers to understand how Autism presents in girls so that they may meet their support needs 3. Presentation of Autism in girls: (a) It needs to be understood that the phenotype for girls is different - with both distinct presentations and needs (b) Girls may develop a mask to overcompensate for difficulties socially, including becoming observers/“social chameleons,” as well as internalizing aggression and anxiety. Girls may attempt to mimic socially expected behaviors based on gender (e.g., assume the female gender role) 4. Extreme behavior differences at school versus behavior at home when the mask comes off, as Autistic individuals find masking exhausting. 5. Girls are often diagnosed later in life than boys and are usually misdiagnosed at the first attempt at diagnosis. 6. Key challenges at school: (a) In class, children are placed in group/collaborative settings where they must navigate complex social situations. (b) Transitions within and around the classroom (e.g., from subject to subject, recess, and lunch). (c) Autistic girls tend to take control during play as a coping mechanism for missing or not understanding playground etiquette. (d) Sensory issues and sensory overload can also negatively affect academic performance in Autistic girls (i.e., too loud in the classroom, clothes are too itchy or do not fit properly, or hands sticky from an activity/lunch). These six significant themes uncovered by researchers illuminated a unique presentation of Autism specific to gender roles and expectations and the direct consequences.¹²

Building off the study by Moysse and Porter, Gould sought to address questions such as: does Autism present differently in females? Do females mask their symptoms better than males? Are professionals less likely to diagnose females even when diagnostic behaviors/symptoms are prevalent?¹³ Previous research has focused mainly on children rather than adults and boys rather than girls. Autistic girls were reported to “look normal” (i.e., look like their Neurotypical female counterparts), as well as the fact that observers had a more challenging time pinpointing Autistic girls (likely due to their masking). With that said Autistic girls - despite their masking - still had social difficulties adjusting behavior to meet the social norm. This lack of visibility for Autistic girls despite their difficulties makes them a vulnerable group that often does not have access to proper support and accommodations. As a result, they blend in enough to go unrecognized despite their apparent social deficits.

Van Wijngaarden-Cremers noted that in childhood (development), psychopathology is seen far more often in boys, while from adolescence onwards, psychopathology appears to be more prevalent in women.¹⁴ Nevertheless, this vision has become unsustainable in recent years. Developmental disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) are still more often identified in boys than in girls. Disruptive behavior in boys is striking, raises more concerns, and often leads to referrals.¹⁴ In adulthood, however, the prevalence of developmental disorders in both sexes is similar. This phenomenon could be because more boys than girls are “cured” of their developmental disorder and have fewer problems in adulthood.¹⁴

On the other hand, it is far more likely that developmental disorders in girls are less well recognized. By not acknowledging developmental disorders behind a façade of traumatization or addiction or another wrong diagnosis (e.g., Borderline Personality Disorder instead of ADHD or ASD), many women are restricted from adequate treatment and experience unnecessary suffering for a prolonged period.¹⁵

Researchers Milner, McIntosh, Culvert, and Happe explore the gender gap concerning Autism and documented Autism presentation in women to minimize the male bias surrounding current diagnostic criteria and treatment.¹⁶ In addition, this study inadvertently highlighted the distinct experiences of Autistic girls and women. This research project illuminated four main themes surrounding Autism in women: 1. The effort to fit in with the ‘norm’ (i.e., “masking”) 2. Identifying potential obstacles (pressures placed on girls/women by society to fit in) 3. Illuminating the weight of others’ perspectives and perceptions (exerting effort towards masking to fit in with peers) 4. Listing positive aspects of being Autistic.¹⁶

The “Female Phenotype” of Autism

Bargiela, Steward, and Mandy used Framework Analysis to investigate the female Autism phenotype and its impact on the underrecognition of Autism Spectrum conditions in girls and women.¹⁷ Fourteen women (aged 22–30 years) diagnosed in late adolescence or adulthood gave in-depth accounts of: ‘pretending to be normal’ (i.e., masking) and

how their gender led various professionals to miss their Autism; and conflicts between Autism and traditional feminine identity. In addition, data gathered included descriptions of sexual abuse. These data reflected that specific vulnerabilities resulted from the subjects in the study being female with undiagnosed Autism. Researchers concluded that training would improve teachers' and clinicians' recognition of Autism in females so that timely identification can reduce risks and promote more well-being of girls and women on the Autism Spectrum.¹⁷

In 2019, Zener reviewed the barriers girls and women face in receiving an accurate and timely Autism diagnosis. The journey to late-in-life diagnosis was explored with a focus on mental health and well-being. The aim was to improve the awareness of the female Autism phenotype and to provide access to early identification and appropriate support and services.¹⁸ Zener is experienced in individual, couple, and family therapy, specializing in girls and women with Autism - such experiences informed the paper. Research on co-occurring mental health experience and diagnoses were reviewed and combined with case examples to outline themes leading to and obscuring the diagnosis of Autism.

Conclusions from Zener's findings established that females with Autism were less likely to be diagnosed or were identified much later in life than their male counterparts.¹⁸ Living with unidentified Autism places significant mental strain on adults, particularly females. However, a late-in-life diagnosis is valuable for adults and can improve self-awareness and access to limited support. In addition, mental health professionals can develop a better understanding of the overlap between Autism and psychiatric conditions and should consider Autism in females who are seeking intervention. This article provided a clinical approach to working with Autistic girls and women, and such knowledge can complement existing research literature and help to build a greater understanding of the female Autism phenotype.

Hull, Petrides, and Mandy sought to explain why women tend to be diagnosed as Autistic less often than men. The authors also sought to disprove a previous belief that women are simply "less likely" to be Autistic than men. Based on their findings, these researchers concluded that those born of the female sex do not always display agreed-upon manifestations of being Autistic. Therefore, females are still less likely to be diagnosed as Autistic than males.¹⁹ The study also evaluates the "female Autism phenotype" and how "masking," more common in females, contributes to being underdiagnosed or misdiagnosed. The relevance of this study is that it increases understanding of the social implications of being Autistic to an assigned female at birth (AFAB) individual, specifically regarding the significance of "masking."

Masking: The "Why" and Consequences

Although some prior studies mention the phenomenon of "masking," Haele closely examined the evidence that "some people with ASD try to camouflage or compensate for their difficulties." The data collected indicated that the price paid by masking caused emotional, cognitive, and physical distress. The definition of compensation - i.e., "masking" was defined as "the processes contributing to the improved behavioral presentation of a neurodevelopmental disorder, despite persisting core deficit(s) at cognitive and neurobiological levels."²⁰ According to Haele, researchers have found that masking Autistic characteristics lead to adverse outcomes, such as exhaustion, lack of support, and feeling like the true self is hidden.²⁰

The main reason for masking was the desire to assimilate and conform to society and its norms. Often, subjects felt that they needed to "blend in with the normals" to be accepted, and many camouflaged their Autistic traits or behaviors to get a job or similar opportunity. In addition, some also did it for their physical safety and well-being: several reported being ostracized, verbally or emotionally abused, or even physically assaulted. The other primary motivation was to connect with others, build relationships, and reduce the stress of fearing they would say or do the wrong thing in a social situation. As a result, behavior mimicking was practiced, and other behaviors were suppressed, such as maintaining eye contact and exhibiting "appropriate" facial expressions.

This study also addressed the consequences of inadequate identification and treatment, such as masking so effectively that others did not see or understand that the subjects needed help and support. "By far the most consistent consequence of camouflaging described by respondents was exhaustion."²⁰ Camouflaging was described as "mentally, physically, and emotionally draining; requiring intensive concentration, self-control, and management of discomfort."²⁰ People with ASD who camouflage also reported misrepresenting their true selves and lying to others, negatively affecting their self-perception and self-esteem. Some felt relationships they developed while camouflaging were "false" because they were based on deception, and others "felt that by hiding their [ASD] characteristics, they were betraying the [ASD] community as a whole."²⁰

Also, in 2019, Cage and Troxell-Whitman studied what comprises "camouflaging" or "masking" to "pass" in social situations. Their research found that camouflaging behaviors are common in Autistic people and that these

behaviors may negatively impact mental health. This study examined the reasons, contexts, and costs of improving the understanding of camouflaging. 262 Autistic people were asked to answer questions on measures of camouflaging behaviors, camouflaging contexts (e.g., work vs. family), camouflaging reasons (e.g., to make friends), and mental health symptoms. Results of this exercise indicated a gender difference in reasons for camouflaging, with Autistic women more likely to endorse “conventional” reasons (e.g., getting by in formal settings such as work). In addition, both are camouflaging across contexts and ‘switching’ between camouflaging in some contexts but not in others. These phenomena were related to poorer mental health.²¹ These findings add to the literature which seeks to understand camouflaging in Autistic adults.

Pearson and Rees discuss Autistic masking as an emerging research area. So far, they say, research has suggested that masking harms Autistic people. They point out that masking relates to general social practices (such as identity management) and is often driven by stigma avoidance.²² These researchers contend that many non-Autistic people also experience stigma, which could drive them to suppress aspects of their identity. Thus, Pearson and Rees investigate similarities and differences in the masking experience among Autistic and non-Autistic people. Thematic analysis revealed that some aspects of masking are shared across Autistic and non-Autistic people, such as utilizing mimicry of others as a social strategy or feeling exhausted from masking. In addition, all groups reported that masking made them feel disconnected from their true sense of identity.²² Some aspects of masking, however, appeared to be more specific to Autistic people, such as sensory suppression, and sometimes, masking led to suicidal ideation.²²

Findings from this study theorized that many aspects of masking are experienced across different neurotypes and are likely related to outside perceptions of difference and stigma. Thus, the authors concluded that what is called ‘Autistic masking’ is similar to other forms of stigma management. According to these authors, some aspects of masking appeared specific to the Autistic neurotype (e.g., suppression of stimming) and should be explored further to support Autistic people recovering from the negative impact of masking.²²

Gaps in Current Research

While significant headway has been made regarding the recognition of Autism and ADHD in women and how it presents - researchers have noted the covariance of pressure to mask in order to perform social norms successfully. Late diagnosis or a lack of recognition in women has caused there to be limited research on nonbinary and otherwise gender non-conforming individuals who are assigned female at birth.

Of the few studies regarding the relationship between gender non-conformity and Autism, Kallitsounaki and Williams studied the overlap between Autism Spectrum Disorder (ASD) and gender dysphoria/incongruence (GD/GI). This review showed a relationship between ASD traits and GD feelings in the general population and a high prevalence of GD/GI in ASD.²³ While other studies have addressed these congruences among children, fewer studies have been conducted on adults. The findings from this study concluded that Autistic individuals report a more diverse range of gender identities than non-Autistic people.²³ A concern with this study is the underlying assumption that most adults who are Autistic have been recognized and diagnosed in early childhood. This assumption, however, appears not to be well founded in the case of those assigned female at birth. Also, this study was not narrow enough in its scope to accurately represent the unique experiences of AFAB Autistic individuals that are gender non-conforming.

Another pitfall of prior research regarding ADHD and Autism is that there is little to no literature regarding the intersection. It has only recently been established that individuals can be both Autistic and have ADHD, and so research regarding the social implications - specifically for those who are women and AFAB - is scarce.

Methodology

Signs that a girl or a child assigned female at birth (AFAB) may be Neurodivergent are often missed due to a lack of knowledge and adequate representation. This study aims to investigate potential reasons for this phenomenon and document the variety of types of Neurodivergence and how it shows up for AFAB people and women. The social environment they grow up in and the societal expectations due to gender exacerbate and worsen a Neurodivergent person’s experience and quality of life. This study explores how gender role expectations affect Neurodivergent women and AFAB individuals, as well as how gender plays a role in navigating societal stereotypes and expectations through the lens of gender.

The sampling criteria were individuals assigned female at birth (AFAB), who identify as female, or both. In addition, all participants were between 18 and 40 and clinically or self-diagnosed with Autism Spectrum Disorder

(ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), or both. For recruitment, snowball sampling was utilized, and virtual and physical flyers were posted to various social media sites, such as Instagram and Twitter, as well as around the Asheville area and on the UNC Asheville campus.

A total of twenty qualitative interviews were conducted, wherein participants were asked a series of 15 open-ended questions regarding their experiences as an AFAB Neurodivergent person. Background and demographic questions were also asked, such as age, race/ethnicity, and gender identity. Participants were also asked to clarify whether they had ADHD, were Autistic, or both, and whether they were self-diagnosed or clinically diagnosed. If clinically diagnosed, participants were asked how old they were when they received their diagnosis. Questions regarding the participants' experiences, such as "How did your Neurodivergence impact your life and ability to function growing up?" and "In what situations have you found yourself feeling the most pressure to mask?" were asked to understand the scope of these experiences.

Through a thematic analysis, connections between interviews were found and then coded utilizing a Grounded Theory approach. These themes were then translated into narratives to convey the interviewees' experiences. This study involved approaching potentially sensitive topics and sharing personal information - as Neurodivergence is stigmatized. In order to mitigate that risk, participants were informed that they did not have to answer questions they did not wish to and that they could choose to end the interview at any time. Participants were also informed of their right to withdraw from the study at any point up until March 1st, 2023. All data were de-identified so that confidentiality was maintained.

Findings

Living Unseen: Comorbidities and The Consequences of Going Undiagnosed

The first theme to be addressed is how participants have been living unseen. This includes experiences with comorbidities, struggles with the diagnostic process, and other consequences of going undiagnosed. More often than not, women and AFAB individuals seeking a formal diagnosis for their ADHD and Autism - especially as adults - are invalidated and struggle to be taken seriously by medical professionals.

For example, when one participant, a 22-year-old Autistic nonbinary person with ADHD, went through their diagnostic process, the psychologist that diagnosed them with ADHD did not believe they were Autistic, and the person who diagnosed them as Autistic did not believe they had ADHD. During their interview, they expressed struggles with various comorbidities that developed due to their Neurodivergence being missed as a child.

The issue of comorbidities primarily manifests in two ways: The first is how comorbidities are developed as a byproduct of living as an undiagnosed Neurodivergent person. The second refers to how psychologists will often misdiagnose those with ADHD and Autism with other disorders that can mimic ADHD and Autism if the person diagnosing them does not possess a clear comprehension of how these disorders present - especially in individuals who were socialized as women. Unfortunately, most Autism and ADHD stereotypes and misconceptions are thinly disguised as masculine gender roles. This can likely be attributed to the fact that previous research on ADHD and Autism is based on the experiences of men and boys, as studies on Neurodivergent women have not been prevalent until the last decade. In other words, the diagnostic criteria and subsequent beliefs about ADHD and Autism hold a heavy male bias. It is so ingrained that there is a thinly veiled distinction between Autism, ADHD, and gendered socialization. Unfortunately, after a century of studying cisgender white males, Autism "professionals" and those qualified to diagnose ADHD and Autism still believe in the "extreme male brain" and are out of depth when it comes to so-called "female" Autism and ADHD.

One participant shared that, throughout their life, they have been diagnosed with 19 different disorders. Some of these misdiagnoses were a byproduct of their healthcare providers lacking an understanding of ADHD and Autism in AFAB people who were socialized as women. Living with undiagnosed Autism when socialized as a woman can lead to the development of eating disorders and an unhealthy relationship with food and the body. They talk about their experiences where they understood from a very early age that "the smaller you are, the nicer people are to you" and that "society rewards girls and women who are thin and make themselves small both physically and socially." For Autistic people who rely on understanding and conforming to these social formulas in order to survive, this can be extremely dangerous.

This participant remembers understanding that "if I am small, then I am pretty, and pretty is what makes people nice to you...so you have to stay small." According to them, women in our society are often only valued regarding their attractiveness. For an Autistic person who was socialized as a woman, the only way to be accepted is to live by these rules. Another participant concurs with these observations, explaining:

“I [struggled with] body dysmorphia...I always felt the pressure to [stay small] and build that mask to hold onto what other people felt made me fit in or have value...[because of this] I was terrified of gaining weight because everything else would crumble down...I would no longer be able to [hold onto] my value.”

Eating disorders, however, can also be a product of texture sensitivities relating to sensory aspects of Neurodivergence, not just gender expectations. As one participant shared:

“When I was a kid, I [struggled with] intense texture issues [relating to food], but I had no knowledge of what sensory issues even were...and my mom would make me eat [foods I had issues with] knowing that I did not like it and she just thought that I was a picky eater. So she would force me to sit at the table and [scream at me], telling me she was going to take me to the hospital and have [doctors] shove a feeding tube down my throat.”

In the medical profession, eating disorders are often seen as the principal cause of a patient’s symptoms, so further exploration of underlying conditions is often nonexistent. As a result, many Neurodivergent women and AFAB people experience invalidation from their doctors because of this lack of understanding of these comorbid conditions. As one participant describes:

“Nobody was ever looking for the root cause [of my eating disorders]...[my doctors] never cared about finding the root of anything. [They told me] ‘your stomach hurts because you are anxious,’ but other people get stressed and anxious, and it does not affect their daily lives [to this extent].”

Lack of awareness of Neurodivergent qualities in both the medical and mental health field can also lead to many misdiagnoses, the most common being Obsessive Compulsive Disorder (OCD), Bipolar Disorder, and Borderline Personality Disorder (BPD) since there are so many similarities in the way they present compared to Autism.

Confusing these diagnoses can be a dangerous practice, as the medications used to treat these conditions can be harmful - especially to an adolescent - and the needs of said Autistic child is still unrecognized and unmet. This is why it is so crucial for parents, teachers, and healthcare professionals to have a concrete understanding of what Autism looks like, as opposed to the stereotypical view of the “white boy-genius” that has become the poster child portrayal of Neurodivergence. For example, one participant explains that the reason they were diagnosed with (and medicated for) bipolar at the age of twelve can be attributed to how their ADHD manifested and was misread as a child, as their hyperfocus on tasks was misconstrued for mania. Likewise, their intense burnout was misconstrued as depressive episodes. On the other hand, going undiagnosed for so long can lead to the development of the previously mentioned comorbidities. Going undiagnosed creates the opportunity to develop other comorbidities, potentially leading to being misdiagnosed with other disorders. It is also important to note that untangling Autism and ADHD from other comorbidities is virtually impossible and unnecessary, as these comorbidities are often a byproduct of being traumatized by being forced to meet the standard of Neurotypicality. As one participant explains:

“I am also in the process of getting diagnosed with OCD...I think the OCD is [from my] severe PTSD [as well as] being Autistic and [having] ADHD...[going] undiagnosed for so long caused me to become extremely obsessive and hyper-vigilant about every single thing that I do...It is really interesting because I did not know that you could be diagnosed later in life and [that OCD] is not necessarily something you are born with.”

Although anxiety and depression are by far the most common comorbidities experienced by those with ADHD and Autism, anxiety and depression often manifest themselves not as primary disorders but as byproducts, responding to the expectations other people place upon the “patients” throughout life. Take one participant, for example, a young woman who was not diagnosed formally with ADHD inattentive type until she was 22. She grew up suspecting that she had ADHD but parents, teachers, and doctors missed tell-tale signs that she was struggling. Instead of receiving proper intervention and support, she was made to feel inadequate. She learned to mask how much she struggled to maintain grades and interpersonal relationships in school.

Although she did not have a name for it then, this participant was overcompensating for her lack of executive functioning abilities and would often “be eaten alive by guilt.” Guilt for waiting until the last minute to do an assignment, asking for accommodations, or not being able to perform to the same level as other students -

ultimately leading to holding herself to an unattainable standard of perfection and eventually burnout as well as feelings of self-loathing. She explained how this caused her to develop much anxiety and that "...my anxiety became a side effect of my ADHD...throughout the years, throughout school, continuously feeling like I let everyone down due to my ADHD." She faced difficulty being on time for everything from family events or appointments - the idea of never being enough, of "feeling like a constant disappointment" reinforced by being chastised by parents, professionals, and friends. She was perceived as lazy, disorganized, frazzled, and chaotic.

Another participant who is Autistic mentioned that their anxiety manifested from "extreme sensory issues" and shared that "going out day to day caused [me] much anxiety" and that they "struggled with social situations, especially new social situations." Like many Autistic people, their anxiety was just a byproduct of being a masked Autistic person - a concept that will be addressed later in this paper.

Nobody Tells You How to "Be Normal": Neurodivergence and Interpersonal Relationships

The second theme involves the experiences of growing up as a Neurodivergent woman or AFAB person and how this impacted participants' ability to form relationships with peers in various settings. Participants expressed frustration regarding misunderstanding social cues, not knowing appropriate behavior in different settings, and the inability to "fit in" with their peers. Many participants also indicated frustration regarding indirect or otherwise vague communication from others, conveying that it can often lead to emotional dysregulation and high anxiety levels. Participants also noted that they were often labeled as rude or bossy due to how they communicated. For women and AFAB people, being seen as rude for communicating in a way that is direct or "blunt" is often a product of the gender expectation for women to be polite and passive which does not often coincide with the Neurodivergent experience.

Participants expressed that attempts to bond with others were sometimes confusing and demoralizing. For example, one participant diagnosed with ADHD explained that as a child, attempts to bond with other children left her feeling alienated, constantly feeling a sense of "otherness." She said she did not understand why. She explained: "I struggled with socializing because I realized early on in life that I was very different from others, and at the time, I did not know why. I just knew what was important to [my peers] was unimportant to me."

The participant discussed her struggles with socializing with other children, but she always had difficulty with "small talk," which seemed highly superficial. As a Neurodivergent person, she wanted to be able to have discussions about more profound experiences, and she craved intimate connections but found that others sometimes felt that she was "too intense" and that she was just "too much." After these experiences, she felt ashamed that she was being chastised for trying to connect to others in a way that was not acceptable to them.

"Eventually, I became a chameleon and adapted to whomever I was around...I realized that when I showed my true self, I was told I was not good enough or that I was too weird to be friends with them. So I decided I was going to shove myself behind a mask and learn to adapt to any situation in order to mold myself into what they want me to be."

She said that she struggled with boundaries and often did not understand what was appropriate to discuss in social settings. To compensate, she developed a mask to become what others wanted her to be. There are significant consequences to this. One participant explains their experiences with said consequences of molding themselves into what others want them to be:

"...I thought they were my friends, but they never really were. They saw me as this happy-go-lucky person that was easy to take advantage of and use for their benefit because I was so eager to be accepted and be their friend. So on the days I was feeling off and not my usual happy self, they'd [ask] 'What is wrong with you?' and would not want to be around me. It was like I was not even a person to them, [it felt like they were saying] 'I do not want to hang out with you because you are not the person I wanted you to be today'...eventually it got to the point where I did not recognize myself when I looked in the mirror...It was not me. It was not [whom] I wanted to be; it was just [whom] I thought other people wanted me to be."

Another participant expressed similar sentiments:

"I've always had a hard time forming these long-term connections mainly because people end up befriending my masked self, and then when I have taken the mask off, they realize that they don't like who I

am...Or I [can be] so gullible and easily manipulated that I serve a purpose for them and then I get discarded when I no longer serve that purpose.”

Some participants also expressed their naivety regarding what healthy friendships should look like. Neurodivergent individuals often struggle with understanding social cues, thus making it easy for them to be manipulated or taken advantage of by their peers. Unfortunately, because Neurodivergent people are recognized as being “different” than their peers, they are often susceptible to becoming the target of bullying and mistreatment from others:

“I often found myself [being] friends with people who [were] really mean to me...[but] I didn't understand that they were being mean to me, or I would go to their house pretty often or ask to hang, and they wouldn't want me to be there...I also had a huge fear of being bullied by people I wasn't friends with...[but] I thought that friends were supposed to be [mean] to each other, and so I thought it was okay when my friends [bullied me].”

Despite how hard Neurodivergent individuals try to fit in and mask their Neurodivergence, they often find their intentions misunderstood. One participant reported feeling like she is perceived as lazy or, at other times, seen as trying too hard or exaggerating whatever she tries to convey. Then, she said, her intentions are misread, and sometimes malicious intent is assumed. She reported feeling invisible and that no one acknowledges that she is disadvantaged because of her deficit, despite how hard she tries to “fit in” and be accepted by others.

Another participant also discussed her struggle with other people constantly misinterpreting her words or intentions while simultaneously feeling apprehensive about disclosing her Neurodivergence, explaining that she is scared “they will see me - my masked self - and be like ‘oh, she wasn't telling the truth [about being Autistic],’ or they might see me as someone who is faking it.” She also discussed her struggles making friends with other girls, especially if they were Neurotypical. “I always struggled to make friends, and the girls I made friends with would just kind of boss me around, and I just did what they told me to do because I wanted them to like me. [Nevertheless], they would get mad if I was ‘copying them’ when I was just trying to ensure I was doing everything right.” She goes on to say:

“I think many of my issues [making friends] with those girls was that the communication was a lot more subtle- there were more unspoken rules to remember and adhere to than, say, with men and their friendships. I've just noticed that men are much more straightforward in their communication...when I would play with other girls, there was a script that everyone had to follow, and if you didn't follow that script or if you went against it in any way - say you wanted more physicality in your play - then you were ostracized. The other girls thought you were weird or annoying...but if you wanted to play with the boys, that's not acceptable either, so you get stuck in this kind of limbo...”

“Female” friendships require social nuances that are not always apparent to Neurodivergent individuals, sometimes causing them to feel more comfortable socializing with boys instead of their feminine peers. However, as AFAB Neurodivergent people age, the dynamic between male and female relationships shifts, often causing disorientation in their friendship dynamics:

“I would go over to someone's house, and it would be mostly boys there, and I would instantly feel more comfortable. Nobody was making fun of the way I was sitting or making fun of the way I was talking, or watching me while I ate to look for something wrong that I was doing. We were just roughhousing, running around, and expressing ourselves with much more freedom. That was where my connections were successful, and then, of course, when everybody hit puberty, I had a hard time making friends with anybody. Because [the boys] became weird and everything was sexualized, and since I'm AFAB, that made me a target...it was a difficult transition.”

Disorientation can also occur during various life transitions, such as from high school to college. One participant explains their struggle with transitioning into a new social setting:

“I had created rules for myself, a formula for how to [behave around] other people to be well-liked and sociable. But my anxiety [increased] when I started college because my social formulas started to not

work for me, and I did not understand why I could not [effectively interact] with people the way I always had, and so [I had to] start plugging new things into my formulas to try and figure out how to interact with people but it just wasn't working.”

Study participants reported that “...you go through the motions and do what is expected of you without knowing that it’s not actually what you want to be...” and that “...the same applies to friendships and romantic relationships.” All this, they said, “...leads to codependency and being taken advantage of, tokenized, and seen as entertainment but not an actual person with feelings.” When a Neurodivergent person does not ‘fit in’ and does not understand why, it can be easy to fall into friendship groups that are unhealthy or harmful. Not understanding themselves or their needs can lead to obstacles in being assertive or setting boundaries in these relationships. Blending in and being accepted socially is imperative, even to the detriment of other things.

Hiding in Plain Sight: Masking Neurodivergence

Theme three discusses participants’ experiences with masking. For most Neurodivergent individuals, the “mask” refers to a coping mechanism used to hide Neurodivergent traits that would give away the fact that they are otherwise different from a Neurotypical person. When Neurodivergent people reveal their true selves and are rejected, they often develop a mask that protects them from social alienation. Many Neurodivergent individuals struggle with isolation due to previous experiences and face judgment due to being Autistic or having ADHD. This isolation from peer rejection can elicit feelings of “not being good enough” and feeling like they are “missing out” on crucial social milestones. This mask can become so ingrained into a Neurodivergent person’s identity that it becomes challenging to separate from or to know who they are without it. As one participant explained, “You go through the motions and act in a way that is expected of you without knowing that it is not actually who you are or who you want to be.”

The mask serves as armor - its purpose is to protect its wearer from ostracization. Participants explained that masks mimic Neurotypical peoples’ behaviors and adapt to whatever or whomever they are around. While masking provides the ability to avoid social rejection, wearing this mask of Neurotypicality is not sustainable, and the cost of wearing it is high - both physically and emotionally. Masking can not only inhibit one’s ability to develop a true sense of self, but it can also be one of the leading causes of what is known as “burnout.”

“I would force myself into these burnout states constantly by refusing to go into my room to decompress and give myself the time I needed because my inner critic would just tell me that I was self-isolating because no one liked me, and I just needed to be better... and then on top of that, having a job and being in school got to be too much, and I could not do it anymore. It got so bad that I could not function...”

Another participant shared their experience with burnout from masking, explicitly concerning the additional pressures placed on them to conform to gender role expectations:

“...I would absorb all of this ‘popular girl media’ ... how to behave in a way that makes you a pretty popular girl. So, I masked well enough to become a popular, well-socialized person, but with that, I have to mask all the time... So, I could force myself into long social interactions for years where I’m interacting with a bunch of Neurotypical people on a Neurotypical level... [which led to] burnout super quickly [causing depression which] would happen so suddenly and I got overwhelmed.”

Long-term masking can create lasting effects that can significantly impact one's overall quality of life. One participant shares their experience with developing brain damage from masking:

“I was explaining to someone that finding out I had brain damage from masking so intensely for so long felt like the way that people talk about near-death experiences- where [I realized that I] almost killed myself trying to be this person, but I still do not like myself. I have been trying for the past 20 years to be this perfect person, and I have brain damage because of it, and it doesn’t even matter because these people don’t like me....”

Although this was a severe case of masking and burnout, most Neurodivergent people appear to experience burnout to some degree. One participant explained that burnout felt like a “crash-and-burn” situation where she

would run out of energy to mask. One participant described their experiences: "When you mask, you become fragmented." They said that, when masking, they lost their sense of who they were.

"When I woke up every day, I was just an unmolded piece of clay... I would just walk out of my door, and if someone said, 'Hey, I need this from you,' and so I would say okay and mold a little bit of myself into the person that knows how to do that... I was just filling myself into different roles. Or 'Hey, I need this assignment from you today,' and suddenly I would have to be the responsible student... I would just break off these pieces of myself all day and mold them into little fragmented beings, but it was never one cohesive being. [Thus], at the end of the day, I'm out of clay, so I have nothing left to invest in myself, and it just was like, what about me? What about what I wanted to do today? I have nothing left."

Because of the fear that when the authentic self is revealed, they will be rejected and negatively judged, participants explained that a mask is employed as a protective measure. However, such masking does not enable the Neurodivergent person to feel safe and connected. Neurodivergent people, participants explained, are put into a state of hyper- or hypo-arousal within their nervous systems when they practice masking. Then, such a state brings the Neurodivergent person into the "fight or flight" paradigm, resulting in dissociation and depersonalization.

Several participants expressed that school was where they had the most difficulties with bonding with peers and forming relationships and where they felt the most pressure to mask. While many were categorized as academically gifted by their teachers, they often reported pushing themselves "beyond their limit" to keep up with their peers and maintain good academic standing. Not because they were incapable but because they lacked the proper support needed to succeed without sacrificing their well-being.

"A lot of [my masking] had to do with school... academically, and high school was easy... [but] if there was an assignment due, it was always done the night before... there were many breakdowns in the hallway of my dorm at three am [because living like that just was not sustainable]."

Other participants shared similar experiences:

"...When I was in school [my teachers] would tell me [I was doing well on assignments] and I was getting good grades, but [I really struggled with actually remembering to turn in assignments] because I would get overwhelmed and I would end up having a million missing assignments...."

Some participants expressed the difficulties they faced having to worry about both performing well academically as well as making sure they were acting appropriately regarding the way they navigated social situations, which ultimately creates an added pressure and source of anxiety:

"I remember making a very conscious decision to make eye contact with [my teachers] when they spoke to me because I knew [it was a sign of respect] and I wanted to be praised... but I never figured out the 'right' amount of eye contact because I've had people tell me that when I stare at them, it makes them uncomfortable."

In a college setting, multiple participants in this study stated that having to share a dorm room with a non-Neurodivergent person caused the Neurodivergent person to mask within their own home so that not having a space to themselves made them feel that nowhere was safe. For example, one participant explained, "It was hard not being able to control my roommates, so when they had people over, or things were not going the way I needed them to go, or I just needed a moment to myself, had nowhere to go. My home was no longer a place where I could decompress, and it was tough when I did not want to interact with anyone." Regarding classes and coursework, one participant explained:

"I think that getting good grades and being in advanced classes was something that prevented people from noticing [I am Neurodivergent] even though every teacher I had [expressed] concern over me and my future because I was incapable of doing assignments... So I had to exert a lot of energy [in order] to pay attention during class and [to keep myself from] zoning out, but my testing scores were always really high."

While school can be difficult for all Neurodivergent people, it can be challenging for women and AFAB individuals when factoring in the gender role expectations that they face. For example, one participant with ADHD shared her experience with such expectations:

“I was never able to let out my [excess] energy [in school] the way boys were able to...I was a good student, but I had to make sure I was also acting like a lady, and [being rowdy and disorganized] is usually more acceptable for men...[women] have to have it together [regardless of struggles with] emotional dysregulation - we aren't allowed to break down and have tantrums because of it.”

Masking also acts as a countermeasure to compensate for skills or qualities that do not come naturally for Neurodivergent people. For example, Neurodivergents struggle with picking up on particular body language or expressions that Neurotypicals can easily detect. One participant explains that “...[understanding] facial expressions and body language does not come naturally to me at all...people's indirect communication is just so taxing...it requires so much effort [to understand]. [However,] Neurotypical people think they are communicating well, but [to me] it makes no sense - it is so confusing and draining [to try and decipher].”

Masking is a conglomerate of camouflaging Neurodivergent traits to fit in with the Neurotypical world while compensating for their struggles by coming up with various ways to appear as “high functioning” as possible. While most people think masking is simply learning social rules and maintaining a friendly, demure demeanor, it is a process that impacts every aspect of a Neurodivergent person's life.

Learning to Live Authentically: The Journey of Unmasking

Another theme to arise among participants' responses was the struggles and roadblocks faced when it came to unmasking. They also discussed ways they are working towards unmasking themselves despite these challenges. Unmasking can be a complicated and lengthy process for Neurodivergent individuals, especially those who have spent most of their lives masking. Participants often discussed their struggles with unmasking, especially in social situations. One participant revealed that they felt they could only begin to unmask when they were inebriated. “Being drunk, you can just talk forever, and it does not matter - it is almost like the ultimate unmasking, but then it is problematic because you have to be drunk.” She continued: “I [could not] be sober and interact the way I wanted to, so I would get drunk to get through whatever social situation I was in.” Unfortunately, substance abuse is common for many Neurodivergent individuals, both as a coping mechanism and because many feel it is the only time to unmask and be themselves without judgment. In other words, they can hide behind the fact that they are inebriated as an excuse for their Neurodivergent traits that they are openly expressing.

Neurodivergent people are not inherently reclusive - more often than not, they have a deep longing for connection and community. However, the reality is that building these connections and relationships requires a certain degree of vulnerability and unmasking, which creates an opportunity for rejection - specifically, a rejection of Neurodivergent qualities. Because of this, many tend to self-isolate because, as one participant put it, “I enjoy being alone because I do not have to be concerned about how someone perceives me. I do not have to worry about if they think I'm rude or weird or any sort of thing that will make me spiral into my thoughts because I feel like there is something I'm missing or some expectation I don't know about.”

Another participant expressed the grief that they experienced when beginning the process of unmasking once they realized that they are Autistic:

“I feel like I'm still in the phase where I'm still [trying to] understand all the things I was socialized out of...I feel like I wasn't believed about anything for so long, [like with] my stomach issues when I was a kid...I still have to convince myself that I'm not making [these things] up or will not be chastised for being myself.”

Some struggles relating to unmasking stem from a negative self-image or association with their Neurodivergence. For example, one participant discusses the grieving process they experienced when receiving an Autism diagnosis due to the known stereotypes and negative stigma surrounding being Autistic:

“I was very angry when I got diagnosed with Autism. I spent so much time studying how to be the perfect sociable girl...and getting diagnosed was like getting a list of everything my inner critic hates about [myself] because everything is not accepted and does not fit into these rules. [And the worst part is]

knowing that there is nothing I can do to fix it and that it is not something I should even *want* to fix. But I was still so angry because I [realized that my Autistic traits are] everything I hate about myself. I don't like that I can't do these things. I don't like that this is who I am."

This participant later goes on to elaborate on their struggles with accepting their Neurodivergence, saying: "When I go out in public and interact with people, I can tell that they think I'm weird, and then the inner critic in my head is going, 'why are you acting like this? Why are you doing this? You know how to be a person, so do it.'" For some women and AFAB people who are Neurodivergent, unmasking cannot be done without rejecting social norms, specifically, those tied to gender. One participant elaborates on this point when explaining their challenges with unmasking:

"Gender is a performance, and masking is a performance, so when you're AFAB, you have to play both parts simultaneously, and it doesn't leave much room for [self-exploration]. So as an adult, I have had to try and unlearn all those things [I was] taught being raised as a girl...it makes unmasking difficult."

Some participants expressed their hesitance in disclosing their Neurodivergence. They raised concerns regarding facing judgment from others and fear of being treated differently once they disclose. One participant elaborated, saying:

"I find that, when I disclose that I'm Autistic, people walk on eggshells around me... it's like they have no idea what to do with me. [They act like] I'm not the same person they knew [before I told them]."

Others shared that context is essential when considering whether or not they feel comfortable unmasking. Multiple participants expressed discomfort with disclosing at work out of fear that they may lose their jobs or be treated unfairly compared to their coworkers. They also expressed fear that their Neurodivergent traits may be unfairly deemed "unprofessional" and that their employers would not be willing to provide accommodations because their disability is not visible or because they are masking their struggles. One participant said, "I try to put myself in jobs where I do not have to mask as much...but financially, that can be difficult. It's beggars can't be choosers situation."

Neurodivergent people often feel forced to mold themselves into something society has taught them to be. This reinforcement from others to behave a certain way sends the message that the only way to succeed is to mimic Neurotypical people, suppress Neurodivergent traits, and put other people's preferences over their own needs. Too often, Neurodivergent people are told that the accommodations they need are "too difficult" to implement, yet they are forced to adjust to this Neurotypical world instead. One participant shared: "[I feel like] the more I grow into my Neurodivergence and learn to unmask, the more I realize that society was not designed for us, and how much people don't like us and don't want to be around us, and that hurts."

Despite the many barriers Neurodivergent people face concerning unmasking, some participants shared their experiences with accepting their Neurodivergent qualities. One participant, in particular, discussed their ongoing journey towards self-acceptance:

"When I'm in a situation that is not formal or professional, I'm more comfortable disclosing [my Neurodivergence]. I've definitely grown to be more self-assured and confident in disclosing that piece of myself than I was before...I [used to be] ashamed of [being Neurodivergent]. It wasn't necessarily shame regarding the ADHD piece, but I [found it difficult] coming to terms with [being Autistic] for a long time. There was a lot of grief."

Another participant talked about their unmasking journey, specifically regarding a willingness to provide accommodations for themselves despite what other people might think:

"In the last couple of years, I've gotten more comfortable with not caring [about what other people think] and not caring how it looks [to give myself accommodations] because it helps me...like my noise-canceling headphones or my fidgets...."

It is only possible to unmask by having other basic needs met first. Too many Neurodivergent individuals go without access to necessities like healthcare or a consistent support system that would enable them to unmask. For a Neurodivergent person to unmask, they must first feel safe enough to do so and have enough privilege and

security to acquire accommodations for themselves. This is why knowledge of Neurodivergence must be made commonplace for everyone, not just those close to Neurodivergent people.

Neurodivergence and Gender Socialization

Neurodivergence is still deemed as "more common in men" and "milder in women," and the narrative that "women are higher functioning and better at masking" as if these are innately true rather than the product of Neurodivergent boys being coddled. At the same time, AFAB individuals socialized as girls are reinforced to believe that being accepted and pleasing others comes before their comfort and needs. While there is no such thing as "female Autism" or "female ADHD," women and AFAB individuals are taught to imitate femininity in such a way that influences how their Neurodivergent traits manifest. In other words, women and AFAB people do not go undiagnosed or misdiagnosed because of their gender, but rather because of how society's expectations of them to perform gender, which in turn influences the way their mask is developed.

While many Neurodivergent people often identify as gender nonconforming, it is essential to acknowledge how their indoctrination into feminine gender roles complicates their ability to be recognized as Neurodivergent. Participants discussed a variety of struggles and experiences regarding the implications of being born AFAB and growing up socialized as a woman. One of the issues raised by one participant was that of navigating romantic relationships as an Autistic person:

"Being born AFAB, you are automatically viewed in a certain way by everyone, especially men. You are going to be viewed as an accessory. When you're Autistic, you become even more of an accessory because you become the manic pixie dream girl - you're the Ramona Flowers, you become this character - a projection of this idea that they put on you...it's almost numbing to know that, for the most part, most relationships - especially romantic ones - the person is not going to care about you on a deeper level. They are not going to care about my Autistic traits; they are not going to care about my anxieties. They are not going to care about anything they can't fetishize...people love to hear that you're bipolar. They love to hear that you're manic. They love to hear that you have BPD (Borderline Personality Disorder), but they hate to hear that you're Autistic because they don't fetishize Autism. Autism is seen as infantilizing...if you ever want to know the biggest turn-off, tell someone you're Autistic. What's worse is that sometimes they won't believe you because you're conventionally attractive."

Another way in which gender socialization impacts Neurodivergent women and AFAB people is how their mask is constructed. When asked if they thought their mask was gendered, participants responded with emphatic "yes"s. One participant shared: "My mask, especially with older people or my parents, is this very...small, quiet woman, or girl, and I find myself acting very young...it's almost like a fawn response. I make myself small and agreeable because growing up, that is what was expected of me."

When responding to the question, "Do you think your mask is gendered," one participant explained:

"Yes, for sure...in my profession, there is an expected [degree of] warmth and care because my clients know me as a woman [even though I'm nonbinary]...in [a professional setting], I have to [stay organized] and be very warm...but [it doesn't feel authentic to me], it's the Neurotypical mask brand of warmth."

Another participant responded to the question, "Do you think your mask is gendered" by saying:

"Masking gender and masking Neurodivergence are very intertwined for me. [it feels like] putting on a persona, and if I had been assigned male at birth, I do not think that I would have been socialized out of many things...[but because I was assigned female at birth] I [had to] develop a way to be a girl and be 'normal'...I learned [how to] go out into the world and not be called weird all the time."

One participant shared their experience as an AFAB Autistic person with ADHD growing up with a younger brother who is also Autistic. They explained that because they are AFAB and was therefore socialized as a girl growing up, their experiences differ significantly from that of their brother:

“I think [the differences in how we were raised and treated] are pretty much gender-based...I think that most people, when they think of Autism or Neurodivergence, see the image of a little white boy who's obsessed with trains, and that is my brother. So no one will ever question that...[he fits their idea of what Autism looks like].”

They discussed how their own Neurodivergence was overlooked because they learned to mask from a young age due to the pressure to conform to the script of femininity, whereas their brother was always allowed to express himself and lean into his Autistic traits:

“...[Most people] don't have an image of what someone who is [Autistic and] assigned female at birth looks like, and [from what I've read and talked about with other people] it feels like there is more pressure to [act in a way that is] socially acceptable...as a girl you already have all of these other pressures on you. So where is the time to think about your feelings or who you could have become...I have no idea [whom] I might have become.”

They continued:

“My brother was diagnosed [young], but with me [because I was undiagnosed], [my mom] just thought that I was [misbehaving or acting out]...[my behavior] was seen as problem behavior instead of a Neurodivergent child needing accommodations. [For example], she felt like it was an issue for me to go to the doctor [when I was having stomach issues], but then she called me [and asked me what to do when my brother has a headache]. [I wonder] where was this care when I was a kid?”

When an individual is assigned female at birth, more often than not, the expectation of femininity is placed upon them, further complicating the difficulties faced as a Neurodivergent person. One participant states: “...I wonder what I would have been like had I been given the freedom to be myself as I was growing up [or had I been given] any sort of understanding and not forced into that box.” Another participant explained that they experience difficulty conforming to social rules relating to femininity. “[I struggle with] outward hyperactivity and disorganization...people expect messy rooms from people assigned male at birth, but I'm supposed to be organized, keep a clean house...” For Neurodivergent AFAB people, it is impossible to separate their Neurodiversity from their gender identity. So masking via conforming to the expected feminine gender roles can exacerbate these individuals' denial in suppressing their authentic selves.

Participants were asked what they would want people to know about being an AFAB Neurodivergent person or what they wish people understood about Neurodivergence in general. One participant shared their frustration with not being taken seriously due to their disability not being “visible” to others, especially since they have been labeled by society as “high functioning” since they have mastered the art of masking their struggles in order to get by:

“I would want people to be more understanding and have more patience...if you have a disability, people only try to understand it if it's something that is visibly in their face, but they don't think about the fact that [some disabilities are ‘invisible’]. The Autistic people they see and are accepting of are the ones that fulfill that stereotype in their minds...I just want people to be more willing to accommodate people without putting them in a position where they [must] out themselves...I wish I didn't have to tell people how to be kind or support us.”

Another participant expressed their sentiments regarding a desire to be understood and accepted for who they are and expressed grief and regret over the way they grew up since they were pressured into feminine conformity from an early age:

“I'm still trying to unlearn [everything] I was socialized into...I am still trying to figure out [who I am apart from whom I was told to be]...Growing up AFAB, you're taught to [hold in] excess energy and to be quiet [even if that's not how you are naturally].”

Many Neurodivergent AFAB people, typically inclined to like stereotypically “male” things such as math or science, were dissuaded from these passions and instead pushed towards more “feminine” interests. As one participant explains, “I was never given the option to explore my interests [if they didn't coincide with what was

expected of me gender-wise]. This, unfortunately, is an experience many AFAB Neurodivergent people experience, and they are forced to concede these interests if they are to mask themselves into acceptance successfully.

Women and AFAB people face a multitude of struggles at the crossroads of gender and Neurodivergence. They are more likely to be dismissed or not taken seriously - their meltdowns or shutdowns are dismissed as emotionally volatile or immature, or they are told they are too friendly, polite, and well-spoken to be Autistic or have ADHD. The cost of masking themselves is conceding to the expectations of their assigned gender at birth, regardless of how they feel or who they are under the mask.

Conclusion

Findings were categorized into five major themes: Comorbidities and the consequences of going undiagnosed, interpersonal relationships, masking, unmasking, and gender socialization. Recognition of these themes illuminated different aspects of the AFAB Neurodivergent experience. In addition, participants in the study provided accounts of their experiences as Neurodivergent individuals: how these experiences have shaped their lives and self-perceptions.

Some participants felt that they had been forced to live inauthentic lives to blend in with peers, masking their Neurodivergence to the point of self-detriment. Some have found ways to try and remove themselves from the practice of masking and then begin to live more authentically, but all participants expressed a deep sense of isolation. Participants also expressed feeling misunderstood by parents, teachers, peers, and healthcare providers and described a wide range of experiences relating to the diagnostic process, self-discovery, and other struggles they have faced due to being either undiagnosed or misdiagnosed. Gender identities and how being socialized as a woman is tied to Neurodivergence were also discussed. Finally, participants shared their experiences regarding interpersonal relationships, how their Neurodivergence has impacted different aspects of their daily lives, and their journey toward unmasking and self-acceptance.

Women, AFAB people, and those who are nonbinary or otherwise gender nonconforming are often overlooked and invalidated regarding their Neurodivergence. Due to the intersection of gender and Neurodivergence, these populations appeared vulnerable in their struggles to be acknowledged. Instead, they reported being pressured to make themselves smaller and more palatable to experience acceptance in a society that has refused to accept or accommodate them.

Because previous research has been concerned primarily with studying and accommodating male subjects relating to Autism and ADHD, more research is needed on female, transgender, gender nonconforming, and nonbinary subjects. Helping these subjects find a way to live authentic lives through correct diagnoses and without negative social stigma will be a worthy goal. Such a goal should be the next research aim in the study of Neurodivergence.

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