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Neurodivergence & Gender (Mis)Recognition: Addressing Inequity Through Neuroqueer Knowing

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Abstract

There is an established association between neurodivergence and gender variance, with growing documentation of the challenges and inequities faced by those who exist at this intersection. This paper contributes a critical analysis of interviews with 24 autistic adults in the U.S. about their gender experience; yielding three themes: "gender divergence?", "gender socialization on crip time", and "either/or: whose intolerance for ambiguity?". Results suggest that gender variance—if it is best understood as such—among those on the spectrum emerges through a complex set of relationships between participants' bodyminds (e.g., sensory and cognitive styles); dominant cultural concepts of gender; and ableist and heterocissexist social relations. Neuronormative ways of knowing *gender*, institutionalized through biomedical research, healthcare, and social policy, emerge as a normalizing discourse contributing to the oppression and marginalization of participants as *neurodivergent* people. Justice implications of accounting for the epistemology of the neurodivergent bodymind and decentering neuronormative ways of knowing are discussed.

Keywords: neurodiversity; autism; embodiment; epistemic justice; gender diversity; feminist materialism

1. Introduction

Neurodiversity is a social, cultural, and scholarly site of epistemic contestation [1–3]. The structurally dominant, biomedical approach seeks to explain variation in terms of deviation from 'normal', framing difference as deficit. This way of knowing stands in contrast with the approach to variation forwarded by the neurodiversity movement, a social movement to delegitimize the idea of a normal brain, as well as the conflation of neurotypicality with ability and social value. Like previous scholar–activist traditions, neurodiversity has become articulated as a distinct scholarly approach, building on earlier critiques of normality as a discourse of social control organizing oppression and marginalization [4,5]. Scholar–activists aligning with this epistemic community have increasingly documented the negative impacts of neuronormative discourse and institutional practices. One area of injustice lies at the intersection of neurological and gender variation. In this paper, I further develop a liberatory, neuroqueer approach to understanding the intersection of neurological and gender diversity by melding it with a feminist materialist approach to embodied knowing. This approach centers interrelations among bodies, culture, and society to further neuroqueer projects examining how neurodiversity matters (for) gender[1]. I argue that how we know shapes access to equity and inclusion in important ways.

Autism is understood as a neurological condition, though it lacks determinate biological markers [6] and is diagnosed behaviorally. Criteria for diagnosis are difficulties with

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[dominant or non-autistic] social communication and interaction and restricted, repetitive behaviors or interests [7]. Biomedical researchers posit and seek neurological origins for these behavioral traits, conceptualized as deficits, in hopes of treating or curing the condition to 'recover' a putative non-disabled person. Many diagnosed with autism reject medicalization and related efforts at a cure, instead grounding personal identity in their (assumed) neurological difference [8].

Retaining, but making new meaning about neurological subjecthood, Autistic self-advocates developed the concept of neurodiversity: natural, non-pathological variation in human neurology [9]. The neurodiversity movement, "says that people with brain-based disabilities (like autism, intellectual disabilities, learning disabilities, or mental health disabilities) should be accepted and included in society just like neurotypical people (people without brain-based disabilities). The neurodiversity movement also says that we shouldn't try to cure or get rid of autism" [10]. For the current analysis, different epistemological and political relationships with normality are relevant not just in terms of (dis)ability, but gender as well.

Biomedical researchers have established a correlation between transgender identification or gender nonconformity and autism/autistic traits [11], as well as other forms of neurodivergence [12]. In this epistemological community, gender nonconformity is framed as a result of neurological impairment [13–15]. This understanding has justice implications. Transgender and non-binary autists report delayed and denied gender affirming care due to clinician reluctance to recognize their gender experience and identity as valid, or not rooted in neurological impairment [16–21]. In addition, imputed associations between autism as 'neurological impairment' and gender non-conformity figure in policy debates and laws restricting access to affirming care for minors [20,22]. Purported connections between autism and 'excessive' androgenization of the brain [23] have also enabled the emergence of autism as a well-funded and influential platform for research into 'basic sex differences' [24] despite strong methodological critiques [25–28]. These institutional arrangements demonstrate the power of biomedical discourses of deficit and deviation as they are legitimized, circulated, and acted upon, shaping access to opportunities and resources in patterned ways.

Autistic activists and scholars have also sought to understand the intersection of neurological and gender variation. Explorations of lived experience in online communities (c.f. https://www.asexuality.org/en/topic/153712-neurogender/ (accessed on 12 October 2025); https://nonbinary.wiki/wiki/Neurogender#Vaguegender (accessed on 12 October 2025); https://neuroqueer.blogspot.com/ (accessed on 12 October 2025)) developed into scholarly treatises that document the entanglement of non-normative behaviors variously coded as neurological or sexual-gendered. Scholars document entanglement in both institutional practices and embodied experience. Institutionally, this intersection is evident in the shared history of medicalization, stigma, and 'treatment', particularly in the development and implementation of applied behavioral analysis (ABA) [3,20,29–31]. ABA and its iterations have become the gold standard for autism 'intervention' by therapeutic industries, schools, and policy-makers while critiqued as a human rights violation by some scholars and activists [3,20,32–35][2]. Experientially, scholars document difficulties in sorting out what is 'gender' and what is 'autism' in lived experience, with accompanying reports of violence, harassment, and marginalization for those at the intersection of neurological and gender divergence [16–19,37,38]. In contradistinction to biomedical explanations of the association, scholars in this epistemic community are, like Brown [39], explicit that, "being autistic doesn't *cause* my gender identity, but it is inextricably related to how I understand and experience gender".

This approach to understanding the intersection of neurological and gender diversity has coalesced under the term neuroqueer, though the approach advanced by scholars under this banner is broader, with applications in disciplines spanning sociology, education, and communication [29]. Neuroqueer is used to name the inherently queer, because anti-normative, nature of neurodivergence, with scholars noting that neurodivergence is defined and diagnosed by the violation of dominant neurocognitive norms for perceiving, processing, emoting, communicating, etc. [3,30,34,40,41]. Neuroqueer also names the entwinement of neurological, gender, and sexual diversity. It is used as an identity, adjective, and verb, with the verbed form having distinct epistemological effects. Walker [40] (p. 160) defines neuroqueer as the "practice of queering (subverting, defying, disrupting, liberating oneself from) neuronormativity and heteronormativity simultaneously". She notes that in the process of this practice, the entwinement of ableist neurocognitive norms and heterocissexist gender norms opens for examination. Review of the neuroqueer literature indicates, "four core theoretical and social challenges offered by neuroqueer scholars: recognizing (both identifying and acknowledging the validity of) diverse embrained-embodied knowing; appreciating doing (rather than being) as the nature of existence; questioning accepted conceptual distinctions and definitions accordingly; and revealing the social control operant through normative concepts" [29] (pp. 5–6). Neuroqueer approaches center the epistemic authority of those whose knowing is often discounted based on their 'impairment' or (dis)ability [29]. This theoretical approach enables me to ask not only how neurodiverse people know gender, but what concepts emerge from that process.

My neuroqueer approach incorporates three feminist materialist concepts. The first of these is embrained-embodiment. Embrained-embodiment [42], like neuroqueer theory [3,40,41], reminds us that brains are not separate from but integrated throughout bodies as one part of the nervous system. It also foregrounds the idea that the brain in relationship with other parts of the body determines perception and shapes experience, thus knowing. Finally, it recognizes the socio-political salience of the brain in contemporary understandings of the self and regimes of (self)governance [42], requiring us to always keep the interrelations between bodyminds[3] becoming selves and social context, as well as the political implications of such dynamic assemblages, in mind. Thus, it enables us to recognize the body as material *and* as socially constructed *in* a particular context of power relations, "accounting for the difference that embodiment makes, without falling into a standpoint approach that essentializes difference as property of the body-subject" [42] (p. 59).

The second related concept is misfitting. Misfitting names a disabling "incongruent relationship" between a bodymind and its socio-material environment [44]. Consistent with neuroqueer theory and embrained-embodiment, this concept focuses attention on the relations between bodyminds and their material and social contexts. It forwards our understanding by locating disability, as experience of structural inequity, neither in a 'body-subject' nor its socio-material context, but in the fit or misfitting between the two.

Finally, as identity and epistemology are central to the current project, I also rely on (mis)recognition. Recognition has been used to name interpersonal and institutional processes of acknowledging a person's identity [45–49], as well as access to equitable participation in social life [50]. Both uses are concerned with how the application of dominant social values can be associated with group-based experiences of marginalization or oppression, as well as the importance of equitable participation in epistemic processes for conditions of justice. Research shows that gender misrecognition is associated with family estrangement [49], psychological stress, depression, and suicide [45,47,51].

This integrated perspective provides an analytic tool for acknowledging the impact of neurodiversity without falling into neuroessentialism, or the view that we *are* our brains, and furthers understanding of the *social-material* process of neuroqueering and the neuro-

queer experience. This *biosocial neuroqueer* approach frames my analysis of relationships among body, mind, and social practices in participant accounts of gender.

2. Materials and Methods

This study relies on self-report demographics survey and in-depth, semi-structured interview data from 24 adults who self-identified as persons on the autism spectrum[4]. I asked participants about their sexual identities and histories and how these were shaped by interactions with key institutions. One section focused on gender. Interviews were guided by an epistemological commitment to understanding participants' identities and experiences, as well as the contexts in which they occur, as they are perceived by them [52].

To ensure the accessibility and relevance of this research to the Autistic community and enhance its capacity to generate knowledge from the perspective of autistic individuals, I worked with a community advisor (an autistic person active in Autistic Internet communities from whence the sample was drawn). She reviewed study protocols and materials and facilitated access to additional Internet community spaces for the purposes of recruitment. She suggested that the interview protocol include a section on gender, indicating that I could not hope to understand autistic persons' experiences of sexuality without taking their neurodivergent experiences of gender into account. The community advisor also read the initial analysis to check for non-autistic misperceptions or misinterpretations of the data. None were indicated.

Participants were recruited through websites and Listservs for the Autistic community. Inclusion criteria were self-identification as a person on the autism spectrum and being a U.S. resident aged 18 years or older. Advertisements included a link to the study aims and consent form. After consenting, participants were redirected to a demographics survey. The demographics survey asked about disability, racial/ethnic, gender, and sexual identities. Participants could select multiple identities and/or write in identities. Participants provided an email address, which was used to arrange an in-depth interview completed via e-mail, chat, or streaming audio (i.e., Skype), based on participant preference. I completed 24 interviews, eighteen via email. These extended over 3 months on average (range 1–12 months). Six participants chose a chat or streaming audio format (averaging 4 and 4.5 h, respectively, with interviews over 2.5 h broken into two sessions). All three interview formats followed the same semi-structured interview guide, provided opportunity for follow-up questions, and yielded comparable data.

Five standard questions were asked about gender, with one structured follow-up question and unstructured prompts and follow-ups as appropriate. Standard questions included: (a) How do you define "gender"?; (b) You indicated on the survey that you identify as X. How would you define X?; (c) Do people read your gender the way you want them to?; (d) What are some things you do that you see as feminine?; and (e) What are some things you do that you see as masculine? Participants who indicated on the survey that they had a different gender identity in the past were asked the standard follow-up question: You indicated that you used to identify differently. Can you tell me more about that? (why different, how things have changed).

Text-based interviews were exported and formatted for analysis using a word processor. Oral interviews were professionally transcribed, then checked and corrected by the author. I reread each transcript, adding comments asking for clarification as necessary. Finally, transcripts were sent to participants for a member check and response to clarifying questions. Participants were invited to make changes that would (1) make their meaning clearer, (2) enhance understanding of their experiences or perspectives or (3) make them more comfortable with what they shared. No one chose to make meaningful changes to

their contribution. The research protocol received clearance from the University of Windsor Research Ethics Board.

Twenty-four people completed interviews. Participants' mean age was 36.5 (range 18–61). Twenty-one reported completion of some post-secondary education or professional training. Participants were geographically dispersed across the U.S.. Twenty-two identified as white, one of whom also specified a Jewish ethnic identity. Participants reported a range of overlapping sexual and gender identities. Six indicated a transgender, genderqueer, or androgynous identity, with five identifying as (cisgender) men, and thirteen as (cisgender) women. Eleven identified as heterosexual, six as asexual, and seven as lesbian, gay, bisexual, or queer. Additional sexual identities endorsed by participants included: polyamorous, hetero-romantic, sapiosexual, pansexual, and bi-curious. Participants are identified in the results by self-reported pseudonym, age, racial/ethnic identities, sexual identities, and gender identities.

I conducted an inductive thematic analysis of interview data using Dedoose software Version 8, following the six phases outlined by Braun and Clarke [53]. These included reading each transcript, noting initial impressions and potential themes to inform inquiry in later interviews while collecting data and member-checking; generating initial codes; collating codes into preliminary themes; checking the integrity of preliminary themes in relation to coded extracts; refining conceptualizations of each theme; and selection of extracts to exemplify themes.

3. Results

Main themes generated through analysis of participant accounts demonstrate how neurodiversity matters for gender. These were "gender divergence?", "gender socialization on crip time", and "either/or whose intolerance for ambiguity?". Each theme identifies an aspect of how interrelations among embrained bodies, culture, and social relations produce the phenomenon currently recognized as co-occurrence of neurological and gender divergence. "Gender divergence?" traces the misfitting between participants' autistic embrained-embodiment (sensory, communicative, cognitive) and dominant gender norms. "Gender socialization on crip time" demonstrates the role of 'developmental' time in shaping this biosocial phenomenon. Finally, "either/or whose intolerance for ambiguity?" sketches interrelations among participants' cognitive styles and dominant gender concepts.

3.1. Gender Divergence?

A quarter of the sample identified as transgender, genderqueer, or androgynous. Most participants demonstrated a considerable degree of divergence from dominant gender norms regardless of their sexual or gender identities, though LGBTQA participants talked more about gender norm transgression than heterosexual cisgender participants. Gender divergence showed up in a number of ways, particularly through communication styles, activity preferences, and embodiment. Participants attributed these gender divergent characteristics to their neurodivergence. Billy Joel insightfully reflected on how early childhood neurodivergent embodiment in the context of dominant cultural gender norms led to self-reinforcing patterns of 'gendered' socialization.

> P: Yes, I do think there is a connection [between being autistic and my experience of gender]. Many of the things I do and don't do relate to my perception of senses, like the clothes and shoes I wear, the simplicity in my self care routines, and my preferences for sameness as opposed to style. Additionally, my delayed expressive oral communication led to my choices on the playground for sports (and growing up in a family where everyone did sports). Sports don't require talking and so I found myself interacting with guys and relating to them. I think

> autism is responsible at least partially for my decision of comfort over style, and this is more of a "guy" lifestyle. My difficulty with social interactions (autism) also led me to interact more physically with others through action like the boys instead of chatting like girls—and having this experience so early in life and for so long contributed to my less-feminine or social way of spending time with others.
>
> Billy Joel, 23, white, asexual, woman

Misfitting between sensory processing (neurology) and cultural norms for corporeal feminization (shaving, restrictive clothing, make-up, etc.) was a particular source of embodied gender divergence for participants assigned female at birth. While cisgender men reported gender divergent communication and activity preferences, they did not report the same level of aesthetic deviance.

Cisgender women noted the limited embodied resources left for corporeal feminization due to the additional time, strain, and drain required to navigate a society stratified by ableist social relations which routinely demand neurotypical modes of socializing and communicating (e.g., with partners, teachers, coworkers, doctors, etc.) as well as enduring spaces constructed through painful and/or overwhelming sensory inputs (e.g., fluorescent lighting, being touched/bumped, unexpected or loud noises, strong smells, etc.). The embodied toll of structural ableism left little energy for feminization.

> It is also true that social interactions and basic ADLs [activities of daily living] require a lot more energy for autistic people. Sometimes there is not enough left over to spend on looking appropriately feminine, even if I really wanted to.
>
> M, 39, white, heterosexual, woman

The relationship between participants' autistic embrained-embodiment and dominant cultural concepts of gender in the context of ableist social relations contributed to social marginalization, harassment, and/or draining demands for 'passing' as (neuro)gender typical. Commenting on her inability to distinguish autism and queerness in childhood, Gabby mentioned being marginalized and experiencing heterosexist harassment due to the misfitting of neuro-gendered norms. Her autistic embrained-embodiment was gendered through neuronormative concepts of gender. The social relationships available to her as she embodied autistic norms in a neurotypical social environment intensified (mis)recognition as they fostered communication and activities that others coded, without question, as masculine, gender divergent, and queer.

> Some of it is being queer, less than gender experience, but it is hard looking back at my childhood to separate some of my "differentness" feeling as being Autistic or being queer. For example, I was always told that "girls like XYZ" and "boys like ABC" and I would like ABC or I would like XYA or some other combination. I had a LOT of trouble socializing with girls and found socializing with boys much easier because there was more direct communication and less social intricacy to decipher. This, however, meant that I was often sort of one of the boys and would play sports and talk about action movies, which led to me being seen as masculine or often called a lesbian. I also never really bought into social roles of women which is maybe because I'm queer and maybe because as an Autistic that stuff didn't come naturally to me and trying to learn it is absurd.
>
> Gabby, 23, white, queer, woman

Social inclusion and avoidance of heterosexist harassment for 'gender' divergent characteristics required the strategic adoption of dominant gender norms and/or suppressing autistic norms, as illustrated by Elle's comment about not feeling able to "act autistic" in groups of girls. Importantly, these are not clearly separable for participants. Demands

for passing as (neuro)typically gendered were experienced as demands for passing as non-autistic.

> In a lot of the research about autism I've read, it's correlated with this ridiculously sexist notion of being an element of the "male brain", which is one of the reasons girls often go a long time undiagnosed. Many of my more masculine traits, particularly my lack of need for comfort, my bluntness, and my logic, I see less as elements of a gender discrepancy, and more as just things that come along with my autism. It also has, perhaps, given me a somewhat unfavorable view of girls who act traditionally feminine, which I know is bad and I know is internalized misogyny, but because I was forced to interact with these girls all through school, interactions which did not leave me room to "act autistic".
>
> Elle, 18, white, bisexual asexual, woman

Elle, like many participants assigned female at birth, explicitly brought up the neurotypical cultural coding of certain 'autistic' traits as 'masculine' traits and how the gendering of traits—and the neurology purportedly productive of those traits—structurally disadvantaged females on the spectrum. In addition to neuro-gender-based marginalization, harassment, and demands for passing, participants saw this layering of assumptions in biomedical research as responsible for the gender disparity in autism diagnoses, reducing the likelihood that children assigned female at birth are screened, diagnosed, or provided access to services or accommodations.

The interrelations between (a) heteropatriarchal and ableist social relations, which structure spaces and practices according to the embrained-embodiment of non-disabled-cisgender–heterosexual bodyminds and value bodyminds hierarchically; (b) dominant cultural concepts of gender, which are produced by and embedded in those relations; and (c) participants' embodied neurology; produce participants' 'gender divergence'. Dominant cultural concepts of gender and sexuality were neuronormatively used to interpret autistic embrained-embodiment, both by others and by participants themselves at certain points in their lives. The misfitting of autistic norms with social relations structured through neurotypical bodyminds (spaces, communication, 'gender' practices, etc.) resulted in (mis)recognition of participants as gender divergent.

A parenthetical use of (mis)recognition is helpful here, denoting the simultaneous misrecognition of having neurological characteristics coded, interpreted, and acted upon as gender/sexuality characteristics and the recognition of a queer or gender divergent self in the context of dominant culture. These interrelations particularly disadvantaged participants assigned female at birth for two reasons. First, their bodies were more visibly 'divergent', making them more vulnerable to social consequences. Second, cultural assumptions about the essentially neurological nature of 'gender' traits (which we recognize here are not necessarily gender traits) have shaped biomedical research into, and, therefore, knowledge about autism to the extent that females are less likely to have neurological characteristics recognized as such, impairing access to services and accommodations [54,55].

3.2. Gender Socialization on Crip Time

In addition to gender divergence produced through the interrelations of participants' autistic embrained-embodiment, dominant gender concepts, and heteropatriarchal and ableist social relations, participant accounts demonstrated how gender socialization on crip time [56], or socialization at a different pace than their neurotypical peers, shaped their relationship with gender. The concept of crip time recognizes that, "Operating on crip time . . . might be not only about a slower speed of movement but also about ableist barriers over which one has little to no control: in either case, crip time involves an awareness that disabled people might need more time to accomplish something or to

arrive somewhere" [56] (p. 26). Reflecting on childhood, participants discussed how the additional work of figuring out how to function in a society organized through dominant, non-disabled embrained-embodiment meant that they did not have cognitive–emotional processing space for gender until later than their peers. Social integration as a disabled person had to come first.

The following excerpt from Jack's interview, in addition to identifying how ableist social relations shaped the trajectory of gender socialization, demonstrates how some participants strategically adopted neurotypical gender traits because they facilitated the achievement of social goals. Strategic adoption of gender traits demonstrates the limited degree to which these were integrated into a sense of self.

> Since I was different as a child and no one knew why, I would say that this made it far harder for me to latch onto "male traits". . . . I would say autism has made it much harder for me to adapt male traits outright because I was always struggling to just be able to function in the world around me, let alone fit in.
>
> [Member Check Clarifying Question: Do you mean adapt or adopt here?
>
> Answer: I think adopt might be better, but either way you cut it, I'm still just "pretending" male traits in public to fit in easier.]
>
> Jack, 43, white, heterosexual asexual, man

Alongside the demands of integration into an ableist social context, participants' perception and processing of social data, aspects of their embrained-embodiment, contributed to socialization on crip time. Participants reported that they did not 'pick up' on dominant gender norms the way their peers did. Hank, for example, described how they did not realize they were gender non-conforming until friends pointed it out to them in secondary school, jokingly asking who that "boy" was in the yearbook. This incident again demonstrates neurotypical (mis)recognition of participants' 'gender'.

> Being autistic delayed my understanding of gender roles. Growing up in the 1980s, there was a level of flexibility (statements like "girls can do anything boys can," freedom to wear pants, etc). But it wasn't until 7th grade that I understood that while there was emerging greater equality and freedom, it was not expected for girls/women to wear clothing from the boys/men's department, identify with male role models, have men's style haircuts, etc. and that there was a social expectation line which I had very strongly crossed. Further, it wasn't until that time that I realized that I was at times passing as male, other times as female, and often people were confused about my gender.
>
> Hank, 33, white, queer, Transgender and genderqueer

Later and conscious learning, often after participants had experienced social consequences of being neuro–gender divergent, facilitated conceptualization of gender norms as constructed. For many, gender as a socially constructed, formally learned-outside-the-self, concept was internalized to a limited degree. It was not a personally meaningful category. Danielle reported that this dynamic resulted in an abstract concept of gender that she was consciously aware of not guiding her behavior.

> One thing I'm pretty sure of is that autism affects the extent to which I absorb the cultural expectations around me. Because I don't instinctively pick these things up as quickly or internalize them as thoroughly as the neurotypicals around me, I didn't internalize the cultural expectations about gender, and that means that while I've got no problem with being female, I don't see it as an all-encompassing social role; rather, it's more of a biological fact. I do things that I like because I like them, rather than because they're part of my social role as a female.

Danielle, 29, white, asexual, androgynous

Danielle's comments also demonstrate the conflation, or reduction, of gender to biology, a common response reflecting not only the limited degree to which gender as a social role was personally meaningful or intellectually accepted, but its confluence with the binary nature of gender concepts in American society and a tendency for either/or thinking among participants.

Participants experienced gender socialization on crip time both because of the way their brains perceive and process social data and because these brains were working in a context of ableist social relations, putting additional demands on them. Again, the interrelations of neurology and ableist social relations facilitated both gender divergence, as participants transgressed gender norms they were not consciously aware of, especially in childhood, and a particular relationship with dominant concepts of gender. Gender was something most participants had examined and sought to understand. It was not an internalized aspect of the self that 'felt natural', but a neurotypical cultural artifact they eventually positioned themselves in relation to. Expressions of self that 'felt natural' included behaviors that dominant society considers 'gendered' but were not organized through gender in the way expected by non-disabled society or posited in neurotypical scholarship. Gender and (dis)ability stratification is again evident in the neurotypical expectation for gender, specifically one rendered recognizable through dominant concepts. Epistemic ableism contributed to participants' gender divergence through the application of dominant, neurotypical conceptual categories and by creating barriers to participants' apprehension and navigation of those categories.

3.3. Either/or: Whose Intolerance for Ambiguity?

The final theme demonstrates a third way interrelations among neurology, culture, and social relations constituted participants' conceptualization of and relationship to gender. Participant accounts showed a relationship between the either/or style of thinking often associated with autism (intolerance for ambiguity) and the either/or construction of the sex–gender–sexuality system. This was evident in regard to both gender as a social role and the conflation of sex and gender in identity adoption or ascription. When first asked to define gender or explain why they identified with a particular gender, many participants described biological models of sex or listed their own sexual characteristics.

> I: You indicated on the survey that you identify as a male. How would you define that identity?
>
> P: By my genitalia. That's it, really. . . .
>
> I: How do you define "gender"?
>
> P: Interesting question; I don't think I have the best definition, or the correct one, for that matter. Gender, to me, applies to one's genitalia—which translates into two genders, male & female. So if you have a penis, you are male; vagina, female.
>
> Rick, 26, white, heterosexual, male

It was also common for participants to list stereotypical characteristics of gendered embodiment (long hair, t-shirts and pants, etc.), rather than personal characteristics or activities, when asked what they did that they saw as 'masculine' or 'feminine', demonstrating both focus on the body as a site of gender-making and gender as an abstract designation rather than an internalized aspect of self or social role.

Early learning of gender as a social role (i.e., learning what it meant to do masculinity/femininity) demonstrated an equally either/or mode of perceiving and processing, which participants often attributed to being autistic.

> The autism seems to render my masculinity in cartoonish hues and coarse gradations. I lack nuance. I tend towards black and white thinking, either/or. . . .
>
> [As a young person,] I saw being a man as being a bit of an asshole- aggressive, a bit of a self-admirer, sports-loving, competitive, self-promoting, a bit chauvinistic/sexist. I met very few men who were really better than that (IOW humanistic and loving), so I believed that I couldn't really be a real man because I seemed to lack most of those traits, and I could not affect those traits because I hadn't the self-esteem to back such up. Maybe that ended up saving me from some major assholiness, I don't know. But I believe that if I were NT [neurotypical] I would not have had quite as hard a time comprehending these things/seeing them in a clear unprejudiced light. That is a guess, for I have never really been NT.
>
> abby normal, 52, 50% Japanese 50% German, bisexual, man

As discussed by abby normal, the relationship between particular modes of neurological processing and the cultural context of gender stereotypes available for participants to learn what it meant to 'be a man' or 'be a woman' often resulted in highly stereotyped understandings of what it meant to be (cis)gendered in a neurotypical world. Many took these rigidly binary constructions as authoritative and questioned their own identity or belongingness when they failed to measure up, or misfit, with these conceptualizations. Rusty, like several others, discussed how rigid either/or gender concepts prompted consideration of a transgender identity for a period of time. Reflecting on this experience, Rusty explained that he never chose to socially transition because on consideration he felt that "it was not real".

> I: You wrote that "on consideration I felt that it was not real". By "it" do you mean the fantasies [of wearing female clothing and being accepted as a girl], a feminine gender identity, or something else?
>
> P: It was the female gender identity. While I thought about having it, I did not have the feeling I was the other sex but felt that I would be better off that way. It was a reaction to my own inadequacy and I would just have other inadequacy as a girl.
>
> Rusty, 61, white, heterosexual, man

Like most participants, Rusty did not conform to neuronormative standards for (cis)gender performance. Rusty's comments demonstrate how not fitting perfectly into one gender category, and the social consequences of that misfitting, led to the initial conclusion that he must belong to the 'other'. This conclusion is logical in a sex–gender–sexuality system that provides two discriminant categories. Upon realizing that his embrained-embodiment would not fit perfectly into 'either' available gender category, he reinterpreted his experiences of gender divergence and reevaluated dominant cultural concepts of gender, expanding the designation 'man' to include attributes like "soft skin" and behaviors like "carrying a purse".

As life experience demonstrated the flawed nature of the either/or conceptual system, many participants came to reject the dominant gender system and its 'rules', as discussed by Hannah.

> Well, anyway, at a certain point the rules somewhat changed. Even though the new set of rules was less restrictive, they still bothered me, and the problem was, if you're brought up to one set of rules and all of a sudden while you're growing up—you know, I was born in 1963, so I was about 10 to 12 in '73 to '75, when basically the social rules started to change in a big way, and all of a sudden something that I was told not to do is suddenly okay. . . I have to say, this

> [gender] is not something that I want to buy into, particularly when the rules change, as they changed at some point when I was growing up.
>
> Hannah, 49, white Jewish, heterosexual, woman

Not all participants chose to reject or ignore gender norms. Some, particularly, but not exclusively, cisgender women (see Jack's quote above), found comfort or necessity in performing dominant gender norms. A few indicated fit between their embrained-embodiment and dominant gender norms. More reported strategically performing neuro-gender typicality to achieve specific social goals, including safety. Vivian, who reported fit between her embrained-embodiment and gender norms (such as wearing jewelry because the sensation and pressure of heavy necklaces felt good), also noted the social functions of conforming to our culture's either/or sex–gender–sexuality system.

> I know when I go out in public without makeup or doing my hair at all, I feel a lot more self-conscious and I feel like everyone's watching me. I know that's not true. But that's the feeling I have. And so when I dress up, . . . I feel like I blend in more when I'm out in public, and . . . I like that.
>
> Vivian, 31, Caucasian, heterosexual, woman

Blending in, participants were less likely to be noticed for either gender or neurological divergence. They were, therefore, less likely to experience social consequences of deviation.

The confluence of dominant, either/or, cultural concepts of gender and an either/or cognitive style led some participants to conceptualize gender in highly stereotyped, binary ways for a period of time. For some, this was limited to a conflation of sex and gender, with gender as an abstract designation holding little prescriptive influence or personal meaning. For others, awareness of (mis)fitting between their embrained-embodiment, including sensory, communication, and cognitive styles, and these dominant concepts produced a sense of difference, a queerness. Participants responded to this disjuncture in a number of ways, including rejecting or ignoring dominant gender concepts and associated norms, blurring (or queering) gender concepts to fit in an available category, and performing dominant gender norms to facilitate (mis)recognition by neurotypical others. These ways of (mis)fitting with dominant concepts were not mutually exclusive.

4. Discussion

A biosocial neuroqueer analysis of 24 autist accounts of gender showed that complex relationships between participants' embrained-embodiment (e.g., sensory and cognitive styles); dominant cultural concepts of gender; and ableist, heterocissexist social relations produce (the perception of) gender divergence among participants. Participants came to know gender, as a concept and in themselves, in ways patterned by these interrelations and distinct from neurotypical ways of knowing gender. Data were organized into three main themes: "gender divergence?", "gender socialization on crip time", and "either/or: whose intolerance for ambiguity?".

Participants explicitly articulated how their autistic embrained bodies generated sensory, communicative, and cognitive norms that misfit with dominant cultural embodied, social, and behavioral gender norms. This misfitting was read, and reacted to, as *gender divergence* by neurotypical people in participants' lives. Others relied on their own non-autistic somatic histories, in relation with dominant cultural concepts of gender, to (mis)recognize the gender–neurological characteristics and identities of participants. Findings demonstrate that neuroqueering as, "Embodying and expressing one's neurodivergence in ways that also queer one's performance of gender, sexuality, ethnicity, and/or other aspects of one's identity" [40] (p. 162), is not (only or always) an act of individual (in)volition; it is a social–material process. Participants then made meaning

about *themselves* as misfits in ways that integrated the embrained-embodied experiences of neurology-disability and sex–gender. Consistent with neuroqueer contentions [3,18,40] and recent feminist research [57,58], participants did not distinguish between disability- and gender-coded characteristics in many cases. They were co-constituted.

Interrelations between participants' embrained bodies, culture, and social relations also contributed to gender socialization on crip time. This happened in two ways. First, misfitting was exacerbated by the toll on embodied resources extracted by survival in an ableist social environment. Often, participants did not have physical or social–emotional energy available to notice, process, or perform neuronormative gender due to the taxes of daily living in an unaccommodating environment. Second, participants reported that they did not pick up on gender social cues, which are (neuro)typically communicated in non-verbal or indirect ways. This communication structure misfits with participants' autistic embrained-embodied communication norms, which favor explicit directness. Learning dominant gender norms later and self-consciously, participants understood these norms as constructed. Many, though not all, found gender as a social role personally meaningless. Participants understood neuronormative gender clearly as adults and had learned to position themselves in relation to it; but their own concept of gender, generated through their embrained-embodiment, did not include gender as a meaningful aspect of identity or as a guide for behavior or embodiment. This finding is consistent with other autistic articulations of gendervague and neurogender experience [21,39].

Finally, dominant cultural concepts of sex–gender as binary interacted with intolerance for ambiguity, attributed by participants to being autistic, to create intrapersonal conflict. Participants struggled to fit their embrained-embodied experience into one of two discrete categories, questioning their belonging in those categories. For some, working through the misfit between their experience and the gender binary resulted in consideration or adoption of a non-dominant gender identity, e.g., transgender, androgynous, etc. Those who considered but did not adopt a non-dominant identity often accomplished this identity work by queering dominant gender concepts so their experience could 'fit' a renovated category. For many, regardless of identity, misfitting led to rejection of dominant gender concepts and associated norms as illogical. This finding is consistent with Walker's [40] suggestion that people with diverse gender, sexual, and neurological identities can neuroqueer. In other words, your identity does not dictate your capacity to queer neuronormativity or heteronormativity. Some participants reported strategically performing non-disabled gender to achieve social goals, such as not "standing out". Recognition that gender conformity makes one less likely to be noticed as a neurodivergent or disabled person is consistent with previous research [37,52] and illustrates how "able-mindedness is tied to and coalesces through able-bodiedness and practices of normalization of the body" [59] (p. 125). 'Normal' bodyminds are neurotypically gendered.

Looking up from participants' embodied experiences to see the social relations structuring them shows that associations between neurodivergence and queerness are not acultural 'symptoms of impairment'. Difference is not "property of the body-subject" [42] (p. 59). Difference is constituted in interrelation among bodyminds (cognitive style, sensory processing, etc.), culture (gender concepts), and social relations (ablism and heterocissexism). The dominant either/or concept of gender itself is intolerant of ambiguity. It shapes neurobiological investigations into relationships among sex and gender [26] and autism and gender diversity [23], rendering non-binary sex and gender formations as pathological 'problems' requiring explanation. Though intolerance for ambiguity, understood as an autistic deficit, serves as one clinical theory explaining high rates of impairment-based gender diversity among autistic individuals [13–15], this explanation fails to account for the role of neurotypical gender epistemology in producing this relationship.

Heterocissexist, ableist social relations are evident in how binary gender concepts and ascriptions accompanied by discomfort with gender 'ambiguity' are *not* considered results of neurotypical cognitive rigidity, sexual pathology, or cultural or personal 'underdevelopment'. The very concept of gender is one of the "common concepts [that] reflect dominant morphologies, sensory experiences, and perceptive capacities, and are thus exclusionary" [42] (p. 56). Dominant ways of knowing *gender* thus emerged as a normalizing discourse with implications for the oppression and marginalization of autists as *disabled* or *neurodivergent* people. The *biosocial* specificity of gender concepts must be recognized to refine our understanding of the phenomenon we observe. It is also necessary to remediate an epistemic injustice and associated inequalities in the distribution of life chances.

The institutionalization of neuronormative gender concepts through research, law, and clinical practice contribute to enduring (dis)ability-based social inequity. When those labeled with brain-based impairments are not granted the epistemic agency to authoritatively articulate their own (gender) experience, their dignity is undermined. In addition, the epistemic resources available, to everyone, for making meaning (about gender) are impoverished. These epistemic injustices [60] have particular negative consequences for those who are neurodivergent. Participant experiences demonstrate how the hegemony of neuronormative gender concepts created intrapersonal struggle, social marginalization, and structural discrimination. These findings contribute to the body of work indicating that the intersection of neurodivergence and gender divergence is associated with harassment [37], barriers to economic participation [37,61], and barriers to diagnosis and support [16,18,19,21,58,62].

This analysis demonstrates that the epistemic process of (mis)recognition is a key mechanism for these inequitable outcomes. Returning to the two uses of recognition, data show that limitations in processes of gender recognition both result from and contribute to inequitable access to participation in social life. Decentering neuronormative ways of knowing gender will be an essential step toward addressing the harms perpetuated when researchers, clinicians, and politicians disallow and distrust the gender diversity produced in relationship with neurodiversity. Fully accepting and including people with brain-based disabilities in society must include valuing the epistemology of the neurodivergent bodymind and neuroqueer knowing.

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Notes

[1] This parenthetical is intended to communicate that neurodiversity simultaneously matters for gender, shaping gender concepts and identities, and matters gender, or materially produces it. It indicates the social-material relationship between neurodiversity and gender.

[2] See Mtanous et al. 2025 [36] for analysis of associations between receipt of ABA and adult mental health outcomes.

[3] Bodymind articulates the inseparability of physicality and consciousness [43]. Use of this word helps us think past ingrained, but false, Cartesan dualities.

[4] I use the terminology preferred by the participants in this study, who claimed their neurological identity in a variety of ways, with "on the spectrum" and "autistic" being the most common.

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