Expanding the Neuroqueer Universe: Intersecting ADHD, Gender and Sexuality in the World of Higher Education

By

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Submitted to Central European University - Private University Department of Gender Studies

In partial fulfilment of the requirements for the degree Masters of Arts in Gender Studies

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Vienna, Austria

2025

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Body of thesis (all chapters excluding notes, references, appendices, etc.): 25,972 words

Entire manuscript: 28,602 words

Vienna, 6th June 2025

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1 ABSTRACT

Through-out the 2020's, there has been an explosion in public interest regarding ADHD, particularly amongst the younger generations who are entering and are situated within higher education institutions. Emergent neuroqueer scholarship has begun to theorize the intersections between neurodivergence and gender/sexuality, however these studies are predominantly restricted to critical autism studies. Taking inspiration from queer theories of world-building, the Foucauldian post-structural linguistic turn, and feminist intersectionality, I use the ever-expanding neuroqueer universe to explore ADHD, neuroqueer subjectivities in the world of higher education, and how they intersect with gender/sexuality. Through conducting semi-structured interviews with ten participants across a range of gender identities and sexualities, studying at university, and self-identify as ADHD, I seek to capture the rich, lived experiences of ADHD subjects in the higher education context whilst decentring the psychiatric hegemony of the pathologizing *DSM*. I argue that within the world of higher education, there is a breath-taking diversity of onto-epistemological and political perspectives on ADHD subjectivity encompassed within the neuroqueer universe, surrounding issues of whether ADHD is separate from or wholly integrated within the subject, how the ADHD subject experiences stigma, and the dilemmas and opportunities emerging through ADHD content on social media platforms. Furthermore, I argue the ADHD, neuroqueer subject is continuously adapting and negotiating within the world of higher education as a neuronormative institution in response to university bureaucratic procedures, increasingly intense academic and social demands, and coming into contact with new social and political ideas. Finally, I question what is queer about the neuroqueer universe, highlighting the construction of ADHD masculinities and femininities, and the affinities between neuro/queer. Overall, I argue that neuroqueer theory is crucial for theorizing ADHD subjectivities in higher education, at a time when an increasing number of young people are identifying towards ADHD in higher education, with the neuroqueer universe being important to understand the expanding of what ADHD does and could mean as a political strength, rather than being a sign of ADHD's impending obsolescence as a social category.

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2 INTRODUCTION

Through-out the 2020s, there has been an explosion in public interest and debate surrounding ADHD facilitated through social media platforms such as TikTok, particularly amongst younger generations. Whilst it was previously assumed that Attention-Deficit Hyperactivity Disorder (hereafter ADHD) was a mental disorder restricted to white, heterosexual, hyperactive schoolboys, understandings of ADHD have been rapidly expanding since its introduction in the *DSM-II* originally referred to as hyperkinetic disorder of childhood (APA, 1968), furthermore including women and adults in future revisions. With an increasing number of young people entering university and questioning whether they are neurodivergent, amidst growing public debates surrounding how to understand and classify ADHD, as well as the question of whether ADHD is being over-diagnosed, understanding the complexities of ADHD subjectivities situated within higher education has emerged as an urgent line of sociological inquiry. Such a project is particularly relevant in relation to LGBTQ+ and women students in higher education, who may have previously flown under the radar neurologically speaking during their formative experiences of schooling, and are currently grappling with undiagnosed ADHD, whilst also adjusting to the intense social and academic demands of the university system as a site of transition into adulthood. These recent developments have also coincided with shifting attitudes towards gender and sexuality, and rapidly expanding language to describe varying gender and sexual identities, with younger generations increasingly more likely to identify outside of the cisgender/heterosexual societal norm.

Within the contemporary neuroqueer scholarship, there have been numerous studies researching subjectivity on the spectrum, and how autism intersects with constructs of gender and sexuality. However, neuroqueer studies on ADHD subjectivity have been extremely

limited. Therefore, I aim to propose a theoretical intervention through analysing ADHD from a neuroqueer perspective to answer the research question 'How does ADHD subjectivity intersect with gender/sexuality within higher education in the Global North?.' Framing the university as a site within which the ADHD subject is exposed to novel social, political, and intellectual ideas, symbolically marking the student's transition into adulthood, I aim to theorise ADHD subjectivities situated within higher education as being socially significant for how the ADHD constructs their sense of self. Taking inspiration from scholarship on queer world-making and the post-structural linguistic turn, I propose the term 'neuroqueer universe' to imagine how our understandings of ADHD are constantly expanding, serving as a site of particularly fierce political contestation over how to classify, distinguish and identify ADHD, and what ADHD's role in society should be. With an increasing number of young people identifying with ADHD, I argue that expanding our understanding of ADHD is a political imperative, in order to combat recent moral panics generated by right-wing elements surrounding over-diagnosis of autism, ADHD and other forms of neurodivergence.

Conducting semi-structured interviews with university students identifying with ADHD across a range of gender identities and sexualities, I employ a neuroqueer, post-structural perspective to examine how gender/sexuality intersects with ADHD subjectivity in higher education, which I imagine to be at the frontier of the neuroqueer universe. Imagining ADHD as a discursive performance rather than a mental disorder, I also aim to queer ADHD as a social category, not to dismiss ADHD lived experiences or claim that ADHD is a meaningless and redundant classification, but rather to theorise ADHD as being almost a hyperactive category in itself which constantly fidgets and moves rather than remaining static. Such a conceptualization allows one to politically cherish the expanding nature of ADHD understandings in the neuroqueer universe.

3 LITERATURE REVIEW

3.1 Introduction

Over the past several decades, understandings of ADHD firstly in the United States and then later globally have developed at an astonishingly rapid pace, and has been subject to much debate, including questioning of the validity of formal ADHD diagnoses, ongoing discussions about the potential causes of ADHD, and the implications of prescribing ADHD children with psychostimulants. Considering the explosion in societal awareness of ADHD in recent years combined with the rapid spread of misinformation via social media, such fierce debates surrounding ADHD are not disappearing any time soon. In this literature review, I will sketch an outline the three main paradigms used to understand ADHD: the hegemonic neuro-developmental deficit paradigm; the social constructionist medicalization paradigm; and finally the neurodiversity paradigm. Furthermore, I will then consider scholarship exploring the intersections between ADHD and gender/sexuality, and subsequently situate the present thesis within contemporary scholarship exploring ADHD within higher education, and applications of intersectional analyses within these studies.

3.2 The Pathology Paradigm

Providing a valuable insight into the history of ADHD as classified in the Diagnostics and Statistics Manual (*DSM*), Flory et al. (2021) trace medical understandings of ADHD from the initial classification of 'hyperkinetic disorder of childhood' in the *DSM-II* (APA, 1968), with the *DSM-III* (APA, 1980) highlighting the importance of inattention symptoms over hyperactivity, and marking the introduction of 'ADD' (Attention-Deficit Disorder). The *DSM-III-R* (APA, 1987) re-named the condition altogether as ADHD, and numerous revisions have taken place since then, including the acknowledging of adult ADHD in the *DSM-IV* (APA,

1994), and revisions from the *DSM-IV* onwards mapping out ADHD as encompassing three distinct subtypes (Flory et al., 2021).

Turning to the latest edition of the *DSM*, the *DSM-5-TR* (APA, 2022) formally defines neurodevelopmental disorders as:

> 'a group of conditions with onset in the developmental period. The disorders typically manifest early in development, often before the child enters school, and are characterised by developmental deficits or differences in brain processes that produce impairments of personal, social, academic, or occupational functioning' (APA, 2022: 131).

A psychiatric diagnosis of ADHD consequently requires the identification of both symptoms and evidence of impaired function (compared to an imagined, socially constructed standard of 'normal'). The systematic prioritizing of impairments, referring to the necessarily negative outcomes of a symptom (Barkley et al., 2006), forecloses any consideration of experiences considered either neutrally inconsequential or potentially positive. The *DSM-5-TR* requires that at least six out of nine symptoms have been present for at least six months, and that is 'inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities' (: 169). The psychiatric deficit-oriented literature on ADHD uses the *DSM* in an uncritical manner, framing ADHD as a mental disorder to be cured, imagining a simplistic, linear developmental process which 'normal' children adhere to, meaning ADHD is identified where there are levels of impulsivity, hyperactivity and inattention which are considered 'inappropriate' for any particular development stage (Barkley et al., 1991).

3.3 The Medicalization Paradigm

In opposition to the pathologizing medical model, sociologists argue ADHD is socially constructed, rather than being a psychiatric disorder (Wright, 2012; Bergey et al. 2022), and paying particular attention to the social process of stigmatization (Conrad and Barker, 2010). The social constructionist concept of medicalization has been instrumental for sociological accounts of ADHD, mobilising a potent critique of American medical authoritarianism (Lusardi, 2019), defined as the 'process by which nonmedical problems become defined and treated as medical problems' (Conrad, 1992: 209).

Sketching out of a brief history of ADHD in the United States, Conrad (2005) locates a significant shift in the 1980s towards marketization and a rise in consumerism within the pharmaceutical industry. Such an intensification of the profit motive within the healthcare industry was intricately linked with the growing market of childhood problems, and the increase in prescribing children psychotropic drugs for problems including ADHD, which expanded to adults in the 1990s (Conrad, 2005). Illustrating further expansions of the ADHD market across international boundaries as well through processes of globalization, Conrad and Bergey (2014) demonstrate how ADHD in the 1990s transformed from being a culturally bound syndrome into a global phenomenon, meaning countries such as the United States, Canada and Australia no longer have the highest percentages of ADHD diagnoses and prescriptions (Lusardi, 2019).

Contrasting the current lack of any definitive medical test to determine the presence of ADHD with the medical 'reality' of the disorder, Wright (2012) examines the present 'ADHDscape' and the expanding definition from primarily describing hyperactive children to include images of the troublemaker, the creative ADHDer and so on. Wright notes ADHD's endorsement by numerous official institutions such as education systems and the law which mutually reinforce and co-constitute ADHD's realness and 'absoluteness,' despite the failure of the biomedical

sciences to 'objectively' prove ADHD. Furthermore, ADHD is reified through two mutually reinforcing discourses: firstly the reification of the figural 'normal' child and their daily struggles, and secondly what behaviour is considered to be 'appropriate' for a child of any given age (Rafalovich, 2013). These discourses mutually constitute what behaviours are deemed developmentally inappropriate against the established model of the 'normal' child, culturally constructing behaviours and boundaries of normalcy (Rafalovich, 2013; Ortega and Müller, 2020). Furthermore, ADHD operates as a technology of social control, ignoring children's embodied experiences and isolating them through processes of stigmatization (Cameron, 2024). Drawing on labelling theory (Becker, 1963), Hjörne and Evaldsson (2015) identify the school as a non-medical actor which exerts social control through labelling children via special classes at the physical periphery of the school, generating deficit-oriented stigma which students self-internalised over time, with the ADHD diagnosis functioning as a form of 'onto-epistemological violence' (Nilsson Sjöberg, 2021).

The brief account of medicalization provided here certainly remains useful in demonstrating how medical practices and thinking have increasingly dominated many areas of social life in pharmaceutical pursuit of increased profits, and helps to contextualise the emergence of adult ADHD and the globalization of ADHD. Furthermore, the privatization of health insurance means in practice that short-term, cost-effective solutions are favoured over more costly, holistic approaches towards healthcare. However, the medicalization paradigm fails to sufficiently challenge the social norms by which 'normal' behaviour is established and regulated in the first place, and only challenges pathologizing logics rather than considering ADHD inequalities as a social justice issue.

3.4 The Neurodiversity Paradigm

Attempting to transcend the false dichotomy of the social/medical models of disability (Le, 2024), the neurodiversity paradigm advanced by Walker (2021) frames neurodivergence primarily as an issue of social justice. In her foundational book *Neuroqueer Heresies* (2021), Walker outlines three central tenets of the neurodiversity paradigm. Firstly, neurodiversity refers to diversity between minds which is perfectly natural and healthy. Secondly, they reject any notion of normalcy, declaring that the idea of a 'normal' mind has as much objective, scientific validity as claiming there is a master race[1]. Finally, Walker regards the social dynamics operating around and through neurodiversity are certainly comparable to other axes of human diversity such as race, sexuality etc., including manifestations of social inequality, privilege, and oppression. Further fleshing out the theoretical standpoint of neurodiversity perspectives, Walker and Raymaker (2021) discuss mind as an embodied phenomenon, emphasizing the interconnectivity between mind and body, using the term 'bodymind' to illustrate how body and mind are inextricably entangled. Such a term is particularly useful for theorizing neurominority experiences, as it attends to material, embodied lived experiences and centres one's own agency over the pathologizing paradigm's reductive fixation on symptoms as explaining a perceived deficit within the brain. Emphasising the multi-faceted nature of neurodiversity, Grummt (2024) imagines the term as 'a concept, political term, guiding concept of a social movement or as an identity-related term' (: 2), and points out that the prefix 'neuro' means nerve, and so encompasses not only the brain but neural connections which occur all through-out the body. Furthermore, they reiterate that the unifying political banner of

[1] This idea was originally proposed by Freud (2001) within the psychoanalytic tradition in his discussion of the alteration of the ego: 'The ego, if we are to be able to make such a pact with it, must be a normal one. But a normal ego of this sort is, like normality in general, an ideal fiction.' (: 235).

neurodiversity is one of de-pathologization, directly challenging the oppressive hegemony of psychiatric institutional classifications of ADHD.

Relating to the neurodiversity paradigm's distinctively political edge, this movement is closely tied to intersectional perspectives as well. Tracing the intellectual roots of the neurodiversity paradigm in the principles of intersectionality and Disability Studies, Strand (2017) argues that despite critiques of intersectionality which lament its failure to provide any implementable research methods, and fears that negotiating such an intersectional multiplicity of identities may ultimately dissolve social groups into atomised individuals, intersectionality is invaluable for neurodiversity. Strand highlights that within the neurodiversity movement originating formally in the late 1990s with the work of Harvey Blume (1998), it has always been stressed that there is no one single way to be neurodivergent, referring to diversity within any particular neurodivergent label (as with any social group), as well as how various social identities can intersect with each other (e.g. neurodivergence, gender, sexuality, etc.). Approaching neurodiversity through a critical auto-ethnography, Le (2024) aims to theorise neurodivergence with the purpose of being more inclusive of intersectional experiences, and highlights the intersectional oppression in histories of mis-/missed diagnoses (psychiatrists are often ill-equipped to diagnose women and racial minorities), as well as the privilege involved in being able to un/mask. Furthermore, they holistically define neurodivergent disability as 'a situated, embodied, and dynamic experience, mediated by the interaction between an individual's current abilities and their present environment' (2024: 12). Such an approach valuably highlighting the materiality of intersectionality, showing that one's relationship with their physical environment plays a vital role too.

In the past couple of years, the neurodiversity paradigm has also started to be incorporated by scholars working in psychotherapy. Recognizing the general failure of the pathology paradigm to deliver clinically in targeting supposed brain dysfunction, Sonuga-Barke (2023) has proposed

a ‘paradigm flipping’ towards a neurodiversity perspective which respects the ADHD subject’s dignity, agency and legitimises their personal experiences through a celebrating of different ways of existing, doing and knowing, leading to feelings of acceptance and empowerment. Such an approach is valuable in demonstrating how psychotherapy can adopt such a paradigm shift away from pathologization. Also considering the positive experiences of ADHD from a psychotherapeutic perspective, Leong and Graichen (2024) strive to decentre neuro-normativity through the psychic paradox, highlighting how challenges experienced by ADHDers can also be experienced as positive features of one’s personality. However, I believe that neuronormativity must always be centred in discussions of strength-based approaches to neurodivergence to avoid re-perpetuating damaging neoliberal discourse, which celebrates those positive disabled experiences, but frames failing to conform to normative societal expectations as constituting an individual moral failing (Crow, 2014). Highlighting the importance of self-advocacy and the positive recognition of identities, Arnaud and Gagné-Julien (2023) draw on feminist philosophies of science to propose that neurotypicality is a value-laden category. Furthermore, they propose that we should listen to the experiences of those who are neurominoritised, providing a better understanding than the one laid out in the *DSM-5-TR*, which is advocated in the neurodiversity movement through the famous slogan ‘nothing about us without us’. Ultimately, valuing neurodivergent testimonies and challenging epistemic injustices present within the pathology paradigm can assist in increasing the epistemic authority of ADHD and other neurodivergent identities.

3.5 ADHD at the intersection: scholarship addressing ADHD and Gender/Sexuality

Providing an invaluable point of departure for discussing gendered ADHD differences, Rucklidge (2008) collates ADHD research from a neurotherapeutic perspective to map out the gendered specificities of ADHD from a macro, quantitative vantage point. Summarizing the prevalence of numerous variables through a comparative lens of whether a given characteristic is more prevalent in girls or boys, Rucklidge identifies that rates of hyperactivity, OCD and school suspensions are all higher for boys than girls (see also deHaas, 1986), whereas the inverse is true for inattention, low self-esteem, poor coping skills, depression and substance abuse which are more prevalent in girls. Quantitatively analysing gendered differences in prosocial behaviour for child ADHDers, Ragnarsdottir (2018) found in addition to gender differences resulting in ADHD girls reporting less prosocial behaviour and more peer problems overall than the comparison group, age also played a decisive role. Furthermore, whilst peer problems for ADHD boys lessened with increasing age, this correlation was absent for ADHD girls – the authors speculate such trends may result from the differing environments of girl and boy peer groups, and their tolerance of hyperactivity.

Turning to teacher perceptions of ADHD in the classroom, Olsson (2022) outlines a generally scattered picture concerning ADHD girls and how significantly their experiences differ from boys, and sums up several tentative conclusions which the literature has produced, including: teachers draw different conclusions on a child's given behaviour/difficulties if they are given a boy or girl name; teachers tend to assess girl's difficulties as more severe than boys (but they are more likely to recommend treatment and medication to boys than girls); teacher's relationships with students have been found to be gendered on occasion; but strategies for dealing with ADHD are generally considered to be gender neutral. Interestingly, Olsson (2022)

also notes how ADHD is discussed in the schooling context in regards to 'interventions', 'services', 'programmes' and 'treatments', but examples of inclusive education are exceedingly scarce, demonstrating the dominance of the aforementioned pathologizing paradigm in mainstream education.

Gendered differences in ADHD have also been identified within the clinical context and the diagnostic process, as Klefsjö et al. (2020) found that girls were more likely to be referred for treatment of suspected emotional problems, whereas boys tended to be referred to identify a neuro-developmental deficit. Furthermore, Klefsjö found that girls averaged a higher number of clinic visits before being diagnosed with ADHD, and they tended to be diagnosed later in adolescence and adulthood – girls were also more likely to receive non-ADHD medication before and after diagnosis. Brown et al. (1991) drew similar conclusions, finding girls were approximately one year older than boys when referred. Scholars have also found that gendered differences with ADHD also appear in adulthood, with ADHD adult women reporting higher levels of impairment and hyperactivity symptoms than men (Fedele et al, 2010), and higher rates of major depression and anxiety disorder (Biederman, 1994), which reflects a broad consensus in the literature that ADHD women are at a higher risk for co-morbid conditions (see also Quinn, 2005).

Finally, there has been a growing intersectional literature on ADHD women's gendered expectations in recent years. Contending that neurodivergent women and girls have been left behind, Craddock (2024a) argues that ADHD and autistic women have to deal with long waiting lists, a lack of support before and after diagnosis, gender biases in diagnostic criteria (such as the *DSM*), and are also more likely to be misdiagnosed and experience comparatively poorer mental health. Furthermore, Craddock argues that due to qualitative research being under-valued compared to quantitative research when formulating policy, women's voices and experiences are missing from ADHD and autism research. Lynch and Davison (2024)

additionally characterise the field of ADHD research as dominated by medical and psychological studies, and found in their research of the rich, lived experiences of seventeen young women residing in Ireland that a pattern of gendered expectations and assumptions emerged: ADHD is seen as being 'male', leading to externalised behaviour being associated with ADHD, inattention is not associated with ADHD and may be seen as 'normal', and gender biases ultimately lead to the underdiagnosis of ADHD women and girls, which aligns with Craddock's epistemic concerns. In her qualitative research, Craddock (2024b) found that ADHD women were often missed and dismissed due to gendered stereotypes, and attempts to mask were described through allegories derived from fantasy genres such as the 'invisibility cloak', where atypical behaviours are repressed and camouflaged to try and fit in were articulated in her research. Women participants voiced dissatisfaction with this 'invisibility cloak' as being heavy, uncomfortable, and not always working. Craddock characterises this dismissal of ADHD women's experiences, who are often diagnosed later in life, as constituting an epistemic injustice which urgently needs addressing in scholarly literature and clinical practices.

However, there is a striking lack of research which seeks to explore the relationship between ADHD and experiences of sexuality (Smusz, Allely, and Bidgood, 2024). In the limited number of studies conducted, these scholarly works tend to focus on autistic experiences of sexuality and relationships (McKenney et al., 2024; Beato et al. 2024). Conducting a literature review on neurodivergent young people and experiences of sexuality and relationships, Smusz, Allely, and Bidgood (2024) they found five articles which conducted quantitative analysis relating to ADHD, but no qualitative articles were found regarding ADHD and sexuality. Overall, the authors noted that this quantitative literature found that ADHDers with greater symptoms faced greater challenges in relationships, including those with symptoms but did not meet the criteria for an ADHD diagnosis. ADHD symptoms were also correlated with risky, impulsive sexual

behaviours, and the existing literature noted higher rates of victimization for ADHD women compared with neurotypical women.

Exploring experiences of sexuality education amongst thirty-four young people in the UK (neurotypical and neurodivergent), Smusz et al. (2024) discussed challenges faced exclusively by neurodivergent young adults, which included potentially a lack of practical understanding of how to develop a relationship, understanding the distinction between appropriate/inappropriate sexual behaviours, and co-morbid mental health issues such as anxiety. Kattari et al. (2023) also provide a brief exploration of ADHD and sexuality intersections, pointing out such literature tends to focus on hyper-sexuality, with meta-analyses suggesting that ADHD is more common amongst hyper-sexual individuals, but the reverse does not appear to be true. Researching the issue of problematic pornography use (PPU), Fraumeni-McBride (2024) noted that despite such a co-morbidity between hypersexuality and ADHD, this does not necessarily imply causation, and co-morbidity along with impulse control issues may provide a more nuanced picture of PPU among hyper-sexual ADHDers to deal with mental health problems.

3.6 Higher Education, ADHD, and Gender

Shifting focus from ADHD intersectionality towards the issue of ADHD experiences in higher education, scholars have highlighted a number of pressing areas of concern which can negatively impact ADHD university students, which make up 2-8% of university students measured through self-report measures of clinically significant ADHD behaviours (DuPaul, 2009). Conducting a literature review of the literature researching university students with ADHD, Sedgwick (2018) identified six primary themes within the literature they examined: academic, social, and psychological functioning, giftedness, new media technologies, treatment, substance misuse and the non-medical use of stimulants, and malingering. They

reported that ADHD was related to poor academic performance, as well as having lower levels of social skills and self-esteem. Of particular importance is their finding regarding giftedness, as they highlight difficulty in distinguishing ADHD symptoms from giftedness in twice-exceptional students (2e)[2]. These students perform well academically, but are at a higher risk of not being diagnosed and treated, due to not being perceived as a problem.

A key issue which influences ADHD students' experience of university is the bureaucratic structure of university accommodations which can provide or deny student support. For Morrison (2019), biographic mediation of disability in the academy is vital for making sense of these structures. Drawing on the concept of 'academic ableism' (Dolmage, 2017), Morrison (2019) argues that university accommodation bureaucracies split disabled people into two components through biographic mediation, namely disability and ability, to leave intact the university's narrative promoting a meritocratic ideal that everyone is able to achieve through hard work. Morrison acknowledges the importance of diagnosis for university bureaucracy, as it 'performs rituals of scientific objectivity' (: 701) to address institutional paranoia regarding cheating, unfair advantage, and the intentional faking of symptoms as a threat to meritocracy. The author also highlights the invasiveness of these procedures to secure accommodations, which tends to regard the medical professional as having the ultimate authority over the ADHD subject's experiences, with the neurodivergent subject not considered a trustworthy narrator of their disability and life story. Drawing on longitudinal ethnographic case studies of ADHDers to theorise the facilitators and barriers to higher education in Sweden, Taneja-Johansson (2024) also questions the formalised support services available to disabled students, and further highlights the damaging impacts of other factors such as negative attitudes from faculty

[2] "2e" describes students with a form of neurodivergence as well as being gifted, and is primarily used within the United States.

members, and social stigma for those with invisible disabilities can impact decisions surrounding self-disclosure.

Attempting to imagine how universities can help neurodivergent students to thrive in higher education environments, Hamilton and Petty (2023) argue that the 'hidden curriculum' embedded in universities needs to be tackled, which they describe as 'the unwritten, and sometimes unintentional, institutional expectations of how students will behave, study, and interact, which are not explicitly taught' (: 02). Furthermore, they suggest that the university projects a particular image of the acceptable, neurotypical student, such as expectations of independent time management and processing assignment feedback, which ADHDers with rejection sensitivity dysphoria (RSD) may struggle with. In conclusion, they argue for a compassionate pedagogical approach to combat the aggressive neoliberal marketization of education which prioritises competition and prestige. Further highlighting the disparities which ADHDers face at university, Henning, Summerfeldt and Parker (2022) studied over 3,000 students using a longitudinal design with self-report measures, and examined inattention against academic success, finding that students with more pronounced levels of inattention were more likely to drop out of their degree course. Furthermore, they also advocate for universities to provide help with organization skills which could potentially boost overall retention rates by introducing early intervention programmes, and could also include coaching and assessing student inattentiveness when they begin university regardless of any previous psychiatric diagnoses. Whilst providing invaluable data about the importance of inattention and university retention rates, and avoiding the prevalent epistemological privileging of psychiatric diagnoses, the authors fail to consider why students with greater inattention drop out. Such a correlation does not necessarily equal causation, and more qualitative research is needed to explore how ADHDers negotiate university.

Considering how ADHD is gendered within the university environment, Morley and Tyrrell (2023) have found through semi-structured interviewing that gender intersects with ADHD through women's experiences of increased stigma, lower self-esteem, and presenting more internalised symptoms compared to men, which has led to their historical under-diagnosis. As previously mentioned by Sedgwick (2018), the correlation between inattention and poor academic performance particularly impacts ADHD women, who face issues of procrastination and struggling with time management. Prior to diagnosis, participants rationalised these experiences as being a natural part of their personality, reasoning that they must not have an innate academic ability (Morley and Tyrrell, 2023), and the aforementioned self-esteem issues were also found to have further impacts on functioning in social and academic contexts for women at university.

Analysing how university accommodations are gendered, Morris et al. (2023) found that men with learning difficulties/ADHD benefitted more from accommodations. They speculate that such a correlation could be interpreted as men experiencing greater stigma than women which impacts initial help-seeking behaviour, or through the lens that women start university better prepared, so require less assistance with assessments. However, the first explanation appears unconvincing given that the literature on ADHD and stigma more widely does not seem to suggest men experience more ADHD stigma than women, with some studies suggesting the reverse to be true (Holthe and Langvik, 2017). Studying the intersection between helicopter parenting, gender, and ADHD at university in the United States, Buchanan and LeMoyne (2019) also noted that parents tend to reinforce exceptionally lofty standards for their daughters. Additionally, helicopter parenting may be experienced as positive for hyperactive ADHDers (more likely to be men) relating to redirection and task completion, whereas for inattentive ADHDers (more likely to be women) due to being unnoticed and missing external assistance that can lead to an internalising of failure for inattentive ADHDers at university.

4 THEORETICAL FRAMEWORK

4.1 Foucauldian post-structuralism

In the present study investigating ADHD intersectional subjectivities, I will be heavily drawing on the Foucauldian post-structuralist tradition, which linguistically focuses on moments of slippage where there is an absence of social consensus over how meaning is structured (Harcourt, 2007). Crucial to the post-structuralist theoretical underpinnings of the present research is Althusser's conception of the interpellated subject[3]. Althusser argues that ideology necessarily requires subjectivity, and consequently interpellates us all as subjects – in other words, ideology renders us socially intelligible within the capitalist system:

> 'I shall then suggest that ideology "acts" or "functions" in such a way that it "recruits" subjects among the individuals (it recruits them all), or "transforms" the individuals into subjects (it transforms them all) by that very precise operation which I have called interpellation or hailing' (Althusser, 1971: 174).

Highlighting the complexity of the subject as simultaneously involving negative restriction and regulation, as well as a positive production, Foucault describes the double meaning of 'subject' as: 'subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge' (1982: 781). In the context of Western modernity, Foucault posits that biopower is fundamental to understanding how subjects are managed by the state apparatus, an argument which Phelan draws extensively upon, explaining that through this calculated

[3] Although Althusser is commonly regarded as a neo-Marxist, his work has been undeniably important for the development of post-structuralist thought, which has since developed and expanded his notion of interpellation.

management of bodies, subjects are made 'useful, docile, normal' (1990: 426). When considering the ADHD subject, state apparatuses govern and regulate the ADHD subjects rendered socially intelligible through psychiatric diagnoses which derive their legal authority through state legislation. Considering ADHD 'treatment' through biomedical means such as psychostimulants, the ADHD subject is made docile in the literal, purest sense by problematising externalising hyperactive behaviours to enforce and manage neuronormativity/docility.

Another central tenet of post-structuralist thought to note is the refuting of epistemological claims to absolute, unmediated truth as an instrumental means through which to establish authority and social control. Tracing the fundamental principles of post-structuralism, Fox (2014) draws on Derrida's (1976) linguistic argument regarding how logocentric claims are staked. Derrida argued that to overcome the circularity of signification, specification describes how an object is distinguished from another, which is enhanced through invoking binary oppositions. Consequently, logocentric claims stratify these binary categories by placing one above another as having superior value, legitimacy, or authority - such as health over illness, men over women. Therefore, post-structuralism seeks to dispense with ideas of objective truth in a distinctively anti-essentialist vein, questioning social categories which are naturalised and taken for granted. In her anti-essentialist critique of foundationalist history, Scott (1991) further demonstrates post-structuralist concerns with anti-essentialism, arguing that identities are discursively constituted, proposing 'to refuse a separation between "experience" and language and to insist instead on the productive quality of discourse' (: 792-793). Furthermore, she proposes that unmediated experience is an epistemological impossibility, as experience can only be rendered socially intelligible through language and discourse, meaning that we should never take accounts of experience as being self-evident and transparent in meaning.

4.2 Queer Theory

Being principally concerned with how ADHD subjectivity intersects with gender/sexuality, I will also draw upon queer theoretical understandings of gender/sexuality. Foucault traces the social construction of sexuality back to the 18th and 19th centuries, during which there was a 'discursive explosion' (1978: 38) which led to the consolidation of the cultural and religious institution of heterosexual monogamy, and the intense scrutiny of those considered 'deviant'. Rejecting the widely-believed repressive hypothesis, Foucault proposes that in the 18th and 19th century sexuality became a formidable means of social control, including sexuality becoming a concrete medicalizable object. It was this discursive explosion which constituted the homosexual as an intelligible subject and concrete social category: 'the sodomite had been a temporary aberration; the homosexual was now a species', and with this shift in hegemonic discourse came 'the new persecution of peripheral sexualities' (: 43). Here, homosexuality and ADHD have several parallels when considering Foucault's account of sexuality, not least that they have both been medicalised into discrete categories for the purposes of social control.

Widely considered a foundational theorist within the queer canon, Judith Butler provides an invaluable understanding of gender which this study will draw upon. In 'Gender Trouble' (1990), Butler sought to question prevalent essentialist categorisations of women, and attempted to radically reformulate the epistemological and ontological assumptions underlying mainstream feminist theory. Framing the category of 'women' as being a discursive formation, Butler claims that 'Juridical power inevitably "produces" what it claims to represent' (: 2), arguing that power does not merely possess the sole negative function of regulation; it is also positively generative in producing subjectivity constituted through discourse. Furthermore, in discourse positively producing one's subjectivity, Butler posits that if sex is necessarily grounds for contestation, we can assert that both gender and sex are culturally constructed. Following their argument, the hegemonic Cartesian body/mind dualism perpetuated through juridical

apparatus merely obscures how cultural gender serves to construct a pre-discursive sex, which is consequently framed as being self-evident and naturally occurring. Consequently, Butler argues that gender is by its very nature performative: 'Gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being.' (1990: 33).

Finally, another indispensable queer theoretical contribution to note is Sedgwick's (1990) work on the closet as a central social structure which defined the 20th century. She argues that the closet came into being at a time of definitional crisis in society, which led to the cultural organization of binarisms such as masculine/feminine, majority/minority, health/illness, heterosexuality/homosexuality and so on. Questions were raised regarding the self-disclosure of one's homosexual identity. Furthermore, she claims that the gay identity is resisted by society through the doubting and questioning of the gay subject, meaning the authority over the definition of gayness was purposefully divorced from the gay subject themselves. Sedgwick (1990) also notes the incoherence of discourses surrounding homosexuality in the 20th century, specifically between universalizing discourses (such as everyone having the potential to be bisexual, sexuality being social constructed etc.), and minoritizing discourses (gay people are entirely distinct from straight people, sexuality being an unchangeable part of one's identity). In summary, Sedgwick provides an invaluable contribution in queer understandings of sexuality and self-disclosure in the structure of the closet as being bound up with notions of power, intelligibility, and subjectivity.

4.3 Neuroqueer Theory

Neuroqueer theory, emerging from various other theoretical traditions such as critical disability studies, queer theory and crip theory, will provide the fundamental theoretical basis of this

thesis. Fox (2025) usefully pinpoints the *raison d'être* of neuroqueer in her discussion of neuroqueer feminism and critique of feminist anti-psychiatry movements. Whereas feminist anti-psychiatry denies the existence of neuro-developmental disorders as resulting from individual flaws and are the result of the pathologization of normality, Fox identifies neuroqueer as theoretically distinct through being explicitly guided by values of social justice, cherishing the lived material experiences of neurominorities, and recognising the socially constructed nature of neurodivergence.

Walker (2021) highlights the multiplicity of ways in which neuroqueer can be utilised, including as a verb, adjective, a marker of social identity (much like 'queer'), and highlights how neurodivergence is inherently queer, and that the two concepts are intimately entangled together. For Walker, neuroqueer theory is predicated on the neurodiversity paradigm, which champions 'diversity among minds', challenges any notion of 'normal' as having no objective scientific validity, and equates the social dynamics which surround neurodivergence with the social dynamics that occur in regards to other forms of diversity (such as gender, sexuality, race, culture and so on). Staunchly challenging the pathologizing paradigm which is perpetuated by dominant psychiatric institutions, Walker provides a non-pathologizing vocabulary to discuss neurodivergence without inadvertently reproducing pathologizing discourses, including terms such as neurominority, neurotypical (the majority of society which is considered to conform to mainstream, socially constructed neurological norms) and neurodiversity (describing the healthy and naturally occurring diversity amongst human minds).

Usefully outlining four core challenges posed by neuroqueer theory, Barnett (2024) proposes that neuroqueer firstly aims to acknowledge the validity of diverse embrained-embodied knowing, explaining that neuro- means nerve rather than brain, referring to how one's nervous system interacts with the external environment. Furthermore, Barnett draws on Walker (2021) to highlight that movement can assist the individual in knowing more about themselves when

it is expressed rather than repressed, constituting a self-knowledge which can be re-claimed, such as stimming[4]. Secondly, Barnett notes the centring of performative doing rather than being as the essence of existence, seeking to highlight the constant state of neuroqueer flux oriented towards futurity, as Yergeau notes 'to be neuroqueer is to always be striving toward being neuroqueer' (Yergeau, 2018: 76 quoted in Barnett, 2024). For Barnett, such a focussing on process over product decentres norms of capitalist production which encompasses a politics of non-arrival. Thirdly, Barnett's characterisation of neuroqueer challenges involves questioning neuronormative categories and definitions which are taken for granted, envisioning a politics of neuroqueer disidentification as a powerful mode of political resistance (Egner, 2019, Griffin, 2022). Finally, Barnett argues that neuroqueer is invested in revealing mechanisms of social control operating in and through neuronormative discourses.

Additionally, intersectionality is critical within neuroqueer theory, especially for the present project's investigation of intersections between ADHD and gender/sexuality, with intersectionality as an anti-exclusion tool being a key tenet of neuroqueer feminism (Johnson, 2021). Furthermore, Oswald et al. (2021) in their work using intersectional neuroqueer theory conceptualise 'neuroqueer expansiveness' to honour and respect intersectionality's deep theoretical roots in Black feminist epistemologies (see Crenshaw, 1989), but also to recognise its usefulness for analyzing neurodivergence, queerness and other intersecting social axes of oppression. I consider Oswald et al.'s definition of neuroqueer expansiveness to be of particular theoretical utility, describing how the 'interacting gender identities, sexual orientations, racial/ethnic backgrounds, and cognitive/neurological/psychological abilities bounce off, sometimes embrace, and often reject the oppressive categories that try to contain them' (2021: 1127). Such a definition is particularly salient for the present project, through appreciating the

[4] Stimming is short for self-stimulating behaviour, involving the repetitive performance of physical movements or utterances.

infinitely numerous ways in which different social axes can interact with each other in ways which are not socially pre-determined, and centres lived neuroqueer experiences by not assuming the level of importance which the neuroqueer subject might ascribe to various social labels they choose to adopt or disidentify from.

4.4 Introducing the 'neuroqueer universe'

Drawing on theories of queer world-making, the post-structural linguistic turn, and neuroqueer concerns surrounding social justice, I introduce the concept which is fundamental for my analysis: the neuroqueer universe. As Muñoz argues:

> 'The here and now is a prison house. We must strive, in the face of the here and now's totalizing rendering of reality, to think and feel a *then and there* […] we must dream and enact new and better pleasures, other ways of being in the world, and ultimately new worlds' (Muñoz, 2009: 1).

Furthermore, I conceptualise the neuroqueer universe as continuously spawning new worlds through the evolving language we use to communicate and think critically about neurodivergence. The neuroqueer universe is constantly expanding, a politically imperative project to interpellate ever-more neuroqueer subjects into being, to combat the epistemic injustice enforced by the neuronormative hegemony. In addition to the politically neuro-expanding questions asked such as what does it mean to be a neurodivergent girl, or a neurodivergent adult, I ask what does it mean to be neurodivergent and queer, and can we imagine neurodivergence itself to be a form of queerness? As Berlant and Warner (1998) argue that 'Contexts of queer world making depend on parasitic and fugitive elaboration' (: 561) within the broader heteronormative public culture, in the neuroqueer universe, I refuse to reify binaries or enforce classifications which force into being a restrictive ADHD-ness which is wholly separated from neurotypicality and denies the intrinsic, dynamic connectivity between

the two. Rather, I envision neurodivergent linguistic expansionism and its never-ending 'fugitive elaboration' against the *DSM's* psychiatric neuronormative hegemony as a strength to be championed, rather than being a sign of ADHD's impending epistemological impotence, and potential obsolescence as a social meaningful category.

Regarding ADHD as a Butlerian (1990) discursive and embodied performance, I aim to prioritise and cherish the lived experience of ADHD neuroqueer subjects in higher education, emphasising their agency whilst acknowledging the daily struggles faced by the neuroqueer subject living in an oppressive, neuronormative world. I therefore imagine the ADHD, neuroqueer subject in the world of higher education on the frontier of the ever-expanding neuroqueer universe, politically expanding what ADHD does and could mean. Fighting against the epistemic injustice of neuronormativity through expanding the neuroqueer universe is an existential necessity, with one's own social intelligibility at stake, given the neuronormative system's projection of the image demarcating the figural white, hyperactive schoolboy as the ultimate signifier of ADHD which continues to haunt the collective public consciousness.

5 METHODOLOGY

I will now turn to consider the empirical basis for the present thesis's analysis, and the theoretical assumptions which underlie the methodological decisions I made through-out the research process. Firstly, to frame the subsequent discussion, it is important to reiterate my research aim, which was to explore the rich, lived experiences of ADHD subjects in higher education, and how ADHD subjectivity intersects with axes of gender and sexuality. I will begin by outlining my commitment to following feminist and queer methodological principles, and then I will detail as transparently as possible the decisions which I took through-out the research process, including methodological novelties which I considered to be instrumental for researching and theorizing neuroqueer ADHD subjectivities. Subsequently, I will lay out my positionality in relation to my research project, to make visible the role of myself, the researcher within the project.

5.1 The Research Process:

In order to research the rich, lived experiences of neuroqueer, ADHD subjectivity in the world of higher education on the frontier of the neuroqueer universe, I decided to employ semi-structured interviews which offer 'reflective accounts of social life offered from the points of view of research participants' (Panfil and Miller, 2015: 38), not to be taken at face value as a vessel containing objective truth, but nevertheless capturing the rich, lived perspective of the participant which must be valued and cherished. Furthermore, I draw upon the idea of 'going to the people' as being a distinctive hallmark of feminist research (DeVault and Gross, 2012), whereby actively listening to participant's experiences, which are all too often marginalised and ignored, becomes an intentionally political act to effect change. As a result, I envision the researcher not as a miner which ruthlessly extracts data for the purposes of research, but as a

metaphorical traveller whose journey can generate new knowledges and perspectives (Kvale, 1996).

The ten interviewees were selected through purposive snowball sampling (Clark et al., 2021), through which I made contact with participants through friends, acquaintances, and colleagues at my current and previous universities. The sampling criteria used included identifying with ADHD, and either currently studying or having recently studied in higher education (within 1 year of graduating). Whilst being an effective method of finding participants through friends and acquaintances who could vouch for me, snowball sampling also fundamentally shaped my research, and the conclusions I was able to draw from the data. Whilst having limited generalizability to the wider target population due to bias stemming from utilizing purposive sampling, nonetheless the present study is valuable in its capacity as a qualitative project to be subject to analytical generalization (Onwuegbuzie and Leech, 2009), elsewhere defined as where 'qualitative studies are generalizable to theoretical propositions rather than statistical populations' (Clark et al., 2021: 388). Furthermore, I seek to contribute to a neuroqueer theory of ADHD, rather than proposing my results are somehow generalizable, which would only risk essentializing experiences of neuroqueer, ADHD subjectivity in higher education.

Researching participants situated in higher education means that the sample generated has privileged access to symbolic capital encompassing the projection of prestige and honourability (Bourdieu, 1972a), emerging as an effect of economic and cultural capital when they are socially acknowledged (Bourdieu, 1987). Through possessing symbolic capital, student subjects were able to successfully articulate their experiences through the prism of ADHD in a socially intelligible manner, which others from lower socio-economic backgrounds may not be able to culturally access. Additionally, due to conducting research in higher education within the Euro-American context, all of the participants were from the Global North, situated within middle-class backgrounds, and eight out of the ten participants were white. Such a middle-class

sample which is mostly white and from the Global North means that the present study cannot make any definitive claims about working-class, Global South or ethnic minority ADHD experiences.

Through interviewing participants who described themselves as having ADHD, which functions as an explicit, visible identificatory criteria, this inevitably moulded the research findings and conclusions. Principally, this meant that I was able to listen to participant accounts who were medically undiagnosed, and whose voices are therefore often ignored within ADHD scholarship[5]. Furthermore, I argue that it is not enough to merely cease using pathologizing language when discussing ADHD, we must acknowledge to the fullest extent the ramifications of the neurodiversity paradigm's critique of the DSM's deficit-oriented definition of ADHD as having no basis in scientific objectivity (Sonuga-Barke, 2023), and alternatively exists as another variant of human existence akin to race, gender, etc. (Walker, 2021).

To achieve this aim, I argue that the researcher should centre ADHD as marker of self-identification rather than perpetuating the legitimacy granted to psychiatric institutions by the state. Such a methodological decision to de-centre the psychiatric hegemony also takes inspiration heavily from queer theory, a sensibility which is always moving towards 'its goal of destabilizing normative categories' (Panfil and Miller, 2015: 35). Therefore, I aim to productively destabilise ADHD as a normative, taken-for-granted category, to queer it in the pursuit of creating a de-pathologizing, neuro-inclusive future within higher education. However, my research is also limited in this respect, as I was not able to include individuals who may conceptualise themselves in ADHD-related terms (being impulsive, forgetful, etc.),

[5] For example, Shannon (23 years old) was misdiagnosed with histrionic and narcissistic tendencies, identifies as ADHD and is currently seeking a second diagnosis for ADHD after seeking advice from her male friends with ADHD.

but do not self-identify with ADHD, which can be achieved through using survey-based self-report measures (see DuPaul, 2009).

Continuing my discussion of implications regarding using the term 'ADHD' through-out the research process, I wish to address using ADHD as an imperfect but politically useful intention term. I share Walker's dissatisfaction with ADHD as an imperfect, flawed term (Walker and Raymaker, 2021), regarding the 'D' referring to disorder, a pathologizing term this thesis actively opposes. However, there are still methodological merits to using the term 'ADHD'. First of all, 'ADHD' is still widely used within neurodivergent communities, meaning that if I were to coin a new term, people would undoubtedly have difficulty understanding what I am referring to, and would generate entirely warranted criticisms of academic elitism, and unnecessary obfuscation.

I also aimed to interview a wide range of participants across a range of sexualities and gender identities, to capture a rich diversity of ADHD experiences and subjectivities within higher education. However, there are also several limitations of this approach. Given that ADHD students are more likely to drop out of university compared to the general population (Henning, Summerfeldt and Parker, 2022), my research only captures the experiences of those situated within the university system, possessing the symbolic capital necessary to self-identify with ADHD in a socially intelligible manner, and who have been able to sufficiently adapt to higher education's neuronormative demands rooted in logics of capitalist production.

Participants were asked to sign a consent form before conducting the interviews, which lasted variously between 39 minutes to 78 minutes. An interview schedule was organised according to several themes which I considered pertinent for the project: experiences of ADHD in higher education and seeking accommodations; the relationship between ADHD and gender/sexuality; societal discourse and misconceptions surrounding ADHD in higher education; experiences of

self-disclosing ADHD, as well as stigma and discrimination; and the relationship between ADHD and social media. After I stopped the recording, participants were debriefed, and I enquired about how they found the experience of participating in an interview. In conducting the semi-structured interviews, I regarded serendipity as being a guiding principle, making sure to ask follow-up questions whenever a particularly interesting topic of conversation emerged, rather than rigidly adhering to the interview schedule. Deploying a more flexible, conversational approach during interviews served to enhance participant accounts through providing further detail, context, and clarity, to paint a more enriched picture of participant's lived experiences.

After the interviews were recorded, they were subsequently manually transcribed. The transcripts were altered for grammatical clarity, whilst still retaining as much as possible the spirit of what the participant was understood to be communicating. As Kvale (1996) notes, transcription is not merely an administrative endeavour, but one which involves a necessarily creative interpretative transformation, evaluated principally through the methodological transparency of the researcher. Following this principle, I edited the quotes cited to improve their readability whilst maintaining the participant's clarity of expression.

Post-transcription, I conducted a reflexive thematic analysis (RTA) of the data, which recognises the active role of the researcher in creatively producing knowledge, rather than treating themes as independently existing and requiring unearthing by the researcher (Braun and Clarke, 2019). Furthermore, I organised the data into three over-arching themes centred around my concept of the ever-expanding 'neuroqueer universe,' which in turn draws inspiration from the scholarly literature on queer world-making[6].

[6] For a more extensive discussion of queer world-making, please refer to the theoretical framework.

5.2 Positionality and Power Relations

Stemming from my commitment to queer and feminist methodology, I now turn to address my own positionality including attentiveness to power relations, which ties closely to the ever-shifting researcher 'insiderness' and 'outsiderness' through-out the research process (Doucet and Mauthner, 2008). I myself identifying as an ADHD, bisexual subject currently studying for an MA in Gender Studies provides certain affordances of insiderness, meaning that participants may be more willing to take part in an interview, due to my providing of a clear narrative explaining why I am interested and invested in the thesis, and provides an initial point of commonality to build researcher-researched rapport.

However, through-out the research process I also was undeniably an outsider in several respects. Firstly, conducting thesis research within the academy immediately creates a degree of distance between the researcher and researched, regardless of the level of seniority within the university, as the participant knows that what they say to the interviewer is for a particular academic purpose. Additionally, as a cisgender, white man, I possess several privileges which my participants did not, including the majority of my participants identifying as women, queer, or non-binary, and several participants also identified with neurodivergent categories outside of ADHD (such as autism and dyspraxia). Therefore, I was never fully an insider or outsider whilst conducting the research. Although, when speaking to participants after I had stopped the recording, many disclosed that they had felt comfortable and relaxed through-out the interview, and appreciated my attentiveness and genuine interest which is important for rapport-building.

6 THEME 1 – GRASPING THE VASTNESS OF THE NEUROQUEER UNIVERSE: DEBATES AND DISCUSSIONS SURROUNDING ADHD AS AN ONTO-EPISTEMOLOGICAL AND POLITICAL FORMATION IN THE WORLD OF HIGHER EDUCATION

6.1 Setting the scene

To explore the contours of ADHD student subjectivities situated within the neuroqueer universe, I conducted semi-structured interviews with ten interviewees who were either currently studying at university, or had recently graduated from university. The majority of interviewees in some respect identified as being not cisgender, heterosexual, or monogamous; most were studying in post-graduate education; and all of them self-identified as ADHD. Additionally, all participants came from across Europe and the United States.[7]

[7] John is 28 years old, identified as non-binary and used pronouns they/them, are currently studying for a master's degree, and was diagnosed with ADHD as an adult. Kate is 23 years old, uses pronouns she/her, identifies as heterosexual and was diagnosed with ADHD as a child. Shannon is 23 years old, uses pronouns she/they, is currently studying for a bachelor's degree, was initially misdiagnosed with narcissistic and histrionic tendencies, and is currently seeking a second diagnosis for her ADHD. Rose is 22 years old, uses the pronouns she/her, is currently studying for a master's degree, identifies as a lesbian, and is diagnosed with ADHD, autism, and dyspraxia. Alex is 25 years old, uses pronouns they/them and are not comfortable with being gendered, describes themselves as not being a very sexual person, and is currently studying for a master's degree. Todd is 23 years old, uses pronouns he/him, identifies as heterosexual, is currently in full-time employment and recently graduated with a bachelor's degree. Penny is 30 years old, uses pronouns they/them, describes their gender as agender/non-binary, identifies with the terms demisexual and pansexual, is polyamorous, and is currently studying for a master's degree. Marty is 19 years old, uses pronouns they/them, identifies as non-binary and bisexual, and is currently studying for a bachelor's degree. Jacob is 22 years old, identified as a queer, gender-fluid man, and is currently studying for a master's degree in the social sciences. Finally, Amy is 33 years old, uses the pronouns she/her, identifies as a heterosexual woman, and is currently studying for an MA.

Firstly, I will grasp the sheer vastness of the neuroqueer universe through onto-epistemological and political debates and discussions voiced by participants surrounding ADHD in relation to the subject, how to imagine the ADHD subject as having agency in a neuronormative society, exploring stigma and experiences of self-disclosure as mediating which subjectivities can be heard by the researcher in the first place, and the onto-epistemological question of social media as facilitating a politically radical expansion of the neuroqueer universe whilst continuing to grapple with the issue of the spread misinformation, and what indeed can we determine as counting as misinformation whilst simultaneously discarding the baseless notion of ADHD as rooted in scientific objectivity (Sonuga-Barke, 2023). Next, I will turn to the world of higher education presently at the frontier of the ever-expanding neuroqueer universe. With the increasing number of students entering and navigating university whilst discovering their own neurodivergence which has previously remained unrecognised, I explore three particularly pertinent themes articulated by interviewees. Particularly, I am interested in formative experiences of schooling and the process of interpellation into ADHD; how the neuroqueer student subject adapts and negotiates within and through the neuronormative university; and experiences of university accommodations. Furthermore, I imagine a neuroqueer futurity whereby the university becomes a progressive vessel of anti-capitalist, neuro-inclusiveness, moving against the grain of pervasive, neoliberal logics of education as belonging to the profit-driven market. Finally, having considered the vastness of the neuroqueer universe, and the world of higher education at the edge of the neuroqueer universe, I will ask a provocative but illuminating question: what is queer about the neuroqueer universe? I will subsequently lay out a preliminary response, considering how ADHD student subjectivities are entangled with the performativity of gender (Butler, 1990), and displaying the numerous affinities and intersections between queer, non-normative sexualities and neurodivergence. Ultimately, I will argue that the concept of a neuroqueer universe serves to illustrate the never-ending expansion

of what queer and neurodivergence means/could mean. Drawing inspiration from Thomas (2017)'s articulation that 'Queer theory runs towards its criticism, not away from it' (: 174), the ever-expanding neuroqueer universe also aims to confront emergent accusations from the political Right of psychiatric over-diagnosis[8], which tacitly seeks to illegitimise experiences of ADHD adults, ADHD women, and queer ADHDers. Imagining a neuroqueer universe therefore aims to facilitate the validation of these neurodivergent subjects on the periphery who are often dismissed, invalidated, and left behind (Craddock, 2024b).

This chapter will primarily draw upon Walker's (2021) concept of neuroqueer/ing to imagine and subsequently make sense of what I describe as the vastness of the 'neuroqueer universe'. Whilst neuroqueer can be utilised as an identity, this chapter is instead invested in neuroqueer as a distinct and intrinsically political mode of being and doing, particularly 'engaging in the queering of one's own neurocognitive processes' and 'approaching, embodying, and/or experiencing one's neurodivergence as a form of queerness' (Walker, 2021: 122). To clarify, I envision such a neuroqueer universe which demarcates a realm of social intelligibility within which the neuroqueer subject is interpellated into, and is continuously expanding over time. However, rather than utilizing interpellation in a classical Marxist sense whereby ideology recruits subjects in a top-down manner (Althusser, 1971), I imagine interpellation in a more expansive sense whereby individuals can be interpellated into ADHD subjectivity through other individuals, social media algorithms, psychiatric institutions etc. Crucially, the neuroqueer universe is also co-constituted by neuronormativity, referring to 'the set of assumptions, norms,

[8] Whilst the political right-wing rhetoric of over-diagnosis is beyond the scope of the present thesis, please refer to these articles which detail the over-diagnosis rhetoric perpetuated by Health Secretary Wes Streeting and Nigel Farage in the UK: https://amp.theguardian.com/politics/2025/mar/16/wes-streeting-there-is-overdiagnosis-of-mental-health-conditions and https://www.theguardian.com/politics/2025/apr/24/nigel-farage-says-mental-health-cases-hugely-overdiagnosed

and practices that privilege neurotypical thinking and perceive it as the only acceptable or a superior form of cognition' (Leong and Graichen, 2024: 92).

Through outlining various debates, discussions and dialogues surrounding ADHD in the ever-expanding neuroqueer universe, I will not advocate for one perspective at the risk of discrediting or discarding another. Rather, I aim to show what is presently at stake personally and politically for ADHD neuroqueer subjectivities in the present and the future in the world of higher education.

6.2 Situating ADHD in relation to the Neuroqueer Subject

A crucial first step to map out the grand scale of the neuroqueer universe through political and onto-epistemological debates surrounding ADHD is recognizing how ADHD neuroqueer subjects variously position themselves towards ADHD as a socially constructed category, which has no basis in scientific objectivity (Sonuga-Barke, 2023). When discussing ADHD in relation to themselves, a diverging of opinions emerged amongst the participants across lines of gender, sexuality, and identity. On the one hand, several participants had what could be described as an anti-identitarian view of ADHD, claiming ADHD is separate from one's identity, not seeing diagnosis as being overly important, and resisting the idea that we should connect and relate to others through neurodivergence. On the other hand, other participants articulated an identitarian view of ADHD, claiming ADHD is an integral part of one's identity and fundamentally affects how they move through the world, and is a vital way to relate to other people within the neurodivergent community.

Beginning with participant's anti-identitarian views of ADHD, John was sceptical towards ADHD diagnosis as a signifier of authority, psychiatric objectivity, and a marker of self-identity, instead placing emphasis on ADHD medication such as Ritalin and Vyvanse working, a view

which was shared by their therapist. Speaking about the importance of diagnosis and medication, they argued:

> 'If medication doesn't help you, even if you get the diagnosis, what is your fucking point? And then what, like, do you want a badge? […] what I've also witnessed is people treating a diagnosis as a very authoritative thing, and they are very weary of self-diagnosis. And so they say, 'I have to have an authority figure telling me that I do indeed have ADHD.' I am like, it's kind of meaningless, though.' (John).

Referring to individuals wanting a 'badge' discursively aligns a formal psychiatric diagnosis with a desiring of ADHD social intelligibility (with the diagnosis acting like a physical 'badge' to be recognised as such). In response to others desperate for an official diagnosis, they countered this viewpoint by describing the diagnosis as being 'kind of meaningless,' demonstrating their viewpoint of ADHD which I describe as anti-identitarian in their scepticism towards ADHD as an identity marker. However, whilst they take more of an anti-identitarian perspective regarding ADHD generally, John explicitly rejects the individualizing logic of psychiatric institutions and the *DSM* which describes ADHD as a mental disorder solely rooted in the brain, articulating an anti-psychiatric position[9] which draws on the premise that ADHD has no basis in scientific objectivity (Sonuga-Barke, 2023). John thus argues against assigning a 'religious truth' to the *DSM*, realizing that it is 'a load of junk,' regarding the category of ADHD itself as devoid of intrinsic, authoritative meaning, and in turn ascribing value to medication's efficacy.[10]

[9] By using the term anti-psychiatry, I do not intend to refer to the political movement which emerged in the 1960s – I use the term here to refer to a general scepticism of the *DSM*'s hegemonic framing of ADHD as being a mental disorder.

[10] However, broader conclusions regarding the impact of ADHD medication on subjectivity cannot be drawn from the present data.

Varying from John's perspective on ADHD, but still broadly falling into the anti-identitarian conception of ADHD, Kate from the United States from the rural South emphasised the importance of ADHD and how it is imagined varies across time and space. For her, ADHD was important in adolescence as an explanation for not being able to focus, regarding it as a turbulent period where they 'didn't know what was going on with my body,' but it is not particularly important currently at university. Furthermore, they emphasised that how people think about neurodivergence and the labels people use are constantly in flux:

> 'These books and definitions are constantly changing all the time. You know, we don't use the term Aspergers anymore as a way of saying the 'smart people autism,' and that has since changed. Even with my mom, she has the idea that ADD is the 'calm person's ADHD' is not how it works.' (Kate)

Reflecting on the importance of ADHD for her identity, Kate is open with others about ADHD, but says 'I never found myself relating to people because they had ADHD and I had ADHD,' arguing that 'I feel it's a very individual diagnosis.' In relation to one's own personality, they articulated frustrations that ADHD was currently seen as being a 'trend' particularly on social media, drawing comparisons to depression: 'in the U.S. that was a really big thing, goth/emo culture was really popular, and so people called themselves depressed', and taking a critical, anti-identitarian stance believes of ADHD that 'I don't think that ADHD should be a personality marker'.

Whilst articulating an anti-identitarian view of ADHD similar to John, Kate also takes a similarly critical, anti-essentialist approach to ADHD, focussing here on the social constructed-ness of language, and its continual evolution across time and space, arguing:

> 'People should start to question the rigidity of these sorts of labels in a medical context and in a social context' (Kate)

As discourse inevitably mediates and productively constitutes human experience (Scott, 1991), Kate's response raises an important question regarding the linguistic reification of ADHD as a means of classification regardless of whichever paradigm one is situated within, and provokes us to ponder the utility and purpose of ADHD as a classification which inevitably functions as a negative tool of exclusion to some degree. Kate's exposing of neurodivergence as a social construction varying across time/space can be read as an anti-capitalist neuroqueer act against the pathologizing psychiatric hegemony; which drawing on Barnett (2024) prioritises doing or alternatively the process (understanding oneself and constructing self-knowledge) over being, or alternatively the final product (identifying with or claiming the label of ADHD). Further exploring the neuroqueer contours of an anti-identitarian view of ADHD, Kate evokes Butler's (1990) envisioning of an emergent coalition-building through their assertion that neurodivergence should not be used to relate to other people. As they note through their interactions with friends who have ADHD (such as a therapist they know), they are not simply arguing that you shouldn't relate to other neurodivergent people, but that any coalition-building should not be pre-determined in advance, with the neuroqueer subject's neurodivergent identity restricting who one should seek affinities and alliances with, instead imaginatively opening up future neuroqueer political possibilities.

Such an anti-identitarian view of ADHD was alluded to by several additional participants, including Marty from the Netherlands feeling that their diagnosis is not so important for their identity, as 'in my case it was so easy to get a diagnosis'; and for Jacob they felt it primarily affected their motivation to do everyday tasks and their levels of energy through-out the day, but see it as somewhat distinct from their self-identity:

> 'it's more something that affects the way that my personality is shown rather than actually being my personality' (Jacob)

Through this quote, I argue Jacob articulates ADHD as haunting the presentation of his personality, but is nonetheless on the outside. That is, the two are distinctly separate entities, with Jacob imagining his personality to have an authentic, inner core, whilst ADHD as an external, omnipresent spectre only affects how this inner core is expressed externally.

Summarily, I therefore view the anti-identitarian view of ADHD as broadly being one which downplays the role of diagnosis for identity; sees ADHD as a separate entity to one's inner personality; and broadly refuting neurodivergence as an avenue for community formation. Although, participants varied considerably in their advocacy within this general approach, and there are many varying shades of opinion encompassed within this theoretical framework.

Turning towards the identitarian view of ADHD, other participants alternatively saw ADHD as being an integral, inextricable, and intrinsic part of their self-identity. For Shannon, they saw ADHD as 'part of my identity,' being a 'blessing and a curse,' using humorous, anecdotal examples of hyper-fixating and concentrating too much on one thing at the expense of other life commitments:

> 'One day I wanted to make a lamp on my birthday, and I was sitting on the floor making the lamp, and then my friend walked in and it was time to have the guests over and I was in my underwear with a hot glue gun in my hand' (Shannon)

Furthermore, they also find it beneficial to be able to relate to other ADHDers/neurodivergent individuals, feeling that for them:

> 'In general it's way easier to be myself and like open my brain and use it the way it works, Because the way I interact, for example, one of my best friends who is an autistic man, like there's no real connection between the conversations that we have, and we just jump from one thing to another without feeling like we have to give an explanation' (Shannon)

Interestingly, in Shannon's account the behaviour she describes of jumping from one topic to another with little connection as a specifically ADHD trait is also generally understood as a common experience amongst non-ADHDers. However, I do not seek to pre-emptively discard this account of lived experience as a trivial misunderstanding of social categories (indeed, ADHD is by no means a fixed classification). Rather, through this example I propose instead that the identitarian ADHD subject is more prone to mentally associate their own lived experiences with ADHD, regardless of a behaviour's prevalence in the wider population.

Conceptualizing neurodivergence as a visible characteristic and queer(y)ing the category of invisible disability, Rose describes their experience as an AuDHDer as:

> 'The moment you walk into the room, people clock that there's something different, and it doesn't matter how much you try and mask it' (Rose)

Underlining the importance of community-building, Rose also argues 'community is really important in building a positive identity for myself,' identifying community and intentionally seeking out other ADHDers as a strategy to combat internalised stigma surrounding neurodivergence. Alex expressed a similar sentiment, and voiced discomfort if they have not told others around them about their neurodivergence:

> 'I will always have to pay attention to my own behaviour, and I cannot let loose […] I feel like it can be a bonding point with others' (Alex)

Penny also mirrored the aforementioned sentiments about the importance of ADHD for identity, having an expansive view of ADHD:

> 'I think ADHD shapes my whole life; it influences my identity a lot. Now that I know the signs and know what all can be linked to ADHD, I see it in every aspect of my life pretty much. […] It also brought a shift in accepting myself and not blaming myself and

> labelling myself all these other negative things, but just being accepting of OK, I am neurodivergent and that makes some things harder or different' (Penny)

Penny also responded, 'absolutely 100%, yes' regarding whether they feel a sense of community with other ADHDers, and that for ADHDers, 'we have a tendency to recognise our kind'. The responses of Rose and Penny in themselves recognizing and being recognised as ADHD/neurodivergent both queer(y) the epistemological mechanism of the closet (Sedgwick, 1990) as reifying a false dichotomy between public/private, questioning ADHD as restrictively being regarded as an invisible disability. Such a form of communal neurodivergent self-knowing can be considered as an anti-psychiatric sociality enabling the continued expansion of the neuroqueer universe. In a comparable way to how society resists gay identity through purposefully separating the authority over gayness from the gay subject in Sedgwick's (1990) work, the *DSM* can be seen as a configuration of power which arbitrates on psychiatric classifications of neurodivergence to separate the neuroqueer subject from their own neuroqueer-ness (which Rose and Penny explicitly resist).

Continuing the discussion of the in/visibility and identitarian/anti-identitarian perspectives of ADHD, the relationship between identitarian and anti-identitarian views of ADHD has several important ramifications for theorizing ADHD subjectivities, and grasping the expansive/expanding-ness of the neuroqueer universe. Whilst appearing as opposite, irreconcilable onto-epistemological positions, I argue both are rooted in a distinctly neuroqueer political project. Despite the differences between both perspectives outlined above, participants regardless of their outlook were themselves politically invested in variously articulating an anti-psychiatric position marked by conceptualization of neurodivergence as constantly moving, always in flux, with no fixed, essential meaning; questioning and queer(y)ing the hegemonic view of ADHD inscribed in the *DSM* as subjects located at the frontier of the neuroqueer universe. Furthermore, orienting towards a neuroqueer politics of futurity as 'a horizon imbued

with potentiality' (Muñoz, 2009: 1), the ADHD neuroqueer subject continues to expand ADHD possibilities of subjecthood not to render the category meaningless and inert, but as a way to creatively and politically resist neuronormative logics.

6.3 Stigma surrounding ADHD in the world of higher education

Another significant dimension to consider when attempting to grasp the vastness of the neuroqueer universe concerns interviewee experiences of stigma and self-disclosing their ADHD-ness to friends, family, and colleagues. Stigma within the neuroqueer universe is crucial for contextualizing participant responses in the present socio-political context, mediating on a fundamental level whose voices are heard by the researcher. If the neuroqueer ADHD subject has such an intense and discomforting experience of ADHD stigma in their daily lives, then they may be more unlikely to come forward, self-disclose and articulate their experiences (Taneja-Johnson, 2024), meaning their voice is absent within academic research. Stigma is also closely related to misconceptions about ADHD, which will be further discussed in the sub-section concerning social media.

Demarcating an important distinction between ADHD behaviours and ADHD diagnosis, John argued that ADHD diagnosis becomes a social currency, and drew parallels between disclosing their non-monogamy and ADHD. Furthermore, they distinguish as something not that they are (such as being bisexual and non-binary), but rather what they themselves do:

> 'I think that the symptoms of ADHD are stigmatised that the diagnosis is not, and the diagnosis can buy you some acceptance for the symptoms. […] Actually the greatest parallel would be between telling people that I have ADHD and telling people that I'm non-monogamous […] with both non monogamy and ADHD, that is not just who I am, but what I do in many ways.' (John)

When John states that a diagnosis can 'buy you some acceptance,' such a view underlines the hegemonic legitimacy which psychiatric pathologizing discourses afford to ADHD as a scientific classification. Consequently, there is certainly a more nuanced picture to be illustrated rather than the simplistic notion that framing ADHD as a mental disorder unilaterally causes ADHD's stigmatization. Rather, the diagnosis serves to medicalise behaviour to further embed the values of neuronormativity into the collective social consciousness. In practice, this means behaviours constituting ADHD continue to be stigmatised, but marking ADHD as a separate phenomenon which is more than the sum of its parts positions ADHD as an exception to the (neuronormative) rule whilst the system is left safely unchallenged. Utilising a similar framework to John, Marty also found that traits linked to ADHD are stigmatised rather than ADHD itself, especially if others are not aware of their ADHD-ness:

> 'I get a lot of comments [from other students] about their surprise that I'm doing well, considering how disorganised I am, and it never feels that good to hear. So I wouldn't say it's like a direct ADHD stigma, because I don't really think many people know, like I think there probably is like a subtle stigma. […] Less of the people are like 'Oh you specifically have ADHD,' it's more like there's this stigma against the kind of people who have ADHD, and what that entails.' (Marty)

The binary opposition invoked by Marty of a direct/indirect stigma further highlights that those who have not been interpellated into a socially intelligible ADHD subjectivity face the most stigma outside the known neuroqueer universe. such a differentiation between ADHD and the 'kind of people who have ADHD' points to a proto-ADHD subjectivity where one's behaviours are socially recognised and perhaps reprimanded, but the subject has not reached the stage of ADHD interpellation whereby their behaviours are marshalled under a medicalised framework, providing a powerful avenue to mediate of one's understanding of selfhood. Whilst not explicitly drawing the distinction which John did, Kate echoed the absence of stigma

surrounding ADHD as a medicalised phenomenon within her family when she was a child trialling different ADHD medication:

> ‘My family had been very good about not stigmatising the medication, and that process with it all […] I'm relatively open about it, because it's not something that I ever took to be like, a sign of shame or anything. I don't think it holds the same stigma, as something like depression, where that's a much more “ohh” response from people.’ (Kate)

Contrasting Kate’s account of stigma, Rose articulated a differing experience studying medicine at a British university as an AuDHD woman, having to confront arguments about over-diagnosis in her seminars. In the UK, these discourses criticizing what is perceived as ‘over-diagnosis’ are often linked to socially conservative ideology and logics of neoliberal austerity, as the taxpayer funds the NHS:

> ‘For some reason, the question “what is the impact of over diagnosis and over investigation of different conditions”? That's a question that comes up, and every single time somebody mentions ADHD […] There is a lot of stigma, and I try my hardest to combat it by just being really open, but I know lots of people who privately have disclosed to me they will not disclose their ADHD in public in the medical school, because they just think people will think lesser of them’ (Rose)

Considering the testimonies provided by participants so far, it is clear that experiences of stigma certainly vary significantly depending on your social context and the people whom you interact with on a daily basis, whether that is family members, other students, etc. Further illustrating the complexity of the issue of whether ADHD is stigmatised in higher education, other participants provided varying responses to the question of stigma. For instance, Interviewee 5 even suggested that neurodivergence in some circles is seen as being something which is ‘cool’, although others alternatively link ADHD to attention-seeking, or using ADHD as an excuse:

> ‘I don't think there is anything shameful about being affected and I also feel like honestly, like in the past years, it kind of became sort of cool. Like, if you are not too affected, but you are just quirky on the right level, it makes you a personality, it makes you unique. What bothers me is that I know that many people will doubt it. […] And the same way like if you say that you have like chronic pain, but people never see anything of that, then they doubt it. And a lot of times people think it's because of attention-seeking or an excuse’ (Alex)

Tracing a broad temporal trajectory of ADHD stigma in higher education, Todd argued that over time ADHD stigma has lessened, a view also echoed by Jacob, who compared ADHD to more politically contentious issues such as transgender. Overall, they saw their experience of ADHD as being intertwined with higher education as a particular social location within the life course as a point of transition towards adulthood and increased freedom:

> ‘I don't feel like it was ever viewed as negative at that point in our lives, because we're basically adults then, and we're figuring out ways to be an adult. We're given that respect as an adult. So no one is like fuck you, you have ADHD. Like, definitely sure in the past there was, but at least maybe modern day I don't feel as much […] I feel like they had more trouble understanding being transgender versus things like being neurodivergent, at least nowadays’ (Todd)

Todd’s understanding of ADHD in higher education is particularly significant for understanding the continuing expansion of the neuroqueer universe. Higher education thus emerges as a critical juncture through which we are ‘figuring out ways to be an adult,’ which includes potentialities of neurodivergence. Whilst notably Todd’s experience of stigma diverges from other participants, his identification of higher education as a unique site of experimentation, exploration and discovery is crucial for understanding the political potential imbued within

higher education for challenging neuronormativity, and assumptions surrounding the classification of neurodivergent ways of doing and moving through-out the world.

6.4 Dilemmas and Opportunities regarding ADHD on Social Media

Finally, another pertinent political question emerged through-out the interviews, specifically what the role of social media is and can be for ADHDers, and the opportunities and challenges which need to be considered in the future. Specifically, there emerged a tension between opportunities regarding raising awareness of ADHD, spreading information and possibilities of community formation; and the challenges of misinformation and online stigma regarding ADHD and neurodivergence.

Addressing the positives of social media for raising awareness about ADHD, John noted that TikTok in particular was very important for their ADHD journey early on, stating that their experience was 'stereotypical' for many ADHDers who were first interpellated into neurodivergence through social media, meaning that this particular trajectory of evolving subjecthood whilst entering university and transitioning into adulthood is regarded as a common experience:

> 'Part of my ADHD journey is very stereotypical, seeing TikTok's about it, becoming aware of other people's experiences with the ADHD, so that's the early part, And then I dropped off that route because my perception is that a lot of people, especially those who actively post content on social media about it, seek in ADHD, this explanation for their experiences. They want like a scientific answer, and I just don't take that seriously with the *DSM*, like I just think it's kind of goofy.' (John)

Shannon adhered to this general 'stereotypical' trajectory outlined by John with social media being a central avenue for ADHD interpellation, in addition to moving in neurodivergent social circles in higher education, stating that:

> 'I don't really rely on social media for diagnosis, but I've heard a lot of experience that were similar to mine, and that's why I decided to try to get diagnosed. There is a girl I know that is actually posting a lot about neurodivergences, she talks a lot about autism and ADHD and stuff like that, because it's one of her hyper-fixations, she's very detailed, so it's very good.' (Shannon)

Rose in particular from the UK had a lot of positive experiences with social media, championing the importance of social media for creating online community, and sharing resources about autism and ADHD:

> 'It's just made such a difference, like I've got such a big community now with people who get it […] social media is literally how I got into research, my Blue-Sky feed is an endless stream of papers about neurodivergence.' (Rose)

Here, Rose highlights how the neuroqueer subject can have a dynamic relationship with social media, such as through utilizing the algorithm to show you content which you would like to engage with. For Rose, she found reading academic papers on neurodivergence to be particularly useful and insightful. A crucial point to note here is that Rose initially discovered her ADHD-ness offline before engaging with online communities, an important distinction to draw when considering social media as a mechanism of mediation and interpellation.

Linking to the recurring sub-theme of ADHD and self-discovery, and the emotional catharsis generated by being able to resonate with experiences on social media and subsequently being able to articulate yourself, Alex felt:

> ‘Seeing videos where people talk about these very particular experiences that they connect with one of these diagnoses was definitely helpful for me […] I feel this sense of assurance that OK, I know I am not crazy.’ (Alex)

The assurance which Alex felt is important to highlight here, demonstrating potential positives of social media which can facilitate self-reflection and provide explanations as a way to make sense of one’s ‘very particular experiences’, combatting feelings of isolation by allowing the subject to explore ways of articulating themselves, and similar to Rose, provide an online community with experiences that personally resonate to provide this ‘sense of reassurance’.

Mentioning specific examples of ADHD content on social media, Todd when talking about the importance of TikTok for them at university gave examples of videos he engaged with around the time of the COVID-19 pandemic in the early 2020’s:

> ‘The first time I really considered I might have it at Uni was because things like TikTok and all this started being a lot more like “ohh.” Things ADHD people do, like “ADHD personality” or “golden retriever boyfriend[11],” and I realised I fell into like most of them. […] Like social media in general, I started noticing I have similarities with people with ADHD. If it wasn't for it becoming quite a popular topic online of what the tendencies were, like forgetfulness. And I was like, “holy shit.” Like, you think that's like a ‘you’ experience and you find out some people also experience this, and I found it quite gratifying.’ (Todd)

Several participants also mentioned this time period which Todd referred to in relation to the COVID-19 pandemic, which Penny described as:

[11] The “golden retriever boyfriend” is a trope recently popularised on TikTok, and has been commonly associated with ADHD on social media. Key traits of the golden retriever boyfriend include being outgoing, loyal, fun, affectionate and always excited to see their partner.

> ‘This wave during the pandemic where also Instagram and TikTok was very active, and where a lot of people shared information about ADHD.’ (Penny)

Penny also echoed Alex’s appreciation of linking behaviours occurring in everyday life to ADHD psychiatric diagnostic criteria, showing how ‘medical speak’ can manifest, initially unsure about the *DSM* being ‘very broadly-worded,’ and ‘what does that mean in your daily life?.’ These positive experiences voiced by participants illuminates the sociality of ADHD interpellation as a continuous process of collective consciousness-raising, where participants critically engaged with ADHD content, assessing the validity of social media posts, and reflecting on their own self-concept to identify points of particular resonance they associated with valid depictions of ADHD.

Therefore, participants overall recognised that there were positives of social media, but as Todd aptly puts it, social media ‘is a bit of a yin and yang,’ identifying that there are negative aspects of social media alongside the positive attributes. Kate in particular was the most critical amongst the participants of social media, for example seeing TikTok as perpetuating ADHD as a digitalised, feminised identity, which here could be understood as a digital ADHD subculture centred around niches such as Japanese ‘kawaii’ (‘cute’) culture:

> ‘I don't like the way that social media has taken the diagnosis or the concept of ADHD and made it almost a different type of identity. So for instance, what you see on Instagram and TikTok, it's usually tied with, “my ADHD makes me buy all these cute anime figures,” because the perception is that “ohh you must have these niche interests,” and I don't like that. I think it isolates those who do have maybe a traditionally masculine identity […] And nowadays, it's shifted into a very feminine side of the Internet because it's always really cute stuff.’ (Kate)

Whilst it is not my aim here to sketch out the potential bounds and subcultural values surrounding this digital phenomenon (indeed, it is impossible to draw any broader conclusions solely from one interview), such a perspective demonstrates a scepticism towards integrating ADHD wholesale into one's core identity. As social media itself facilitates the construction of digital subjectivities, geared towards relatability measured quantitatively in the form of likes and comments, such broad connections between ADHD and anime figures can be continually reinforced and mutually constituted regardless of the veracity of such a connection.

Continuing such a conceptualization of social media through a lack of monitoring of whether information is factual or not, Rose also acknowledged that on social media 'yeah there is lots of misinformation' and that 'it isn't all great is it?,' but is also wary of regulation, saying:

> 'I would be worried about who would be doing the regulation" […] maybe free speech is the way forward, as long as there's people on my side of the argument who are willing to do the educating in a kind way' (Rose)

Todd also recognised that there was a 'negative effect' of social media, and himself articulated the inevitable tension between the increasing volume of information about ADHD positively raising awareness, and the increased likelihood that some of the ADHD information being circulated might be dubious at best:

> 'Are they now just throwing human behaviour into camps? Is it just how someone acts, or is it actually that they have these things. Even to me myself like, do I really have ADHD? […] But I even looked into it because it was only what I thought might be the case, I had no basis or any confirmation apart from like 'ohh wow, that's something I do.' So yeah, I would view that as a negative. […] Maybe it shouldn't be just like instantly everyone thinks they might have ADHD, but I don't think it's a bad thing to make people more aware.' (Todd)

Considering the diversity of experiences of participants with social media, from being an important and accessible avenue for being interpellated into ADHD, being an important political tool for raising ADHD awareness, to the negative effects of misinformation and forming ADHD identities which function as exclusionary cliques, social media cannot be characterised through one particular dimension alone. From a post-structuralist perspective, social media sites such as TikTok here facilitate and mediate the subject's interaction with ADHD as a discursive formation, providing a particularly potent framework for the online subject to frame and mediate their experience through language (Scott, 1991) in a socially meaningful way, no matter how trivial or banal those experiences may be. Furthermore, ADHD as a discursive, mediatory framework can instantly transform the most relatable of events such as losing a pen into being indicative of an internal cognitive trait, such as forgetfulness, which in turn becomes a signifier of ADHD as the signified object of authoritative knowledge (which inherits medical legitimacy from the *DSM* and healthcare institutions). Conceptualizing ADHD as the signified, we can see how a whole plethora of behaviours can be marshalled into such a mediatory framework, including Kate's example of anime figures being tied to ADHD. Consequently, the question therefore becomes, when considering ADHD outside of the bounds of the *DSM*, who determines what counts as ADHD, and who does not? And what power dynamics will be made visible once we determine a concrete answer to the question of where authority on ADHD lies? Importantly for this thesis, seeing the considerable complexity of social media discussions on ADHD which are forever expanding what can be known by ADHD as a 'veritable discursive explosion' (Foucault, 1978: 17). Here, I argue that through such a rapid expansion regarding the multiplicity of discourses surrounding ADHD, one of its primary effects is the conjuring of the ADHD subject as distinct from its constituent behaviours (impulsivity, hyperactivity, forgetfulness etc.), which bears many parallels with Foucault's discussion of the construction of the gay subject: 'the sodomite had been a temporary

aberration; the homosexual was now a species' (: 43), a species which Foucault argued which was brought under the purview of the medical sciences through a rigorous process of pathologization. I envision Foucault's construction of the homosexual species as akin to how the ADHD subject has been contemporaneously medicalised as a psychiatric abnormality to be diagnosed, treated, and cured. The ADHD species in relation to social media is of particular importance, as the category not only functions as a means of scientific classification and social control, but through the construction of the ADHD species, such a subject is consequently able to politically articulate itself and challenge hegemonic structures through constructing counter-discourses.

Making sense of this digital, ever-shifting terrain is important to situate the context of the ADHD neuroqueer subject in higher education, which is constantly coming into contact with a plethora of varying worldviews, political ideas, and identities. Regardless of the veracity of the claims social media users are making about ADHD, this discursive explosion shows no signs of abating, with social media operating under an algorithmic logic whereby content is shown solely in an effort to boost user engagement, and is wholly unconcerned with the type or quality of content. However, I equally do not regard the digital subject to be one devoid of agency and critical thinking skills, and it is important to recognise the opening up of the conversation surrounding ADHD which social media has facilitated and propelled. Therefore, the most crucial step now for ADHD digital subjectivity is how to continue to have productive discussions about ADHD which politically expand the neuroqueer universe, without discrediting ADHD as a socially meaningful categorization of human experiences, behaviours, and ways of (neuroqueer) doing.

7 THEME 2 - THE WORLD OF HIGHER EDUCATION AT THE EDGE OF THE NEUROQUEER UNIVERSE: UNDERSTANDING NEUROQUEER ADHD STUDENT EXPERIENCES AND SUBJECTIVITIES

Seeking to analyse the rich, lived experiences of ADHD university students and furthermore how their experiences intersect with gender and sexuality, the first major theme which serves as a foundation for the latter two is the situating of ADHD within the university context, distinguishing the ADHD student subject from the neurotypical student subject. The university here is understood as a unique and particular social location characterised by a process of social transition into adulthood, increased exposure to alternative social and political ideas, and a point in the life course which facilitates experimentation and exploration in one's identity. Such a distinction between ADHD/neurotypicality occurs principally through mechanisms and processes of interpellation, whereby ideology transforms individuals into subjects through hailing (Althusser, 1970), and neuronormativity, which functions as a means of oppressive social stratification privileging neurotypicality (Walker, 2021). Furthermore, this chapter will explore the formative educational experiences of participants through-out their schooling, entering into higher education and being interpellated into ADHD; the ADHD subject's adaptation and negotiation within the University system; and ADHD student perspectives of accommodations at university.

7.1 Formative experiences of schooling/University with ADHD, and interpellation into neurodivergence

Considering the experiences of participants through-out schooling and University, a persistent subtheme emerged amongst several participants of finding school to be relatively easy compared to University, and for many it was only at this point when they started struggling with the increased demands, expectations and workload expected at University that they started to consider whether they had ADHD, often provoked through conversations with neurodivergent friends and colleagues, engaging with ADHD content on social media, finding out through screenings for other neurodivergences, etc. John from Austria exemplifies the pre-dominant schooling experience of participants characterised by initially being able to achieve high grades through-out their schooling, explaining that:

> 'I have the classic former Gifted Child Syndrome, where secondary education was exceedingly easy for me and I assumed that university would be the same thing, I just show up occasionally to my exams, that's that. I expected to be a lawyer by like after four years of graduating from high school, which didn't pan out at all. So I first went to law school, which is, at least in general, notoriously difficult. And then the one I went to is also considered the most difficult in Austria. And I was miserable.' (John)

Shannon from Italy echoed this point by exclaiming that university was 'way more stressful than school' after having been a high-performing student at high school. Furthermore, they started to gradually notice their behaviours as being distinct from other people in higher education:

> 'I started to realise how distracted and how much more time it would take me to study something. I'd say like I have to write down everything and make like mind maps and whatnot. And then the hyperactivity of my persona in particular really, really struck me

> when I started doing crafts and compulsively doing them also during university lectures, because I always need something to do with my hands.' (Shannon)

Noting how ADHD is often seen as at odds with academic success, Rose explained how due to their experience of being 'high achieving and in a difficult degree', some of their colleagues expressed doubt that 'you can't possibly be ADHD'. Additionally, Penny also highlighted their experience of being one of the highest-performing students in their school, but experiencing problems of severe burnout during their undergraduate studies after their strategy of procrastinating until the last minute became unsustainable.

Turning to the initial point of interaction between participants and the possibility of their own ADHD-ness, there was a remarkable diversity in experience amongst participants. One of the most common experiences of participants was either the initial contact with ADHD information through social media platforms such as TikTok, or these platforms productively facilitating the personal exploration of ADHD after being mentioned by a friend. For John, when a friend of their romantic partner was going through the ADHD diagnostics process, they were 'constantly getting bombarded with information about ADHD,' and they mentioned it to the participant, noticing that a lot of the behaviours related to ADHD were applicable to them:

> 'They told me, like, "hey, by the way, all of this also applies to you, have you considered that you might have ADHD?" And this was quite new to me then, so this must have been the first thing actually, and I think also being influenced by that person I had downloaded TikTok. And so I also started getting TikTok's about ADHD. Maybe they sent me some, and then spiralled from there, but so then I ended up having this very classic like experience of looking at TikTok, and being like "Oh my God."' (John)

Further underlining the importance of social media platforms such as TikTok for finding out about ADHD, Penny found about ADHD during the pandemic on TikTok after experiencing a period of burn-out at university at 27 years old:

> 'I started like to look into different psychological issues, more by myself and it I think it was also this wave during the pandemic where Instagram and TikTok were very, very active, and where a lot of people shared information about ADHD, and it was in fact via this social media that I also saw that some of these symptoms like show really well the things that I was experiencing. In fact, I also started to research deeper because another friend of mine had, like, a lot of problems struggling with, and at first actually I saw the ADHD in her, and encouraged her to look into her diagnosis. And with researching more and more and looking more into it, I was like, wait a minute, this also is really fitting to my life and how I was experiencing things' (Penny)

Finding out about ADHD through their sibling getting diagnosed, Marty from the Netherlands also mentioned in passing that they were also getting ''a lot of information' about ADHD through TikTok and Instagram. Whilst there have been prevalent (and valid) concerns about ADHD misinformation on social media, these platforms can be seen as re-structuring discourse surrounding ADHD in a consequential manner. The continued expansion of what ADHD does and could mean facilitated through social media may mean that particular experiences are discarded as not being part of ADHD, but the dialogue occurring surrounding ADHD should not merely be dismissed as inaccurate or wholly false, as ADHD has no inner truth considering its social constructed-ness. That does not mean that all claims to know ADHD should be subsequently flattened, but rather I am suggesting that such discursive expanding of ADHD as a concept is messy and necessarily so, and is required after decades of assuming ADHD is restricted to young hyperactive boys, as I will address soon.

Another important dimension to consider when examining participant experiences of initially encountering ADHD, is their interactions with other people such as family members and friends, which often formatively mobilises the process of discovering and accepting one's ADHD-ness. As previously mentioned, for John this entailed having conversations with their romantic partner's best friend who happened to be going through the process of getting diagnosed at the time. Kate from the United States encountered and was diagnosed with ADHD much earlier than the majority of participants at the age of 12:

> 'And that's when I actually started to talk with my mom, or my mom really talking to me about going and getting a formal diagnosis. Because I had always struggled with just focusing on school, that had never been new. But around that 12 years old, it was when it became really detrimental to my grades, and my focus and mental health. And so we went to our regular doctor, and we talked with her. I spoke with the specialist, and it was around that age where I actually started getting the official diagnosis, and then trying out different kinds of ADHD medication.' (Kate)

Family members were an important component of several participant's experiences of discovering ADHD, including for Todd from England who had a friend with ADHD he had been close friends with for years, and they figured out they had ADHD when their sister was diagnosed more recently, saying that 'me and her have the exact same brain', having the revelation that 'this covers literally all my shit' (referring to ADHD behaviours and traits). Such experiences underline that for those diagnosed as neurodivergent, they are more likely to also have neurodivergent family members.

Highlighting the importance not only of ADHD awareness but also accurate, quality information about ADHD, Shannon knew about ADHD before talking to neurodivergent friends, but after hearing their personal experiences thought 'Oh, that really resonates', which

led to her re-conceptualizing what ADHD can mean and how it is experienced particularly amongst AFABs (assigned female at birth), who find it very hard to get diagnosed with ADHD in Italy 'unless you have a very strong case of ADHD', and are often misdiagnosed:

> 'I tried to get a diagnosis, and I talked to friends with ADHD who are socialised as men in Italy, and they told me that their friends socialised as women got diagnosed with the same thing I did (histrionic and narcissistic tendencies) the first time they tried to get diagnosis. And my friends that were in Med school when I told them what my diagnosis was, told me to try to get a second diagnosis because that was insane, and studies on ADHD and adults are very behind in general, but especially with women' (Shannon)

Other diverse experiences finding out about ADHD included Rose initially discovering their ADHD after working with AuDHD researchers at university who automatically assumed she had ADHD herself; and Alex engaging with ADHD during their psychology degree in their early 20's, and realised retrospectively that ADHD described many of their childhood experiences. In the case of Jacob, their friends urged them to get a diagnosis for autism, and in the screening 'they also referred me for ADHD as well because I didn't realise.'

Considering the remarkable diversity in neurodivergent experiences of initial, formative interpellation into ADHD, whether that revelation is facilitated through family members, social media, friends or university colleagues, fully acknowledging these narratives of ADHD as valid and important ways of (self-) knowing allows for a de-centring of normative narratives of ADHD interpellation which takes as its focal point the 'stereotypical boy who could not sit down' (Marty), which was referenced by several participants. In a similar vein, Rose also noted how ADHD and sexuality intersected through such misconceptions about ADHD as a phenomenon predominantly observed in boys:

> ‘People think you can't really be all that sexual or you're hypersexual, because they have this image of a little boy in their head. I think the hypersexual thing comes from the image of like, I do think some people have addicts in their head when they think about ADHD. And not that addicts are hypersexual, but I do think that that is something that I've noticed people assume that that that you're going to be into something really kinky’ (Rose)

If we view ADHD as a configuration of power which ‘inevitably “produces” what it claims merely to represent’, (Butler, 1990: 2), participant’s personal narration of ADHD self-knowing in explicit and intentional contrast to the dominant view where ‘people […] have this image of a little boy in their head’ (Rose), can be seen as a mode of political resistance which acknowledges that their own subjecthood has often been historically relegated to the margins of ADHD knowledge production, particularly within hegemonic psychiatric discourse stemming from the *DSM*. Indeed, adult ADHD was only first acknowledged officially from the 1990s onwards (Conrad, 2005; Flory et al., 2021); and women and girls have been comparatively underdiagnosed compared to boys (Lynch and Davison, 2024), suffering an epistemic justice as the majority of ADHD research is conducted on men, leaving ADHD women behind (Craddock, 2024), also previously noted by Shannon who was misdiagnosed with histrionic and narcissistic tendencies. Furthermore, the referencing by participants of the dominant image of the hyperactive boy in the classroom can be seen as a form of disidentification as a mode of political resistance (Egner, 2019), entailing a continued discursive expansion of the neuroqueer universe, courageously pushing the bounds of what can be considered socially intelligible ways of doing ADHD.

Within such a mode of simultaneous identification towards ADHD and disidentification against the dominant image of the hyperactive boy, even if gender is not explicitly mentioned, gender haunts all the accounts of participant’s ADHD interpellation, as knowledge about ADHD

considered within psychiatry to be objective and legitimate is constructed around the ADHD hyperactive boy, who is considered to be problematic in the schooling context. Even for Todd, who identifies as a heterosexual, cisgender man, they were able to navigate the educational system undiagnosed as they explained they were 'mouldable' to their environment, so they were not considered to be a problem at school:

> 'I'd say that's one thing I guess that can be viewed as a strength, like I'm very mouldable to everyone. But then the issue I've always had with it is that it feels like I there's a level of me that I don't know who I am, but like there's I guess a base Todd, that exists. That, I guess is me right now. I feel like certain people like, I wouldn't even reveal certain parts of my entire personality because I just know they won't get it. Or they might view it as a negative or this or that. […] I just wish I could feel I could be myself with everyone, but I also know that's not really how the world works […] I feel like I fall into quite people-please-y camp, so because of that, moulding myself to fit everyone is a huge part of who I am' (Todd)

To more accurately theorise ADHD student interpellation, I propose that ADHD university students initially identify against the gendered ADHD hyperactive white boy, and later encounter subordinated ADHD knowledges which challenges their previous assumptions regarding what ADHD is and can manifest as beyond the bounds of dominant, normative societal discourse about ADHD, leading to a realization verbally articulated for instance as 'Oh my God' (John) or 'wait a minute' (Penny). Such a radical expanding of how one can know about the (gendered) self can also be read as a distinctly and politically neuroqueer act, where the intersectional ADHD subject exposes neurodivergence as being socially constructed (Fox, 2025). Furthermore, the intersectional, neuroqueer ADHD subject disidentifies with the image of the hyperactive white boy, as Egner (2019) states, 'Neuroqueer requires those who engage in it to disidentify from both oppressive dominant and counterculture identities that perpetuate

destructive medical model discourses of cure' (: 123). This political expansion of what ADHD can mean challenges hegemonic perceptions that ADHD does not impact adults, women, and LGBTQ+ subjects at the edges of the neuroqueer universe, decentring the figural hyperactive, white heterosexual boy as the sole subject of concern regarding ADHD.

Through-out the accounts of participants, there is a dual process of disidentification from and identification towards occurring here, with the ADHD subject displaying an affinity towards an emerging neuroqueer expansiveness (Oswald et al., 2021) where one's numerous identities 'bounce off, sometimes embrace, and often reject the oppressive categories which try to contain them' (: 1127), with such a neuroqueer subjectivity is persistently marginalised, subordinated and erased through the psychiatric hegemony of the *DSM* through the centring of the white, hyperactive boy. However, this expansiveness does not exist as an identity per se (and would only serve to further reproduce marginalization as a restrictive classification), but rather serves as a way to represent the unrepresented, embodying the horizon of endless neuroqueer possibilities which lie beyond the shackles of the *DSM*.

However, this neuroqueer interpellation should not restrictively take the individual as the definitive unit of analysis – through-out all the accounts of participants, all of them variably interacted with and through other people and communicative technologies, crossing lines of neurodivergence, gender and sexuality, highlighting a neuroqueer, ADHD web of connectivity, allowing us to envisage the inherent sociality of ADHD-ness, which in turn can have considerable implications for one's neuroqueer identity and self-concept. Additionally, theorizing such interpellation into neurodivergent subjectivity from a post-structural perspective, participants themselves discursively constitute ADHD and hail it into being – such a term has no basis in scientific objectivity, and as a linguistic formation ADHD mediates, regulates, and produces participant's experiences. Hacking's (2007) post-structuralist concept of the 'looping effect' is particularly useful here, which conceptualises subjects as 'moving

targets', whereby the 'target' itself under investigation changes as a result of the interaction within the investigation, so the target is not the same as before. The participants identify with ADHD they expansively open up what ADHD can mean beyond the white, young hyperactive boy, collectively embodying a powerful form of political resistance through ADHD dis/identification. By opening up, I mean to suggest that these ADHD moving targets are critically engaging with the *DSM*'s definition of ADHD and imagining new ways of doing ADHD rather than relying on restrictive scientific definitions. This continual constructing of political (self-)knowledge demonstrates a tension between two shades of knowledge Hacking (2007) describes as 'popular' and 'expert' knowledge (: 297), whereby 'popular' knowledge co-constituted by participants acts as a radical democratization of who gets to identify ADHD, in themselves and other people. Although, such a relationship between the two knowledges is not merely binaristic, and ADHD still exists as a deeply contested socio-political terrain within the neuroqueer universe.

7.2 The neuroqueer ADHD subject's adaptation and negotiation within the world of higher education

Moving on from formative experiences of ADHD at school and University and initial interpellation into ADHD-ness, participants also articulated their university experience overall as being one where personal adaptation and negotiation is integral for succeeding within the University system in response to struggles they were experiencing. For John, they signalled the importance for them of taking medication, and were able to personally adapt to University's demands:

> 'I also at that time started taking Ritalin and that really, since the BA was already so easy, but then I was also suddenly medicated, and much more functional. I was suddenly just doing way more stuff, so I was not only acing my studies, getting performance

> grants, I was elected to the student union. I was working as a research assistant, I started a startup, everything was just falling into place, it's insane. And then now with my MA, it's been a bit of a struggle again. But I feel like it's actually a very nice mix where I think being undiagnosed and unmedicated so long with ADHD, I've gotten really good at shaving off all the work that isn't technically necessary. Like minimising the work that I have to do which actually my grades rely on. And so I've been doing that which I feel ambivalently about, because on one hand it's working, on the other, I do feel like, OK, maybe if I did all the readings I would just get a more whole and valuable education, which I'm robbing myself of by yeah, not doing the readings and just skimming them on the tram' (John)

Having studied at two different universities in Austria, in comparing the two they found that their current university is 'much more encouraging of different kinds of work modes', whereas at their previous university, they did not cope well with the rigidity of academic expectations, observing that 'the expectations towards students just didn't align with how I am able to function well'. Furthermore, John was careful not to homogenise the University experience, proposing that often the experience of a given module is dependent on the 'skill and awareness of individual lecturers', and ultimately they cherished a less rigid, more 'chill' environment which doesn't hinge on being able to 'fulfil this hyper-specific requirement'. Shannon also utilised such a narrative of agentic adaptation within the university system, saying that 'I found ways of getting my way around university,' such as being able to do crafts whilst listening to lectures which 'helped a lot.' Furthermore, they found the focus on oral exams in Italy beneficial as they are 'really good for someone who really knows how to get their way around with words', as even if they had not studied extensively, they could 'sound like I knew what I was talking about'.

Rose also echoed this theme of particular modes of studying being good for their learning style, proposing that 'ADHD brains are drawn to medicine' because of the working environment:

> 'I found medicine was actually quite good for my brain. Because there were always so many deadlines, and so many things that I was meant to be doing. I never really had the chance to procrastinate because there was always something that needed doing. And I don't know, it's a tip that I've picked up from somewhere, which is just don't sit down. Like, don't sit down because the moment you sit down, you're gone for 8 hours, staring your phone. And that's how medicine feels, it feels very much that you never get the chance to sit down because you're always running around doing something. You've always got some deadline right around the corner, so you're living off stress.' (Rose)

For Alex, they identified that they 'learned how to fit into the system' by asking for the failing grade for an exam to then retake the exam, although they acknowledged that this strategy to motivate themselves 'was not great'; a sentiment mirrored by Penny navigating ADHD at university undiagnosed with no medication or accommodations:

> 'I mean, of course at first I didn't know I had at ADHD. So at this time, I also didn't seek any accommodation and that was obviously really, really hard. But I always got through somehow. I'm also a very perfectionist person, and that also influenced how I managed university a lot, a lot of times I would cancel an exam because I was feeling like I'm not prepared or good enough. Because either I felt perfectly prepared, or I felt like, OK, I'm not perfectly prepared, so I will not be able to do it positively.' (Penny)

Framing ADHD as "a strength, and not just something that limits me", Marty found 'different ways of accounting for ADHD', such as being able to hyper-focus 'if you are really interested in something', and you can potentially 'do all these different projects at the same time', and taking a more optimistic approach also pointed out that ADHD can mean that you can have

'unique ways of looking at problems and making connections'. However, they also found that they were distracted a lot at university, and coping through their ability to 'just really grind for a deadline, and I will always postpone things until the last minute.'

Overall, the participants demonstrate collectively that they were aware to some extent of their learning styles before finding out about ADHD and obtaining a diagnosis, and many attempted to put in place various strategies in order to adapt to the neuronormative university environment. Such accounts are important to illustrate the agency of ADHD individuals, who are often talked down to or 'infantilised' (Rose). However, even though participants found ways of surviving in academic environments, 'I always got through somehow' (Penny), the immense pressure which is inflicted upon participants through having to use these coping strategies is clear, such as 'living off stress' (Rose), and referring to their own managing of ADHD, one participant said generally 'it was not great' (Penny). Building on Sedgwick's (2018) finding that ADHD is correlated with poor academic performance, the current study further suggests that there is often a 'cut-off' (John) for ADHD students at a particular point through-out their studies, where their academic ability alone is not enough to cope with the demands of university organised around the assumption and image of the ideal, neurotypical student, although every experience highlighted by participants in this respect is unique, as there are infinite possible ways to experience neurodivergence.

Aiming to challenge pathologizing language of symptomology and cognitive deficit which frames ADHD as an individual problem rather than a societal or cultural issue, the current research aims to sketch out the oppressive, neuronormative demands of the university system through exploring processes of student adaptation and negotiation, which also assists in centring the agency of the ADHD student subject. Following this conceptualization of neuroqueer ADHD agency, the power configurations generated through the neuronormative university do not merely operate in a top-down manner displayed in classical Marxist or radical feminist

theory; rather these power flows are multi-directional, moving through-out the ADHD subject constantly adapting and negotiating as part of a wider higher education eco-system, in turn situated within the present neoliberal capitalist moment. Some participants outlined ways in which ADHD could be conceived as a positive in certain environments, such as Marty noting that they had the ability of having a 'unique' way of solving problems. However, it is vitally important to acknowledge the powerful potential of framing ADHD traits as being beneficial, whilst being aware that neurodivergent traits are only ever seen as positive if they can be harnessed for the generation of profit in the capitalist system. If we fail to identify neuronormativity as intrinsically capitalist, neoliberal capitalism will remain unchallenged, and will continue to leave behind those who are not capable of fulfilling its profit-driven demands. In the next section, the issue of university accommodations will be discussed in further detail relating to the subtheme of adaptation and negotiation experienced by ADHD university students.

7.3 ADHD Accommodations in the world of higher education

When asked about accommodations for ADHD provided by their university, participants provided a remarkable diversity of thoughts and opinions on how universities handled accommodations for neurodivergent students. Many participants were dissatisfied with either the Disability Office which oversees the bureaucracy element of providing accommodation services, or the specific accommodations which were provided to them. John expressed disappointment at their Disability Office due to a range of reasons which exposed the bureaucratic inadequacy for dealing with ADHD students:

> '… it's been tedious, maybe it's also especially ironic because I have ADHD and the Disability Office is very bad at replying to emails. So like, it already takes me a while to sit down and actually send the fucking e-mail and then they don't reply, so then I have

> to follow up. But then of course I forget. So it takes weeks and weeks, and then also the first time I sent them like what I sent them was basically a like a treatment recommendation, because they said I needed diagnosis, and I sent them a big piece of paper that was signed by my psychiatrist. It's just what I had lying around where he said that, yeah, I have ADHD, and he recommends I take Ritalin for it, which you'd think is all the information they need, right? But they were like, this is a prescription, we need a diagnosis. And I was like OK, that's, I mean, that's just weirdly rigid, because clearly a psychiatrist has signed off on the fact that I have ADHD and need Ritalin' (John)

Additionally, they found that on administrative forms they felt unsure about the language used including disability, accessibility and asking if you need accommodations, which prompted the participant to ponder what the wider implications would be if they said yes or no, and if it would affect their chances of obtaining grants etc. Penny studying in Austria further expressed a dissatisfaction with the process of obtaining accommodations being cumbersome, time-consuming and places the student in a position of vulnerability:

> 'With each seminar you have, in theory you have to talk to the person who leads the seminar again, and have to make them acknowledge this, and you can say, yeah, I have ADHD officially, but please also give me that. So you are in a position where you have to ask for accommodations with every new person that you encounter in different seminars. And that of course also costs a lot of energy and resources' (Penny)

Amongst the participants, there also emerged differences in experience of the same type of accommodation, demonstrating the complexity of ADHD student experiences. Rose currently studying a medical degree further highlights the difficulties which neurodivergent students face, as she had to 'fight to get the accommodations you need,' and had to resort to alternative, creative strategies to be granted accommodations in medical school, explaining:

> ‘a lot of it I managed to phrase it, the things I needed for ADHD, I could argue I needed for autism or dyspraxia. So I get extra time, I do find that helpful. […] But I do find that you really have to fight to get the accommodations you need, and you have to justify it from their perspective as well as from your own.” (Rose)

Furthermore, Alex currently studying for a social sciences master’s degree also mentioned being given extra time to complete assignments, but voiced their concern that for them this accommodation was ineffective:

> ‘Universities don't really accommodate well, I know my university has, some accommodating policies, but in reality it's basically they give more time, which I don't find very useful. Like I work in a way that, if I decide one day that OK now I'm going to do 9 hours of like concentrated work, and then the next day I'm like, OK, I'm gonna rest today. Clearly I need rest. Then I'm going to do, everything that's piled up in the past two months. So even if I get more time, it doesn't really help because I have to feel this pressure’ (Alex)

Marty had a similar view of getting extensions for assignments as potentially being ‘counter-productive,’ as ‘I know that I need a deadline in order to produce something.’ These differing examples show that the same accommodation for different ADHD students of being granted extra time for exams/assignments may be beneficial or detrimental depending on the demands of their degree and their personal work styles.

Alternatively, several participants also expressed that they had some positive experiences with ADHD accommodations at their university. For Kate, who studied in the United States during their undergraduate degree, they helped out at the disability centre which provided accommodations to students, such as assisted note-taking during lectures, extra time on exams, or being allowed to use a separate room to take a test/taking the test at a different time. From

their perspective, they saw it as an effective resource, and regarding accommodations 'for a lot of people it was a really pertinent thing they had to keep up with,' even though they did not require accommodations themselves. Jacob also had a positive experience of extensions at university:

> 'I have some like adjustments, and I have extensions on coursework, and it has been quite helpful. I think it almost gave me more motivation knowing that it isn't like a strict deadline. I know I can work on it in a relaxed way, and I'm not worried about it.' (Jacob)

These accounts of university accommodations which reflect a more positive experience does not negate the negative experiences previously highlighted, but allows a consideration of the particular nuance of university accommodations and their effectiveness for ADHD students.

Participants also had several suggestions regarding what universities could do to improve their accommodations services, and the university environment generally. Advocating for a critique of 'professionalism' in medical degrees, Rose articulates a criticism of professionalism as being 'really rammed down your throat', being closely related to performing 'what the patient expects […] which they inevitably mean a straight, white, able-bodied man', meaning there is no room for neurodivergence in 'the default of the straight white male gaze'. Here, Rose takes issue with the wider cultural environment generated by the university in medical degrees rather than accommodations, highlighting how universities are often designed to be incompatible with neurodivergent ways of being and knowing. Highlighting the unique positionality of ADHD university students, Alex notes that ADHD students to some degree have all developed some mechanism of coping within the neuronormative university environment, and questions the degree of freedom which students should have in self-determining what assists them in paying attention:

> ‘By the time you get to university, as a person with ADHD, you're only able to make it that far if you have found ways to cope it the system. So what universities need to do is to allow you to bring in your own like weird little things that help. So for example, if I want to like, have some like stimming that helps me, which does not disturb others, let's say. It helps me calm down or pay attention, and it should be allowed.’ (Alex)

Alex also mentioned the intersection between periods, neurodivergence and university accommodations, as they struggled to pay attention in class and participate when they were on their period and were ‘forced to say something.’ Such experiences highlight how the physicality of the body needs to be considered when analysing the university as a neuronormative environment.

Other suggestions included that lecture content ‘needs to be engaging […. It needs to get to the point’ referring to lower attention spans for students with ADHD (Todd), Penny suggested that having online seminars would help them conserve energy as they did not find the social element of university to be useful to them personally as an AuDHDer[12]. Providing a particularly insightful view on how university accommodations could be improved in the future, Marty emphasised personalizability for accommodations at university, that they should be approached holistically on a ‘case-by-case basis’, imagining ADHD as a ‘cocktail of all these different things’, which assists in explaining the diversity of experiences of ADHD students with accommodations, as well as the suggestions which they provided.

Reiterating Walker’s (2021) understanding of neuroqueer as being rooted in the neurodiversity paradigm championing ‘diversity among minds’, it is therefore no surprise that accommodations provided for ADHDers have varying and limited rates of effectiveness given the wide range of experiences with ADHD highlighted by participants. Considering Alex’s

[12] A term commonly used to describe those on the spectrum who also have ADHD

comment that ‘you’re only able to make it that far if you have found ways to cope with the system’, ADHD student subjectivity thus emerges as inhabiting a unique positionality in the higher education wherein they are able to fulfil the academic demands of university, but only by damaging their mental health in the process. These demands which prioritise capitalist notions of standardised production in part stem from the seeping of neoliberalism into higher education, through which ‘more and more spheres of social life are colonised by the market’ (Connell, 2010: 24). From a neuroqueer perspective, the very concept of accommodations itself within academic institutions reinforces the pathology paradigm, suggesting that ADHD students are cognitively inferior, and therefore require assistance to reach the enforced neuronormative standard, which remains unquestioned. The efforts of participants to ‘cope’ in the western, neuronormative university environment signals that mere accommodations are not enough, especially when the bureaucratic system continually puts ADHD students in a position of vulnerability and precarity (Penny). As Le (2024) stresses, the environment itself needs to change to radically improve ADHD student experiences, but there is a considerable challenge as students themselves struggled to articulate or imagine alternative possibilities for neuro-affirming university environments which would personally assist their learning, as Alex explains ‘I don’t know how it could be organised in a different way or what could be done differently’. Such a difficulty in imagining equitable, inclusive learning environments is particularly pertinent for demonstrating the formidable capitalist, neoliberal logics operating within academia, which ultimately place emphasis on product over process (Yergeau, 2018). But, as John rightly states in opposing the rigidity of the hegemonic structure of academia, university ‘is supposed to be an educational experience,’ articulating a queering and de-naturalizing of the neoliberal logics which are often presented as common sense.

Extending Marty’s suggestion of personalizability for neurodivergent students in order for them to receive a suitable education, I argue that individuality as a neoliberal ideal should be

productively flipped on its head. Rather than being hijacked to serve capitalist logics, instead universities should embrace individuality to reflexively mould the university environment to the students, meaning that constructing a learning environment becomes a fluid, dynamic process whereby the experience of higher education itself is democratised rather than marketized. Such an empowering approach would enable neurodivergent students to queer what it means to learn and be educated, rather than relying on accommodations which at best provide limited effectiveness in a system which is constituted, and further perpetuated, through enacting violence against those who fail to cope in a neuronormative university environment.

Conceptualizing higher education as a world at the edge of the neuroqueer universe, I have sought to demonstrate how higher education is simultaneously a site of neuronormativity generally adhering to hegemonic neoliberal, capitalist standards; whilst also serving as a fertile ground for potential neuroqueer transformation. By such a statement, I mean to argue that as a world in which more and more students are discovering their previously undetected ADHD and neurodivergence generally within a context of transition into adulthood and coming into contact with new socio-political ideas, the political mobilization of an emergent neuroqueer coalition could have a radical opportunity to re-configure how the university itself thinks. Through engaging in the radical, political act of making one's voice heard, the neuroqueer, ADHD student subject can productively expand what the neuroqueer universe is and can be.

8 THEME 3 – WHAT IS QUEER ABOUT THE NEUROQUEER UNIVERSE IN THE WORLD OF HIGHER EDUCATION?

Having considered the vastness of the neuroqueer universe, and the world of higher education at the edge of the neuroqueer universe, I now want to ask a pertinent question which has so far been unaddressed: what is queer about the neuroqueer universe? Tackling the substantive issues of gender and sexuality in relation to ADHD in higher education, I aim to draw upon Crenshaw's (1989) concept of intersectionality rooted in Black feminist epistemologies and Oswald et al.'s (2021) 'neuroqueer expansiveness', whereby numerous identities within one's subjectivity 'bounce off, sometimes embrace, and often reject the oppressive categories that try to contain them' (: 1127). Furthermore, I will explore the gendered nature of ADHD by theorizing ADHD masculinities/femininities in an effort to move beyond current scholarship which takes as its endpoint the well-worn empirical observation of ADHD boys being more likely to exhibit externalizing behaviours, and ADHD girls being more likely to exhibit internalizing behaviours. Having conceptually explored how participants imagine their gender identity interacting with their ADHD-ness, I will finally consider the empirical affinities which queerness has with ADHD, and the onto-epistemological and political implications of theoretically aligning these two constellations of socially constructed meaning.

8.1 Gendered experiences of ADHD; theorizing ADHD masculinities

Amongst the participants I interviewed, two participants in particular reflected extensively on being socialised as men/AMAB[13], and how this experience, regardless of how they currently identify, interacted with their neurodivergent, ADHD self-identity. Currently studying a social sciences degree, Jacob alluded to the historical gender inequalities faced by women, with men generally being listened to and paid attention more than women in public spaces. In particular, Jacob reflected in the interview how he has found navigating male privilege and being an ADHDer:

> 'Because of the way that I'm socialised as a man is in like I am allowed to talk in spaces, and I'm allowed to share my opinions and like other people? Well, other people have not learned that in the same way as I have done, or like have the privilege, or is that also like does my ADHD like contribute to that in a way? And so that's also been an interesting process of like, yeah, I'm learning and questioning like where that is and I mean there's no answer to that, but it does help me in like navigating ways of like holding space for other people and yeah, sometimes suppressing like this like "ohh, there's one thing that I'm going to say is so important that I need to get it out".' (Jacob)

Here, Jacob illuminates a clear, apparent tension between his ADHD-ness meaning he is more prone to speaking out, and being socialised as a man meaning that his voice historically is given more weight through mechanisms of male privilege. Consequently, Jacob demonstrates an awareness that not only does a male voice carry privilege regarding who gets to speak, but this oral formation of privilege also dictates who is willing to listen. Such an embodiment of politically-conscious resistance which Jacob manifests provokes the question of whether

[13] A commonly used acronym within the LGBTQ+ community which stands for "assigned male at birth"

ADHD and masculinity are at odds with each other, or whether we should queer the accepted binary of privilege/marginality which becomes increasingly blurred when examined under the lens of intersectional expansiveness (Oswald et al., 2021).

Continuing considering how to theorise neuroqueer masculinities, John additionally identified being queer, AMAB and ADHD as being a 'cluster,' and noted how being neurodivergent and queer grants particular affordances in the context of higher education, where knowledge is required to be continuously performed through participating in discussions and speaking up:

> 'I am read as a queer man with ADHD in many settings, and that's a cluster, right. The way that I'm able to, for example, my sometimes over-participation in class is both connected to ADHD and to male upbringing, male privilege, right? The fact that people are willing to still listen to me is obviously in part a result of male privilege. But that is also shaped by broadly fitting a certain stereotype of queer masculinity, I think if I was read as a straight man I would be immediately cancelled. I think that I get away with being very vocal and very opinionated […] I think that, specifically, higher education is a space where, I'm able to thrive as a queer, AMAB person with ADHD because the the male audacity and the ADHD audacity and the queer audacity melt together into something that no one can quite get to shut up.' (John)

8.2 Gendered experiences of ADHD; theorizing ADHD femininities

Akin to ADHD masculinities, a couple of participants also either directly or indirectly linked ADHD and the construction of femininity, either portrayed through social media posts, or embodied by the participant themselves. For Kate, an important moment relating to their experience of ADHD content on social media was the narrative linking of ADHD with niche interests such as anime figurines, which she was ultimately critical of:

> ‘When you when you see things on Instagram and TikTok is this, it's usually tied with, you know ‘my ADHD makes me buy all these cute anime figures’ and then it's like showing their anime figures or like you know ‘POV, when your ADHD wins’ and it's like their big wall of like chachkies and stuff, because the perception is that ‘ohh you must have these niche interests’, you know.’ (Kate)

Considering Kate’s experiences of social media, it is impossible to empirically determine the particular intention behind these posts, ascertain their exact prevalence or popularity, or establish user engagement with such posts online. However, I preliminarily suggest through Kate’s experience of ADHD content on social media that women and girls are attempting to conjure some narrative coherence between ADHD and their experiences of femininity, especially given that ADHD in women often goes undiagnosed, unrecognised and is not discussed nearly as much in public discourse as ADHD in boys. Furthermore, the quote ‘POV when your ADHD wins,’ the referenced post Kate is describing linguistically distinguishes ADHD from one’s inner self to some degree, but is still considered instrumental for one’s feminine subjectivity. I propose that the post projects a representation of one’s subjectivity as a narrative constellation connecting ADHD, impulsivity and buying anime figures in a light-hearted and positive light. Whilst being wary of undue extrapolation from one participant’s experience on social media, such constructions of ADHD femininities are consequential firstly for interpellation into feminine ADHD subjectivities, but also demonstrates how social media posts are closely tied to neoliberal capitalist logics. By this, I mean that positioning oneself as unique through ‘niche interests’ as Kate describes, and simultaneously evoking feelings of relatability through every-day, benign experiences of impulsivity such as buying figurines to boost user engagement is crucial for understanding how social media mediates the construction of online ADHD femininities.

I understand such a configuration holistically to be a post-structural 'assemblage' (Deleuze and Guattari, 1987) encompassing one's femininity, their ADHD-ness, niche interests, impulsivity, social media as a facilitator of digital communication, and the imagined audience which this content is directed towards. Using assemblage here frames digital ADHD femininity as 'a multiplicity that necessarily changes in nature as it expands its connections' (1987: 381-382), utilizing a more expansive and nuanced view of agency. Furthermore, the online subject not only acts on social media, ADHD, femininity and so on; these other non-human heterogeneous components of such an assemblage simultaneously act on her. I argue that the figural feminine ADHD subject articulated by Kate posting about cute anime figures is not manifesting a digital representation of ADHD as a field of reality. Rather, she is herself co-constituting ADHD through discursively hailing it into existence (or at least, a form of ADHD amongst infinite versions), a term which serves as a linguistic site of particularly fierce contestation, highlighted by Kate's general scepticism of such a formation of digital ADHD femininities.

Turning from digital ADHD femininities to personally embodied subjectivity, Rose herself envisioned a tightly-knit connection between ADHD and her embodying of femininity as simultaneously a source of pride and an external, social indicator of non-normative subjectivity:

> 'I found that when I signalled that I was a woman, hyper-feminine and lesbian I was a bit more authentic. […] I used to spend a lot of time pretending that I didn't have ADHD. And I present hyper-feminine as a way to signal to people that I'm a little bit different. People were actually more willing to accept the fact that my brain was different, and the fact that other things about me were different, it wasn't so much of a shock. Without the pinkness and the lesbian-ness and everything else, I don't think I would be me. […] When I say hyper-femininity, I mean like hyper-pop, like overly pink coloured hair. I'm an ex-smoker, but that as well I think is part of it. It's like unapologetic femininity as

> opposed to hiding yourself away, shrinking yourself down femininity. […] It's using femininity as a way to scream.' (Rose)

Here, Rose illustrates that for her, femininity, being a lesbian and ADHD are closely interconnected, whereby hyper-femininity not only acts a mode of gendered performativity (Butler, 1990) but principally as a neuroqueer act of doing (Walker, 2021; Barnett, 2024), which externally communicates to others that they are 'a bit different'. Rose frames gender as a non-normative gateway through which other identity markers are contextualised, stating that others were subsequently more accepting of her non-normativity when performing an authentic, unapologetic, hyper-femininity. Rather than regarding hyper-femininity within a hegemonic ideal of femininity, Rose imagines this embodiment as prioritizing her own comfort, rather than adhering to a socially acceptable ideal of femininity. Reflecting on how she previously 'I used to try and not interrupt and try and hide how jumpy and not paying attention and how ADHD I was', we can make an important distinction between ADHD masculinities and femininities, with John and Jacob reflecting on their positionality benefitting from male privilege which historically has dictated who gets to speak and who is listened to, whereas Rose through hyper-femininity can comparatively integrate being jumpy and interrupting as resisting traditional, oppressive gender norms which systematically police, restrict and contain women's behaviour.

8.3 Affinities and intersections between ADHD, neurodivergence and queerness

Having explored ADHD masculinities and femininities, I will now turn to theorise the affinities between queerness, ADHD and neurodivergence, although some had great difficulty trying to pinpoint a particular instance of such an affinity, often existing as a shadowy entity which is particularly hard to perceive or grasp.

Two of the most important facets of this neuro/queer ADHD affinity was alluded to by Kate in her discussion of language surrounding neurodivergence, as quoted earlier:

> ‘These books and these definitions are changing all the time. We don't use the term Aspergers anymore as a way of saying the ‘smart people autism,’ you know, in the US that was the term, up until what felt like 2012 […] You know, that's how it was taught for a long time. And I think I mean, even with my mom, the idea that ADD is the ‘calm person's ADHD’ is not how it works. And so I think that there is to some degree merit in having certain outlines for that, because I think that you can go too far with vagueness you can say that just because you lost your pencil, you have ADHD. I don't think that that should be where we're moving, but I do think that people should start to question the rigidity of these labels in a medical context and also just in a social context.’ (Kate)

The first key point to note in Kate’s testimony detailing the changes in language especially in the 21st century surrounding neurodivergence, is that we can see an affinity here with terminology in the LGBTQ+ community. Over the last ten years, there has been similar trajectory in regards to queer linguistic expression, such as through the increasing use of neo-pronouns online, more people identifying outside of the straight/gay binary, and increased ace visibility. Furthermore, terms such as ‘homosexual’ and ‘transsexual’ are also falling increasingly out of fashion due to medicalizing and pathologizing connotations. One can see through these brief examples that queer terminology is constantly changing and expanding in a similar fashion to language surrounding ADHD.

Another critical point concerns the boundaries of the terms ADHD and queer, who counts as being ADHD/queer, and what are the implications of rejecting any ontological fixity of these socially constructed categories, which is to intentionally reject any notion of objectivity as essentialist? Whilst Kate is right to voice concerns that the banal, mundane act of losing a pen

should not be wrongly attributed to an individual therefore being neurodivergent, I argue from a post-structural, neuroqueer perspective that intentionally rejects the *DSM*'s pathological criteria for ADHD and other forms of neurodivergence opens up infinite neuroqueer possibilities acting simultaneously as a terrain of discursive potentiality and contestation, borrowing explicitly from queer's theoretical utility as being productively anti-normative. As Halperin suggests: '[Queer is] by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it refers' (1995: 23).

Jacob highlighted one particular way in which such neuroqueer alliances can be imagined and subsequently manifested in queer, feminist spaces:

> 'I feel like a lot of my friends who are queer are somehow also neurodivergent. And also, I see queerness as a project of solidarity and like thinking of ways to accommodate also for other people. So I mean, in queer feminist spaces, I've also, like, seen more attention to "ohh how can we make this such a nice space for people with high sensitivity issues, or audio or sensory issues"? Like for example I heard from a friend who went to a party, and she was like "it was amazing! like it was just only queers and neurodivergent people." And like everyone just brought like their little stimming tool and she was like, "I didn't even want to speak with people, and I just sat in the corner and had the best time ever". And I was like, that's great and I wouldn't expect something like that in a straight space. And [queer, feminist] spaces are more open minded and empathetic and think about others in different ways.' (Jacob)

Whilst taking care not to recklessly extrapolate such experiences and homogenise the queer community as being innately more empathetic towards neurodivergent individuals, Jacob's example demonstrates emergent neuroqueer affinities and possibilities which allow for the fostering of inclusivity and understanding through shared and intersecting experiences of

erasure, oppression, and marginality as a political aim. Furthermore, the futurity embedded in such an inclusive approach which makes no assumptions regarding who may be present in a given queer/feminist space is reminiscent of Butler's (1990) emergent coalition-building, whereby political alliances cannot be assumed in advance.

> 'Neurodivergence accentuates a feeling of otherness that is also found through, like my gender and sexuality which I guess, it does affect how I experience it […] So I would say because there's like that element of like being different and also thinking different. And then you don't share either, it's like a detachment I guess.' (Marty)

The feeling of 'detachment' is significant here in relation to how neurodivergence can accentuate this 'Otherness' which Marty describes, illustrating how neurodivergence becomes another axis of non-normative difference embodied by the neuroqueer subject. I read the use of detachment as distinct from the aforementioned concept of disidentification, in that it appears as a deeply affective phenomenon which pinpoints the emotional importance of identifying with other subjects through points of connection and commonality.

Another facet of neuro/queer affinity which emerged amongst participants, was the idea of openness and self-reflection as an aspect of ADHD. Whilst this does not necessarily mean that the ADHD subject is more likely to inhabit a non-normative gender/sexuality, they may be more likely to question their gender/sexuality as a result of already being interpellated into a non-normative, neurodivergent subjecthood:

> 'I think that a big part of ADHD is also like wanting to like, collect knowledge and to understand things. And for me that also means to really want to understand every aspect of myself and reflecting a lot. And also I think that so often getting negative feedback from the world around you, where you have to think a lot and reflect a lot. […] And if you already are so used to reflecting on yourself and things you do, once you are

somehow in contact with gender and sexuality, it also brings you to reflect about that.' (Penny)

A crucial element of the dynamics of intersectionality which Penny highlights here is that as the neuro/queer subject is constantly in flux, the intersectional subject should not be considered as inhabiting a static position within which axes of oppression intersect in a manner which disregards the temporality of the ever-evolving subject. Rather, forms of oppression such as neuronormativity can fundamentally alter one's headspace, or how one moves through and interacts with the social world. Therefore, such a neuro/queer affinity dispenses with any statistical, quantitative conjecture surrounding whether or not neurodivergent subjects are more likely to identify with non-normative gender/sexuality labels as fundamentally unhelpful. Rather, such an affinity allows envisioning neurodivergence not only as thinking differently, but as being interpellated into a non-normative positionality – a vantage point from which the neuroqueer subject can reflect on previous assumptions about themselves hinging on normative subjecthood. Even amongst participants who identify as cisgender and heterosexual, they further illuminate such a non-normative, neurodivergent positionality through discourses of potentiality, which Todd here describes as an "openness":

'With sexuality, funnily enough, it's one of those where I'm like it is what it is. […] My mum is always being very welcoming, like I could come out to as literally anything under the sun, and she would welcome me with open arms. […] So sexuality and me, it's literally like if I found out I was bi, awesome. If I found out I was pan, awesome, if I found I was gay, awesome.' (Todd)

A further point of neuro/queer affinity emerged also between ADHD and ethical non-monogamy (ENM), conceptualised here as a distinctly queer, non-normative practice in opposition to the heterosexual, neurotypical hegemony, which systemically privileges

monogamous relationships. Reflecting on their relationship practices/experiences, John voiced their experience that they are more likely to get bored in the context of casual sexual encounters where they 'know what to expect,' which they attributed to ADHD:

> 'I will always remain somewhat chaotic and forgetful and so that obviously manifests in relationships and that's something where that I try to be upfront about and that I am apologetic about, but I'm also not gonna pretend that that's something I can just get rid of. I've also noticed, someone told me that people with ADHD are like more likely to get bored of particular sexual experiences or partners, and I've definitely noticed that very often, as soon as they reach some kind of equilibrium where I'm like if we're going to hook up, I know what to expect' (John)

Discussing their experience exploring non-monogamous relationships, Shannon felt that the reason ethical non-monogamy (ENM) works for them is due to feeling emotions in a dysregulated way due to ADHD, meaning that dating multiple people is more compatible with how they experience emotional attachment:

> 'I actually started giving non-monogamy a try last year, and I actually realised that that helps a lot with my tendency of obsessing over people because I have a lot of like I don't feel emotions in a way that is very regulated. I either feel everything or feel nothing. Which is, you know, kind of stressful. So I have a lot of love. I have a lot of affection to give, and to give it just the one person is a bit too much sometimes' (Shannon)

Being situated within higher education as a 'habitus', which creates the conditions necessary for its own cultural (re)production (Bourdieu, 1977), John and Shannon both have privileged access to a degree of symbolic capital through higher education, defined as 'the acquisition of a reputation for competence and an image of respectability and honourability' (Bourdieu, 1977: 291). Here, John and Shannon embody symbolic capital through possessing the capacity to

intellectualise one's experiences of neurodivergence, affording the neuroqueer ADHD subject a degree of respectability and prestige in being able to articulate themselves as a self-aware, self-reflexive and rational subject within the neoliberal hegemony. Shannon's discursive framing linking ENM and ADHD must be understood within the university habitus, whereby symbolic capital is accumulated through assuming the position of the oppressed and marginalised as a socially desirable identity. Whilst this phenomenon is not exclusively isolated to higher education, the university habitus exists as a site within which hierarchies of privilege are scrutinised and questioned, meaning positionality can determine who gets to speak and who gets heard, with the recognition that heterosexual, white, cisgendered and neurotypical voices have been historically privileged and prioritised. The link of causation drawn by Shannon between ENM and ADHD as a discursive performativity (Butler, 1990), therefore embeds the subject in a neuroqueer non-normativity opposing societal hegemony, which is socially rewarded through the university habitus. Further drawing on Bourdieu's symbolic capital theory, he argues 'symbolic capital (…) has a particular effect provided and only provided it dissimulates the fact that " material" species of capital are at its origin, and, finally, at the origin of its effects' (Bourdieu, 1972a: 376). Shannon's discursive framing of ADHD as related to ENM through appealing to ADHD behaviours therefore conceals the material, economic base of symbolic capital through appealing to psychological reasoning, situating ADHD propensity towards ENM in the realm of human nature as a naturally occurring phenomenon.

Rather than accepting or rejecting the argument that ENM is related to ADHD, I instead focus on linking ADHD and ENM as a social technique, not taking any potential correlation at face value. Regardless of any personal conclusions drawn regarding ADHD/ENM, it is politically risky to extrapolate and attribute these experiences to ADHDers more widely, given the common misconception that ADHDers are more likely to cheat utilizing similar logics, and there currently exists no explanation for why only some ADHDers may be inclined towards

non-monogamy, whilst others are not. Furthermore, I argue that such a neuroqueer, non-monogamous subjectivity can be understood within the identitarian sphere of ADHD subjectivity, without making any pre-emptive, value-laden judgement on the veracity of this discursive connection between ADHD and ENM.

9 CONCLUSIONS

Through conducting semi-structured interviews with university students across a range of sexualities and gender identities geographically situated within the Global North and identifying with ADHD, this thesis has sought to embark on an empirical exploration of the expanding neuroqueer universe, with two express aims. Firstly, I mobilise the 'neuroqueer universe' to address the void within neuroqueer scholarship which has not sufficiently theorized intersectional, ADHD experiences in the context of higher education. Secondly, the neuroqueer universe is used as an explicitly political framework, in order to combat present moral panics about the rising numbers of the population identifying as ADHD and neurodivergent, arguing that instead of conceding to the scare-mongering rhetoric of over-diagnosis, the neuroqueer universe can and should continue expanding as a response to historical epistemic injustices suffered by the neuroqueer subject.

From the rich, lived experiences of ADHD participants documented through interviews, I illustrated the breath-taking scale of diversity in how the neuroqueer, ADHD subject conceptualises ADHD within higher education. Particularly, the identitarian versus anti-identitarian views of ADHD demonstrates the multitude of ways in which participants understood ADHD as an entity which either was an intrinsic component of their personality, or as a separate figure which affects one's personality from the outside. Additionally, through participant accounts, I provided a much-needed layer of nuance to theorizations of ADHD stigma, distinguishing between stigma of ADHD and the traits associated with ADHD, with ADHD appearing as a social classification which is more than the sum of its parts, explaining differing experiences of stigma surrounding ADHD and its associated behaviours, which are

comparatively more stigmatized. I also interrogated the role of social media as a critical avenue for the co-constitution of the neuroqueer, ADHD subject, with political dilemmas as well as productive opportunities henceforth emerging with the rapid circulation of (mis)information about ADHD, and debates surrounding ADHD's role in society. All participants interviewed critically engaged with ADHD as a category which is constantly expanding and in flux, neuroqueering ADHD rather than treating it as a psychiatric category to be taken for granted.

I further showed how higher education is of fundamental importance as a social location in moulding the ADHD subject at a crucial juncture in transitioning towards adulthood and coming into contact with new social and political ideas. Participants all entered the world of higher education at varying stages of ADHD interpellation, whereby experiences of formative schooling were crucial in forming their individual, subjective social context. For some participants, higher education was the first time during which they seriously considered whether they themselves had ADHD, having encountered ideas about how ADHD manifests beyond the hyperactive, white, schoolboy. Rather than merely being bluntly oppressed by neuronormativity as a simplistic, monolithic entity, I shed light on how participants found numerous ways of navigating, negotiating, and adapting on the periphery of a system operating within the neoliberal, capitalist hegemony which centres and prioritises the hard-working, neurotypical student as the ideal, universalized standard. Furthermore, I also explored participant's varying experiences of accommodations in the university system, and the problems and dissatisfaction experienced with the machinations of university bureaucracy, requirements for official documentation and the persistent positioning of the neurodivergent student in a place of vulnerability by having to continually confess their ADHD-ness and ask professors for accommodations.

Asking what is queer about the neuroqueer universe in the world of higher education, I demonstrated the intersection between ADHD subjectivity and axes of gender/sexuality

emerged as having a particular importance for several participants. Regarding ADHD masculinities, ADHD was found to interact with male privilege in dynamic ways regarding who historically gets to speak and who is heard for the socially progressive neuroqueer subject in higher education. Embodiments of ADHD queer masculinity therefore served to complicate the binary between privilege and marginality, especially pertinent for the higher education context, within which embodying a marginalised subjecthood is socially valorised. Alternatively, ADHD femininity in contrast to ADHD masculinity was articulated as a way of being loud and unapologetic to express one's inner authenticity, without having to contend with the historical weight of the aforementioned male privilege. Furthermore, I showed how ADHD and queerness displayed numerous affinities, intersecting in intriguing and novel ways through the lived experiences of participants. In particular, I explored the development of neuroqueer coalition-building efforts in queer spaces striving to be as inclusive as possible, and how participants drew connections between ENM and ADHD as a manifestation of symbolic capital within the higher education context.

However, this study has several important limitations. Being restricted to Europe and the United States, the study is only able to make theoretical claims about ADHD in higher education within the Global North. Additionally, in striving to interview participants from a range of gender identities and sexualities to map out the neuroqueer universe, I had to sacrifice depth which could have been obtained through interviewing a more niche demographic.

Nonetheless, despite these limitations, this thesis makes a meaningful contribution to the neuroqueer scholarship through theorizing the world of higher education at the edge of the 'neuroqueer universe', framing the continued expansion of ADHD-ness not only as a strength, but as a political imperative in response to historical epistemic injustices manifested through hegemonic psychiatric institutions, which continue to pathologize ADHD, regarding it as a mental disorder. The breath-taking diversity in opinions and experiences regarding ADHD

within this thesis does not signal the irreparable breaking down of ADHD social intelligibility, rather this diversity should be viewed and cherished as being politically productive in expressing the sheer vastness encompassed within neuroqueer, ADHD subjectivities. Furthermore, in rejecting the psychiatric hegemony of the *DSM,* the neuroqueer ADHD subject must continue to question, interrogate, expand and imagine what ADHD is and could be, never allowing ADHD to become a settled category, which risks ADHD becoming a naturalized and taken-for-granted phenomenon rendered politically impotent against the powerful neuronormative hegemony.

Following this thesis, there are multiple future directions that emerge from my findings which are worth pursuing. Firstly, neuroqueer scholarship needs to examine ADHD as an empirical phenomenon distinct from formal medical diagnoses (such as through metrics of self-identification), in order to decentre the legitimacy granted to the *DSM* by hegemonic psychiatric institutions, and to give voice to those who are ADHD but whose voices have remained unheard. Stemming from my discussion of ADHD and social media, neuroqueer scholarship should also seek to move academic discussions in this field beyond simply the veracity of information on social media, which, whilst important, often unfortunately reinforces the pathologizing perspective laid out in the DSM. Instead, scholars should seek to understand how ADHD subjects socially construct and co-constitute ADHD through social media, and the implications of evolving ADHD identities for the study of subjectivity. Regarding the intersections between ADHD and gender/sexuality, the findings presented concerning the construction of ADHD higher education masculinities and femininities additionally provides fertile ground for future studies to substantiate sociological understandings of gendered ADHD, beyond the well-worn premise of girls being more likely to exhibit internalising ADHD behaviours, and boys being more likely to exhibit externalizing ADHD behaviours. Through situating ADHD subjectivity within the world of higher education as part of an ever-expanding neuroqueer universe, this

thesis demonstrates that opportunities are plentiful for expanding the present neuroqueer scholarship to explore further the rich and intricate intersections between ADHD and gender/sexuality.

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