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Article

A Mask Within the Closet: A Case for Intersectionality in Queerness and Neurodiversity Research

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Abstract

Research has demonstrated overlaps in neurodivergent and LGBTQIA+ identities and communities, yet academic frameworks still pontificate over models to handle these identities. Researchers have not kept pace with the lived experiences reported by these people. This article presents Intersectionality Theory, as conceived by Crenshaw (1989), as a theoretically robust and practically necessary framework for researching the intersection of queer and neurodivergent identities as it inherently evolves and does not require us to wait for the resolution of the ongoing medical-versus-social model debate in neurodiversity research for meaningful dialogue to continue. Drawing on existing literature, the current UK policy context surrounding ND and queerness, and preliminary observations from a Northumbria University PhD study exploring the experiences of queer parents with children on the ADHD assessment pathway, this article examines parallels between neurodivergent and queer masks and closets, the crossover in histories of the pathologisation of these communities, and compounding discriminations faced therein. The article makes a case for intersectionality as a foundational approach to this under-researched area.

Keywords: intersectionality, queerness, LGBT+, neurodiversity, parenting, family, ADHD, autism

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Masks Within Closets

Spend time in queer (LGBTQIA+) or neurodivergent (ND) community spaces and you might start to see overlaps and grey areas between intersecting identities. A needed area of improvement in academic research is how it handles, discusses and addresses multiple intersecting identities. During the recruitment phase of a current Northumbria University PhD research project, *Understanding the Unique Experiences of Queer Parents with Children on the ADHD Assessment Pathway*, some queer and neurodivergent participants have expressed that when they ‘unmasked’ their neurodivergent identity, they sequentially discovered other identities concealed within. While unmasking and coming out are sometimes conflated (AMR Therapy, 2025; Price, 2022), early participants in the Northumbria study have expressed that unmasking their neurodivergent identity enabled them later to ‘come out of the closet’ as queer, or vice versa. Additionally, some neurodivergent or queer people seem to express that the further down this rabbit hole of self-discovery they go, the borders between identities start to blur. Preliminary observations suggest that identities like ‘neurodivergent’, ‘queer’ and ‘parent’ are not always neatly boundaried, that non-conforming identities may feel shared within family structures, and that the ‘neurodivergent’ and ‘queer’ identifiers appear closely cohesive.

The parallel between ‘masking’, meaning to hide a neurodivergent identity, and being ‘in the closet’, meaning to hide a queer identity, has been somewhat explored in academic research (Radulski, 2022). Both are used as protective mechanisms where concealing our identities may provide some protection in unwelcoming environments. Both coming out and unmasking entail introspection, coming to terms with our own identities and some self-acceptance. Both can be complex, emotional and traumatic, as well as joyous, liberating and freeing.

The Overlap — Are All Queers Neurodivergent?

No, but there does appear to be a significant overlap, represented in academic research. Estimates collated across studies suggest that anywhere between 30 and 70 percent of neurodivergent people also identify as LGBTQIA+ (Blair, 2025), and that there are overlaps between people with gender dysphoria and ADHD/autism (6–26 percent), higher than the general population (Thrower et al., 2019). Other studies have explored this blurred line with varying degrees of findings, and a further study found that 14.5 percent of those in a ‘sexual minority’ reported having ADHD compared to 7.5 percent of a heterosexual group (Orantes et al., 2025). Other research has found that autistic people were three times more likely to identify as trans (Warrier et al., 2020), or eight times more likely to identify as asexual than their allistic (non-autistic) peers (Weir et al., 2021). One theory is that neurodivergent people, being less constrained by social norms, may be more open to exploring other non-conforming identities such as queerness (Warrier et al., 2020).

This distinction matters: where early participants in the Northumbria University study expressed that they not only think of queer and neurodivergent identities as parallels, existing simultaneously, but that they *feel* the same. It appears that, although preliminary and anecdotal, there is some interplay between these identities.

A Semantic Impasse — How to Talk About Neurodiversity and Queerness

Academic frameworks are still considering the correct semantic approach to neurodiversity — a term which was popularised by sociologist Judy Singer in the 1990s, who made the case for neurological variances to be recognised and respected as natural human variations (Singer, 1999). Do we use medicalised terminology which can focus on deficit and treatment, as a medical model, found in the DSM-5 (American Psychiatric Association, 2022)? Or do we take a sociological or neurodivergent route, using neutral, sometimes more validating and sometimes ND-positive language (think ‘ADHD superpowers’)? Although the neurodiversity approach, where it applies, and how researchers can use this is also contested (Dwyer, 2022). The sociological approach lends itself more to exploration of how ND people are disabled by their environments and is more likely to talk about ‘neuro-difference’ or different ‘neurotypes’, natural variations in brain development which do not require pathologisation or treatment. In and out of academic research there is still significant disagreement over which approach to take, given that neurodivergent conditions are usually lifelong and sometimes pervasive. Sometimes a medicalised approach is a practical necessity, as stigmatising language can persist in clinical settings and be slow to unlearn (Daswani et al., 2025; Healy et al., 2022). Proponents from within queer and neurodivergent spaces argue that neither a medical nor sociological model can truly capture the nuance and reality of what it is like to be neurodivergent (Chapman & Botha, 2022). Recent research concludes there is no right-or-wrong way to talk about ADHD, but that the interplay between models should be acknowledged (Nicholson & Lee, 2026).

Pathologising and medicalised language and frameworks, juxtaposed with alternatives which validate lived experience and identity is an experience many LGBTQIA+ people have also had, historically, where queerness has been considered disordered before a valid identity. This battle is also still being fought, in particular when it comes to trans identities, where a recent rolling-back in social acceptance and legislation to protect the rights of trans people has taken place in the UK and abroad.

Further parallels may be drawn between the relatively recent removal of homosexuality as a disorder from the DSM in 1973 (Drescher, 2015), and the current debate around whether ADHD is ‘overdiagnosed’, and whether it is a medical condition or simply a different neurotype. Both queer and neurodivergent communities are also exposed to interventions advertised as therapeutic intended to disrupt or challenge these identities (Stevens & Kirby, 2025).

A Policy Moment

In the UK, there is still yet to be a full and formal response to Parts 1 (England, n.d.) and 2 (England, n.d.-b) of the ADHD Taskforce report, yet the former Health Secretary, Prime Minister and Chancellor have all voiced concerns regarding ‘overdiagnosis’ of ADHD, autism and mental health conditions. Although Wes Streeting stepped down as Health Secretary in May 2026, the policy directions he initiated, including the independent review framed around ‘overdiagnosis’ (Streeting, 2025), and the continued implementation of the Cass Review (Cass, 2024), remain in effect and continue to shape the landscape for both neurodivergent and trans communities in the UK. In response, a paper by 32 UK experts was published in the *British Journal of Psychiatry* in March 2026, which argued that there was no evidence that ADHD is over-diagnosed in the UK (Cortese et al., 2026). Additionally, the independent review’s interim report, published in spring 2026, acknowledged that epidemiological estimates of ADHD and autism appear relatively stable, and that rising diagnosis rates more likely reflect improved recognition and decades of unmet need rather than overdiagnosis (Department of Health and Social Care, 2026), though its final report is yet to be published at the time of writing.

Arguably one of the most striking examples of medicalisation being used at the intersection of trans and neurodivergent identities is the NHS policy landscape following the publication of the Cass Review. The Cass Review, an independent review of NHS gender identity services for children and young people published in April 2024 (Cass, 2024), led to the banning of puberty blockers for under-18s and, by March 2026, the suspension of new referrals for gender-affirming hormones for 16 and 17-year-olds. Alongside this removal of access to gender-affirming care, new NHS guidance now mandates that all children referred to gender clinics be screened for neurodevelopmental conditions including autism and ADHD (Riedel, 2025). The stated rationale is a ‘holistic assessment framework’, but critics argue that this effectively treats gender dysphoria as a neurodivergence issue to be explained away rather than a valid identity to be affirmed, an approach which some have compared to conversion therapy (Riedel, 2025). Notably, these policy decisions were until recently driven by the same former Health Secretary. Streeting framed the ADHD review around ‘overdiagnosis’. This convergence illustrates precisely why an intersectional framework is needed: the same institutional actors are simultaneously delegitimising both neurodivergent and trans identities, and those who sit at the intersection of both face compounding barriers to accessing support for either. Research drawing links between neurodivergence and queerness must be conducted with care, to avoid providing further ammunition for those acting in bad faith, and this is itself an argument for an approach which centres lived experience over medicalised categorisation.

The political narrative of ‘overdiagnosis’ rather than addressing years-long assessment waiting periods is invalidating and stigmatising, and parallels the queer experience, where waiting times for trans and non-binary people referred to gender identity clinics are estimated to be years or decades long (Gender Clinics — TransActual, 2026).

A Case for Intersectionality

At least until the debate around the linguistics to use when discussing queer and neurodivergent people has been resolved, a case can be made for using Intersectionality Theory as a baseline approach to research in this area. Intersectionality, coined by Kimberlé Crenshaw in 1989, emerged from her critique of what she called the ‘single-axis framework’, where laws written to tackle discrimination tended to treat race and gender as mutually exclusive categories. Crenshaw argued that Black women were forced to choose one of these lenses through which to frame their experiences, but never both simultaneously (Crenshaw, 1989). She argued that this approach erased the experiences of those on the intersections, whose discrimination could not be understood by examining just one identity or the other. The framework was also described by Crenshaw as ‘provisional’ and designed to be applied to overlapping identities, where existing frameworks fail to capture distinct experiences of marginalisation (Cho, Crenshaw & McCall, 2013).

The parallel to queer neurodivergent experience is striking. A queer parent navigating the ADHD assessment pathway alongside their child may not experience queerness and neurodivergence as separate, neatly bounded challenges. Power structures gatekeeping access to treatment in systems shaped by cis-or-hetero-normative assumptions about family structure may compound stigma already experienced personally by a parent, particularly when combined with ‘overdiagnosis’ rhetoric and the burden of justifying a diagnostic criterion to access support. This is the kind of experience that a single-lens framework, either examining queerness or neurodivergence in isolation, but not both, could miss.

An intersectional approach allows for the consideration of these nuances without requiring the medical-versus-social model debate to be resolved first. Intersectionality focuses on lived experience, now. It does not demand that researchers agree on whether ND conditions are a disorder, a difference, or a disability before they can meaningfully investigate how queer families navigate the assessment pathway. Instead, intersectionality considers what happens where these identities meet, and by its very conception addresses situations where the terminology and consideration of overlapping or intersecting identities may not yet exist (Crenshaw, 1989). While academics debate how to talk about neurodivergence, intersectionality provides a framework which centres lived experience and examines structures of power rather than being constrained by ongoing definitional debates.

Importantly, an intersectional approach also acknowledges that the impact of having one's validity questioned, whether through 'overdiagnosis' rhetoric, trans healthcare gatekeeping, or the rolling back of rights, including that these impacts do not affect all people equally. Women, people of colour and working-class people are often and systematically underdiagnosed for neurodivergent conditions (Dwyer, 2022), and queer neurodivergent people may face compounding barriers when institutional doubt about one identity is used to gatekeep access to support for the other. An intersectional lens makes this compounding visible and helps to centre those most impacted.

Emerging concepts like 'neuroqueer' theory, which expresses an inseparability of queerness and neurodivergence (Walker, 2021; Stevens & Kirby, 2025), could complement an intersectional framework, though intersectionality remains the more established and methodologically versatile lens for empirical research. Arguments could be made that the emergence of these new theories demonstrates a need for clarity in academia and beyond.

What Is Next for All These Queer Neurodivergents?

Whatever stance clinicians, researchers, educators and the public take on these identities, there should be some urgency. The neurodivergent and queer communities are under attack, and lived experience should be centred ahead of debates over language. As this researcher continues to explore these intersections through their PhD, the voices of queer parents navigating the ADHD assessment pathway will remain central. Their experiences, of masking, of closets, of compounding barriers, are not waiting for academia to settle on the right language. An intersectional framework ensures that crucial research in this area should not either.

Positionality and Reflexivity

Jo McCormick (they/them) is a queer, neurodivergent PhD Candidate at Northumbria University who has worked to empower queer and neurodivergent people in corporate and community settings. Their research uses Intersectionality Theory as a basis to examine the specific experience of queer parents with a child or children on the ADHD assessment pathway in the UK. They hope their research, informed by their own experience of growing up in the North East of England queer and neurodivergent, will serve as a protest and a historical record capturing these sensitive, nuanced and important experiences.

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