Behind *Our* Masks: The Impact of Intersectional Identity on Neurodivergent Masking

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Look at me, I will never pass for a perfect bride
Or a perfect daughter.
Can it be I'm not meant to play this part?
Now I see that if I were truly to be myself,
I would break my family's heart.

Who is that girl I see
Staring straight back at me?
Why is my reflection someone I don't know?
Somehow, I cannot hide
Who I am, though I've tried.
When will my reflection show who I am inside?

- "Reflection," *Mulan* (1998)

Abstract

This research paper examines how gender and ethnocultural identity intersections impact when, why, and how individuals with Attention-Deficit/Hyperactivity Disorder (ADHD), autism, and Sensory Processing Disorder (SPD) mask nonverbally. A qualitative study combining autoethnography, interpretative phenomenological analysis (IPA), and thematic analysis (TA) was conducted with 40 primary written and digital accounts of masking, focusing on women and non-binary folks and individuals with non-Western ethnocultural backgrounds. Results reveal the diversity of masking and identity formation experiences in the intersectional neurodivergent community and identify directions for future exploration such as Asian American and indigenous neurodivergent identity formation and conceptualization, conflation of sensitivity with sexist language and stereotypes, and legacies of racism and colonization. A broader, unifying theme of catering to external social expectations (i.e., gender roles, racial and ethnocultural stereotypes) resulting in estrangement from one's own body, needs, and sense also emerges. A shift towards more integrative, holistic, and body-based medical and psychological frameworks is thus critical for the effective recognition and treatment of intersectional neurodivergent brains and bodies. Overall, this generative research reveals how we must move towards viewing neurodivergent identities as inherently personal and cultural such that we can accurately capture the interconnected, multifaceted nature of intersectional neurodivergent identities.

Introduction

It's been fifteen years since I first heard the lyrics of "Reflection." Fifteen years since I first watched Mulan hop over her family's stone bridge on the phrase "be | my | self." Fifteen years since I first saw her wipe the bridal make-up from her face only to gaze—wide-eyed and desperate—at her fragmented reflections in the glassy ancestral tombstones.

In those fifteen years, I've rewatched *Mulan* over fifty times and listened to "Reflection" over a hundred times. Along with a handful of other movies, characters, books, and songs, Mulan and "Reflection" gave shape and voice to my inner world.

Today, as a late-diagnosed WOC[1] with AuDHD,[2] I cannot listen to "Reflection" without weeping. Its central questions speak to the internal disconnect and friction I've always felt between my inner self and the external world: *Can it be I'm not meant to play this part? When will my reflection show who I am inside?*

These are questions my neurodivergent neurokin[3] can relate to, often on intimate, visceral levels. They are questions many marginalized, disabled, and non-normative individuals encounter on a daily basis. They are existential questions about personal and social identity formation that medical professionals, academic scholars, and society at large have failed to explore in depth. Mulan sings of trying to "pass" as "a perfect bride" or "a perfect daughter," and the idea of playing a part to "pass" as a "perfect" fit for any socially constructed role directly aligns with the act of masking—a term used to describe when neurodivergent individuals suppress their natural ways of thinking and being to navigate a neurotypical society. Clinical definitions of masking focus on specific masking behaviors like suppressing stims,[4] mirroring facial expressions and body language, and disguising signs of sensory overstimulation. Such definitions note "loss of identity" as a direct consequence of masking, but no formal clinical tools or metrics currently exist for untangling the social and personal components of this phenomenon (Cleveland Clinic, 2024).

Fortunately, activists and academics have increasingly centered neurodivergent voices and lived experiences in discussions of masking, contributing to a larger shift toward the social model of disability. This model conceptualizes the causes of disability not as individual limitations or medical conditions but rather the mental attitudes and physical structures of a society that isn't constructed to be accessible (Buder and Perry, 2024). The neurodiversity paradigm adopts these principles, viewing conditions like ADHD, autism, and sensory processing disorder (SPD) as neurological differences that reflect natural expressions of human diversity—not disabilities or disorders to be treated or cured.

The neurodiversity paradigm thus represents a critical departure from historical conceptualizations of neurodivergent conditions.[5] Given the history of pathologization,

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[1] Woman of Color

[2] AuDHD refers to co-existing conditions of autism and Attention-Deficit/Hyperactivity Disorder (ADHD). It is a relatively new term originating from within the neurodiversity movement in response to growing evidence that ADHD and autism frequently co-occur and create distinct neurological, developmental, and social profiles.

[3] Neurokin (or "neurokindred") is a term originating from within the neurodiversity movement that refers to those "whose neurology is similar to one's own (thus, like one's 'brain family')" (Reframing Autism Glossary, 2025).

[4] Stims, short for self-stimulatory behaviors, refer to repetitive, self-soothing behaviors that may include movements and sounds, rocking, fidgeting, flapping, hair twirling, leg bouncing, or echolalia (a phenomenon where an individual repeats words or phrases spoken by others) (Reframing Autism Glossary, 2025).

[5] For example, autism has been traditionally painted by non-autistic scholars and theories as a fundamental lack of agency and humanity and "medically construed as a series of involuntarities" and "lacks"—of narrative structure, rhetorical facility, audience awareness, self-reflection, thought, emotion, empathy, and meta-cognition (Yergeau, 2016). Concepts like Bruno Bettelheim's "refrigerator mother"—referring to emotionally cold mothers whose "lack of parental warmth" supposedly causes autism in their children—also dominated psychiatry and psychology for

dehumanization, and stigmatization, it makes sense that the current focus of neurodivergent communities is on (re)defining and (re)constructing neurodivergent identities and cultures; reclamation of language, identity, and culture is a necessary first step toward anti-ableist discourse. But current research primarily focuses on autistic identity, even as new research supports the prevalence of coexisting conditions like AuDHD (Boyle, 2024; Hours, 2022). Furthermore, while research demonstrates that masking influences personal and social identity formation, there is little investigation into how identity, in turn, affects masking behaviors and experiences. Experiences of neurodivergent folks with intersectional identities are particularly understudied, even though factors like race, ethnicity, gender, sexuality, age, class, and other disabilities and identities can affect neurodivergent self-perception, self-presentation (including the decision to mask or not), and the responses of others (Stanich, 2024).

These research gaps inform my research questions: How do intersectional identity components of race, ethnicity, gender, and sexuality impact when, why, and how different neurodivergent people mask? How can examining these impacts challenge existing frameworks of neurodivergence diagnosis and narrative?

I argue that intersectional identity components must be considered holistically to fully assess their impact on masking, and comparing different intersectional identities can provide broader insights than restricting analysis to any single set of identities. Furthermore, existing clinical and psychological frameworks of neurodivergence do not effectively integrate the impact of gender and ethnocultural factors on how neurodivergent individuals make sense of their identities and masking. To address these challenges, we must move further towards viewing neurodivergent identities as inherently personal and cultural, making room for more perspectives and interpretations of neurodivergence.

My research focuses on the impact of gender and ethnocultural backgrounds on nonverbal aspects of neurodivergent masking in ADHD, autism, and SPD, including (but not limited to): repressing and adjusting stims; studying, mirroring, and copying body language and social cues; and internalizing vocal and physical hyperactivity. Nonverbal behaviors are central to neurodivergent masking and overlap across neurotypes,[6] providing a unifying foundation for my research (National Autistic Society, 2025). Furthermore, while nonverbal communication is universal, its expression is shaped by gender and ethnocultural norms, making it a suitable lens for exploring how intersectional identity influences masking. I begin with an overview of my methodologies, then share my primary research findings. Finally, I discuss the limitations and future directions of my work.

Methodologies

My primary data centers around the sensitive lived experiences of marginalized, underrepresented, and vulnerable populations. As such, the most appropriate qualitative methodologies are those that (1) center subject sense-making, (2) acknowledge and leverage

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decades, leaving damaging legacies that are still being undone (Cohmer, 2014). As for ADHD, studies reveal systemic stigmatization of childhood and adult ADHD within the United States. Parents and teachers reported negative perceptions of their children and students' academic abilities following ADHD diagnoses, and peers were more likely to rate their non-ADHD peers as "smarter" and "more caring" (Lebowitz, 2013; Walker et al., 2008). Childhood ADHD symptoms are also viewed as "less serious" than depression by American adults, with about a fifth reporting desire for social distance for themselves and their families from individuals with ADHD (Pescosolido et al., 2008; Martin et al., 2007).

[6] Neurotypes are defined as clusters of similar neurological and cognitive ways of being (Hillary, 2020). For example, autism is one neurotype, and ADHD is another.

subjectivity, emotionality, and researcher positionality, and (3) treat personal narrative as constitutive, meaningful data.

Thus, I employ a blend of autoethnography, interpretive phenomenological analysis (IPA), and thematic analysis (TA). Autoethnography combines autobiography and ethnography to describe and analyze personal epiphanies in order to understand cultural experiences (Ellis et al., 2011). I analyze childhood video footage and my lived experiences as a second-generation Chinese American woman late-diagnosed with ADHD, autism, and SPD. I present my autoethnography in the form of a layered account,[7] sharing my experiences alongside data from thematic meta-analysis of 39 other primary accounts: 8 responses to an original digital written survey (Appendix 6); 22 podcast episodes from *ADHD Aha!* and *The Neurodivergent Woman*, video interviews by Iris and Channel News Asia, 2 TED talks; 9 accounts from Jenara Nerenberg's *Divergent Mind*. Appendix 1 summarizes my thematic meta-analysis subjects.

I applied IPA and TA to analyze my data. IPA, an established methodology for identifying themes in qualitative data, centers participants as "the expert[s] of their own sense-making" (Friedman, 2024). TA is a generalizable method for identifying themes in the absence of researcher-participant dialogue. I used IPA to analyze my personal data and survey responses and TA to analyze my other primary data. All identified superordinate and subordinate themes were synthesized into an overarching narrative to address my research questions.

Autoethnographic and Thematic Meta-Analysis of Intersectional Masking and Unmasking

Intersectional Nonverbal Masking Experiences

In my childhood videos, I bounce around like a little tornado, hands and pigtails flapping, arms windmilling through the air as I cackle, sing, and dance. In some videos, I'm so overcome with physical expression that my parents intervene: my father gently holds out an arm to prevent me from jumping off the couch during storytime and my mother discreetly nudges me away from the corner of the coffee table. My face never stays completely still, either; younger Aniyah's eyes dart around, taking in every detail of her environment. There are moments when she tires, stops, and zones out, but they are quickly replaced by yet another energetic outburst.

Present-day Aniyah is a far cry from that expressive, energetic little girl. Now, my physical hyperactivity is confined to a bouncing leg or a hand rubbing at my lips. I often appear dissociated, disinterested, daydreamy, or, as one of my friends put it, "not here." My gaze is just as observant and restless, but my face remains blank. In classrooms, restaurants, stores, airports, trains, dorms, and other public settings, my body assumes reserved, self-protective positions: crossed arms and legs, hunched shoulders and back, and neutral facial expressions.

What happened? I've been asking this question for the past year, ever since I was late-diagnosed with ADHD in April 2024. What I do know—and what research corroborates—is that internalization of physical expression from childhood into adulthood is a canon pattern for many neurodivergent non-men.

Appendix 2 summarizes intersectional nonverbal masking experiences from my thematic meta-analysis. Superordinate Theme 2.1, "Suppressing and Adjusting Bodily Expression," encompasses five subthemes (2.1.1–2.15). 2.1.1–2.1.3 reflect how neurodivergent women and

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[7] Layered accounts are a form of autoethnography that focus on the author's experience alongside data, abstract analysis, and relevant literature (Ellis et al., 2011). This form emphasizes the procedural nature of autoethnographic research. Since my own ongoing (un)masking and identity formation experiences inform my analysis and argument, it is only fitting to examine them in tandem with my other primary data.

non-binary folks tend to repress or localize their body's natural expressions around others. This can look like developing outlets of physical expression that are easier to hide or more palatable to neurotypical society and ensuring that externalized bodily expressions are easily played off or unnoticeable. Some subjects suppress physical and vocal expressions entirely, resulting in mental hyperactivity that remains hidden from the external world.

This adjustment of natural bodily expression is paired with attunement to external norms and expectations. On a physical level, this manifests as mirroring and adjusting facial expressions and body language to fit in and put others at ease (2.1.4, 2.1.5). These masking strategies hide internal struggles with attention, focus, and social discomfort in order to establish interpersonal connections or obtain social validation. On a social level, outward attunement is shaped by gender and ethnocultural factors, informing Superordinate Theme 2.2, "Masking According to Social Expectations." Female subjects attribute their bodily adjustment to the social conditioning and expectations women have to fit in and not be disruptive (2.2.1). Several note the double standard women face around vocal expression, with girls expected to be "more verbal" but not "too" vocal and not in ways that deviate from the status quo. Multiple subjects report that being an eldest daughter, sister, or female community member has led them to prioritize or take on others' responsibilities and needs at the expense of their own (2.2.2).

Intersectional masking motives and experiences are further shaped by ethnocultural factors. Subjects report stigma, shame, and isolation within Chinese and Indian communities around "mental issues and conditions," considered deviations from a collectivist norm(al) (2.2.3). Cultural expectations of economic and personal success exacerbate adjustment to the external world at the expense of self-expression and attunement. For neurodivergent BIPOC[8] in Western cultures, masking is further influenced by racial stereotypes. For darker-skinned minorities, unmasked nonverbal behaviors like avoiding eye contact and stimming are filtered through a criminalizing lens, raising safety concerns. Meanwhile, for "model minorities" like East Asians, internalized expression—which can appear to be the absence of expression entirely—is stuffed under broader stereotypes of Asians being quiet, well-behaved, and nonvocal. WOC and non-binary BIPOC bear a double burden, navigating gender and ethnocultural expectations and roles that frequently intersect and intensify one another (2.2.4).

I resonate strongly with these experiences. Growing up as the eldest daughter of a Chinese immigrant family, I took on family caretaking and conflict-mediating roles during periods of financial instability and marital strife. Though I was never explicitly instructed to be quiet, demure, or cheerful, I recognized that such qualities were ideal and favored in social settings. *If I know what the "right" way to act is, then I should act that way, right?* Such reasoning seemed not only responsible but also logical to younger me. I developed a deeply ingrained radar for different environments and their shifting expectations, and what physical and vocal hyperactivity I did express was labeled "energy," "enthusiasm," and "passion" because I was careful to express it in socially accepted ways.

My ethnocultural background also intersects with my neurodivergent presentation and masking experiences. Others didn't just see me as the spaced-out dreamer or perfect daughter/sister—they also saw me as the stereotypical smart, successful, obedient Asian student. My introspective personality and communication style clashed with Western values of individualism and self-advocacy. In school, self-expression was encouraged and coveted. One teacher even said our (largely Asian) class was a group of "inanimate objects with no personality," calling it ironic that a collectivist culture lacked cohesion in tangible ways like

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[8] Black, Indigenous, and People of Color

political involvement. Looking back, I wonder: *As a Chinese American woman in American society, where does the impetus for my mask come from?*

Answering this question would exceed the scope of this paper, but the intersectional complexity it captures is experienced by many neurodivergent BIPOC. This is evident from Appendix 3, an overview of intersectional neurodivergent sense-making and diagnostic experiences. While subjects note barriers of "Ethnocultural Stigma and/or Wariness Around Diagnosis," (3.1.3) they also report "Community Support and Acceptance in Collectivist Cultures" (3.1.2) and "Alternative Views, Experiences, and Sense-Making" (3.1.1) around neurodivergence. Aboriginal and indigenous subjects share how their communities view differences like neurodivergence as gifts instead of deficits or disabilities, while East and Southeast Asian subjects observe that the interreliance and communal support of collectivist cultures accommodates neurodivergence better than individualistic, self-reliant Western societies. Subjects also note language differences. In Michif[9], for example, neurodivergent individuals are referred to not as "autistic" or "ADHD," but rather "Piitoshi-iteeyihten," meaning "one who thinks differently." Legacies of racism and colonization—including their influences on the Western medical model—are noted as additional sources of disconnect and misrepresentation. These accounts challenge fundamental Western frameworks of diagnosis and narrative. Indeed, they align with the neurodiversity paradigm in two key ways: first, by viewing difference as something to be understood and celebrated rather than subjugated or pathologized; second, by creating societal structures that support neurodivergent brains and bodies.

Intersectional individuals also tend to view their neurodivergence as integrated aspects of already multifaceted self-concepts (Gottardello et al., 2025; Mallipeddi and VanDaalen, 2022). When asked how neurodivergence intersects with their gender and ethnocultural identities, subjects use language like "indistinct," "mash together," "miscellaneous blob," and "interconnected" (3.5.3). Some report having strong ties to their ethnocultural communities; others note similarities between code-switching[10] and masking. Interestingly, Participant F and Sandhya attribute confidence and positive identity to their socially shaped roles of caretaking and leadership, demonstrating how views of social roles and expectations as purely "bad" or "harmful" undercuts the complexity of intersectional experiences (3.5.1).

Taken together, these findings raise the question: *When personal identity is shaped by minority identities, how does one untangle the interconnected influences of gender, ethnocultural background, and personal sense-making on one's mask and sense of self?* Is this even necessary or possible, given that the very notion of a singular, decontextualized "self" is a Western construct and therefore unrepresentative? Once again, such questions exceed the scope of this paper. We can and should, however, examine the impacts of masking on intersectional neurodivergent brains and bodies, including the internal sense-making experiences of neurodivergent individuals.

Impacts of Intersectional Nonverbal Masking

We thus return to the overarching theme of adjusting bodily expression to cater to social expectations. Much of our self-expression is not only repressed or altered, but also internalized, leading to the development of distinct inner worlds and lives—the first superordinate theme of

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[9] The language of the Métis people

[10] Code-switching is the act of changing one's mannerisms, speech, or appearance to fit in with a different social context or cultural group. It can involve changing languages, dialects, accents, or even identities (Sharma, 2023).

the impacts of intersectional nonverbal masking (Appendix 4). Subjects report turning to creative, imaginative outlets to make sense of their internal experiences. Many highlight the independent, nonverbal nature of these outlets and the companionship and understanding that fictional worlds and characters provide (4.1.1, 4.1.2). Several note how neurodivergent women gravitate towards the arts over stereotypical neurodivergent fields of science and math.

Combine a rich inner life and non-normative brain and body with a society that isn't equipped to understand or accommodate them, and it's no wonder intersectional nonverbal masking leads to "Disconnect and Difficulty Interfacing Between Inner and Outer Worlds" (4.2). Many intersectional neurodivergent folks grow up with a strong sense of being "different" from others, who misunderstand them while doubting or dismissing their neurodivergence (4.2.3–4.2.5). This generates significant confusion and invalidation (4.2.6). 4.2.1 and 4.2.2 capture the embodied experiences of neurodivergent individuals. Studies have shown that neurodivergent nervous systems are more sensitive to sensory stimuli and that this sensory sensitivity is linked to emotional regulation and body-based measures like joint hypermobility and heartbeat perception (Beck et al., 2024; Eccles et al., 2024; Quadt et al., 2021). Subject responses overwhelmingly support these findings, featuring terms like "sensory overload," "meltdown," "shutdown," "overstimulation," "neurological," and "processing" (4.2.1).

This leads us to "Disconnect From One's Own Body's Natural Expression and Needs" (4.3). As neurodivergent folks mask, they become hypervigilant towards their environment and how they're perceived. They also alter their natural body expressions, becoming increasingly estranged from their bodily cues and needs.[11] Over time, this leads to "Reaching Burnout and Breaking Points" (4.3.4) and "Feelings of Isolation, Loneliness, Mental and Emotional Distress" (4.3.6). Then, because intersectional neurodivergent folks receive so much negative external messaging on their natural ways of being, many blame themselves for their perceived inability to bridge their inner and outer worlds. "Feelings of Imposter Syndrome, Inadequacy, Self-Blame, Low Self-Esteem, Lack of Self-Acceptance" (4.3.7) are thus exacerbated.

The final identified form of disconnect is disconnect from one's personal identity. This relates back to intersectional neurodivergent sense-making and diagnostic experiences of "Internalizing One's Mask Into One's Identity" (3.4.3) and "Difficulty Differentiating Between Masked and Unmasked Selves" (3.5.2). When one's masking has been shaped by an interplay of gendered, ethnocultural, and neuronormative expectations, it follows that one's mask would become multifaceted and, consequently, difficult to differentiate from one's unmasked self. As Hayley Honeyman says in *Unmasking ADHD*, "When you live your most foundational years behind different masks, you never become a whole person" (TEDx Talks 8:17–8:28). The first time I heard this, I wept. No one had ever captured this feeling I knew so well. *Yes*, I thought. *I have been living behind different masks my whole life, and now I don't know who I am. Why is my reflection someone I don't know?*

The answer, I argue, is because neurodivergent folks with intersectional identities lack good mirrors. In *Divergent Mind*, Nerenberg describes the idea of having "mirrors" that reflect parts of yourself back in ways that enable you to see them more clearly. When I first encountered this idea, I immediately connected it to the mirroring aspect of masking. *Of course*, I realized. *My reflection is someone I don't know because it has never been an* accurate *reflection.* To grow up masking is to grow up observing and mirroring countless refracted reflections of who you

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[11] In fact, a clinical trial measuring the link between heartbeat perception and anxiety reduction found that autistic people perceive bodily signals "all the time," but because this perception gets "overwhelmed," their self-measurements "tend to not be very accurate" (Nerenberg, 2020).

"should" be. As Rebecca observes, "a lot of us grew up without … [a] role model or sense of what a happy, thriving neurodivergent person looks like" ("Minority Stress," *The Neurodivergent Woman*, 20:48–21:00). We're bombarded with stereotypes and expectations and we don't see other people like us living, loving, and struggling like us. So we mask, which, ironically, prevents us from recognizing our (masked) neurokin.

In the diagnostic system, this lack of good mirrors manifests as a lack of representation, understanding, and validation for neurodivergent women and BIPOC, leading to higher rates of "Initial Misdiagnosis and/or Missed Diagnosis" (3.3.1) and "Delayed and/or Dismissed Diagnosis" (3.3.2). In fact, an estimated 80% of autistic women remain un- or mis-diagnosed by age 18, and African American children are approximately five times more likely than white children to receive a misdiagnosis of adjustment disorder over autism or ADHD (McCrossin, 2022; Mandell et al., 2010). The adverse impacts of late and misdiagnosis are significant, with subjects reporting feelings of grief and needing to unlearn years of negative messaging and bullying (3.4.1, 3.4.2).

Two other diagnostic subthemes emerged: "Getting Diagnosed by Relating to Others with Similar Intersectional Presentations/Identities or Self-Driven Research and Discovery *(Over Formal Systems)*" (3.3.3) and "Getting Diagnosed Through a Social Role *(e.g., Mother, Teacher, Worker)*" (3.3.4). Mothers report seeing themselves in their unmasked children or other unmasked women. Teachers and workers report seeing themselves in their unmasked students and co-workers. Evidently, recognizing one's neurodivergence is catalyzed by exposure to neurokin who accurately reflect back intersectional identities and experiences—in other words, after encountering a good mirror.

This lack of good mirrors—combined with the systematic estrangement from our own bodily expressions caused by constant attunement to external expectations—is what makes unmasking so difficult. As Nerenberg (2020) writes, "entire demographics of women remain hidden and invisible, even to their own selves" (p. 40). We're masked not only to other people, but to *ourselves* as well. We spend so long suppressing, adjusting, and neglecting our own bodily expressions that we become disconnected from ourselves. We don't know how to recognize and attune to our bodily cues and body language. We don't know how to "be ourselves" because we don't know what that *feels* like.

This is what makes understanding the impact of gender and ethnocultural background on masking so important. For women, non-binary folks, and BIPOC, self-expression—especially non-normative expression—is misunderstood, criticized, and weaponized by others in a world where "being ourselves" can be dangerous or dissonant. As a result, we've developed ways of understanding and expressing ourselves, our communities, and our worlds that don't align with Western frameworks. That doesn't make them any less valid or real. I argue that we actually need intersectional neurodivergent perspectives and approaches because they serve as complements and alternatives to deficit-based Western medical approaches.

Using Bodily Expression to Unmask and Reclaim Identity

When it comes to unmasking and rediscovering a sense of self, for example, strategies that emphasize the interconnected nature of body, mind, and psyche are resonant with intersectional neurodivergent communities. Appendix 5 captures the growing trend of using bodily expression to unmask and reclaim intersectional neurodivergent identity. Two main modes of expression emerge: language and body. Subjects overwhelmingly report that having the language of neurodivergence helps them make sense of their natural ways of being and thinking, giving them agency over their inner lives and experiences (5.1.5, 5.1.6). This improves overall physical, mental, and emotional well-being (5.1.3, 5.1.4). Language is also a community-building tool, enabling people to connect with and advocate for their intersectional communities, thereby increasing the number and visibility of accurate, affirming mirrors (5.1.8).

More intersectional neurodivergent folks are also reattuning to their bodies and drawing connections between bodily expression, language, and community. Many are turning to somatic, body-based practices, occupational therapy, and other modes of sensory exploration and grounding (5.2.1). Several have integrated the somatic and sensory with the creative and artistic (5.2.2). I've been pursuing occupational therapy, yoga, and other nervous system-based exercises as part of my unmasking and healing process. I gush to my parents about every new technique I learn. It never fails to amuse them. " 当然啦，傻瓜。要那么多花哨的设备干啥呀？ " they tease. " 每天联半个小时的八段錦，你保证好！ " [12]

Conclusions, Limitations, and Future Directions

The accounts of (un)masking and identity sense-making discussed here reveal the staggering diversity of experiences in the intersectional neurodivergent community. The overall narrative, however, reflects that nonverbal masking is the suppression and internalization of self-expression. Social expectations—including gender roles and racial and ethnocultural stereotypes—estrange intersectional neurodivergent folks from their natural ways of thinking and being. This generates disconnect between inner experiences and external perceptions, leading to disconnect from one's own body, needs, and sense of self. The interconnected nature of intersectional identities also means that many intersectional neurodivergent folks hold multifaceted self-concepts that can't be captured through Western clinical and psychological frameworks.

We must therefore begin viewing neurodivergent identities as inherently personal and cultural. This means (re)contextualizing neurodivergence through an intersectional lens. It means integrating CAM[13] approaches of health and healing into Western systems of diagnosis and treatment. It means making space and providing support for all neurodivergent brains and bodies to re-attune to their inner lives and re-align themselves with external sensory and social worlds. Above all, it means recognizing, amplifying, and centering intersectional neurodivergent voices as agents of their own sense-making and self-expression.

My work provides an overview of how gender and ethnocultural background impact how people with ADHD, autism, and SPD mask. It points to the need for further exploration of specific topics like Asian American neurodivergent identity formation, indigenous and Aboriginal neurodivergence conceptualization, the conflation of sensitivity with sexist language and stereotypes, and legacies of racism and colonization. The broad scope of my research limits in-depth discussion of these topics, but its generative, meta-analytic nature reveals how

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[12] Translation: "Of course that helps, silly. Why do you need fancy equipment? Just practice 30 minutes of Ba Duan Jin every day, and you'll feel better." (Ba Duan Jin is a traditional Chinese exercise form that combines gentle movements with deep breathing. Walk through any public park in China, and you'll see crowds of elderly practicing it as part of their daily routine, right after playing Mahjong together in the streets.)

[13] Complementary and Alternative Medicine, which encompasses traditional alternative medicines (e.g., acupuncture, ayurveda, homeopathy, naturopathy, Chinese/Oriental medicine), body-based healing (e.g., osteopathic medicine, massage, yoga, Tai Chi), diet and herbs (e.g., supplements, herbal medicine), external energy therapies (e.g., Reiki, Qigong), and sensory-based approaches (e.g., art, dance, music, visualization) (Johns Hopkins Medicine Health Library, 2024).

considering intersectional identity components holistically enables us to identify specific connections and gaps in the discourse. Ultimately, comparing a range of intersectional identities provides greater insights than restricting analysis to any single set of identities—and serves as a tuning fork for research toward a world representative and supportive of all brains and bodies.

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APPENDIX 1: Participants and Subjects of Thematic Meta-Analysis.

Source	Name	Neurodivergence(s)	Age at Diagnosis	Gender Identity	Ethnocultural Background
Survey	Participant A	ADHD, autism	21 (ADHD), before 3 (autism)	Nonbinary, Non-Conforming	South Asian (Indian), White (non-Hispanic)
	Participant B	ADHD, autism	17 (ADHD), 19 (autism)	Nonbinary, Non-Conforming	White (non-Hispanic)
	Participant C	SPD, autism	14 (SPD) 15 (autism)	Woman	East Asian (Chinese American)
	Participant D	ADHD, autism	19 (ADHD, autism)	Woman	Hispanic (Chicano, Mexican American)
	Participant E	ADHD	19	Woman	Southeast Asian (Vietnamese and Filipina American)
	Participant F	ADHD	19	Woman	Hispanic (Chicana, Mexican American)
	Participant G	ADHD	9	Man	East Asian (Korean American)
	Participant H	ADHD, autism	17 (ADHD), 19 (autism)	Man	White (non-Hispanic)
ADHD Aha!	Emily	ADHD, autism	20 (ADHD, autism)	Queer	Southeast Asian (Vietnamese Malaysian Australian)
	Farah	ADHD	adulthood	Woman	—
	Mallory	ADHD	8	Woman	—
	Olivia	ADHD	10-11, adulthood	Woman	—
	René	ADHD	7, 11, 25	Woman	African American
	Sam	ADHD, autism	40 (ADHD), 44 (autism)	Woman	Southeast Asian (Malaysian Chinese)
	Zoe	ADHD, autism	adulthood	Woman	—
The Neurodivergent Woman	Chantell	ADHD, autism	41 (ADHD, autism)	Woman	—
	Claire	ADHD, autism	25 (ADHD, autism)	Queer	Red River Métis, Two-Spirit Michif
	Marie	ADHD, autism	adulthood	Woman	POC
	Rebecca	ADHD, autism	adulthood	—	Wiradjuri
	Sandhya	ADHD, autism	32 (ADHD, autism)	Woman	Indian Swiss
Iris Video	Amy	autism	11	Woman	—
	Joan	autism	13	Woman	—
	Kirsten	autism	19	Woman	—
	Morénike	autism	32	Woman	African American
	Sybelle	autism	27	Woman	—
TED	Ellie	ADHD, autism	24 (ADHD, autism)	Woman	—
	Hayley	ADHD, autism	22 (ADHD, autism)	Woman	—
Channel News Asia	Cheyenne	ADHD	29-30	Woman	Southeast Asian
	Jnanee	ADHD	28	Woman	South Asian (Indian)
	Moonlake	ADHD	50	Woman	Southeast Asian
Divergent Mind	CC	ADHD	adulthood	Woman	—
	Denise	autism	late twenties	Woman	—
	Isabel	ADHD, autism	adulthood	Woman	—
	Jen	SPD	adulthood	Woman	—
	Jenara	ADHD, autism	32 (ADHD, autism)	Woman	—
	Lisa	SPD	adulthood	Woman	—
	Rachel	SPD	adulthood	Woman	—
	Sara	autism	adulthood	Woman	—
	Stephanie	ADHD	adulthood	Woman	Southeast Asian (Vietnamese American)

— indicates unpublished information

APPENDIX 2: Intersectional Nonverbal Masking Experiences.

Superordinate Theme	*Subordinate Theme*	*Supporting Quotes*
2.1 **Suppressing and Adjusting Bodily Expression**	*2.1.1* Suppressing or Altering Physical Stims	"walking flat-footed around others … not flapping my hands in front of others … suppressing jumping stims when emotionally excited … suppressing my pacing stim in public" (Participant A) "Suppressing fidgeting/stims that I haven't explicitly seen the people around me do" (Participant B) "I try to stay still, but not too still." (Participant C) "rubbing my ears, scratching my scalp, rubbing my hands, cracking knuckles/joints, rubbing my neck, general stretching … stops me from shifting around in more obvious ways … I can only swing my legs in public [and] can only pace if I leave the room and find a vacant spot … I jump when I get excited, which is hard to mask but I try, like if I'm hugging someone, I try to release the energy in the hug … I mask [T-rex arms] by holding something in my hand or grasping the straps to my bag." (Participant D) "I was getting in trouble so often that I was starting to isolate these things like in tapping my legs or in tapping my pen or fidgeting my arms in some way. And then in order to get up, I realized that I had to ask my teacher to go to the bathroom." (Olivia)
	2.1.2 Suppressing, Internalizing, or Altering Physical Hyperactivity	"Unconsciously, when I am stressed, while my regular response would be to jump, stretch, and sing. I internalize this by picking at my fingers and my thumbs." (Participant F) "I wasn't physically hyperactive like [my brothers] … a lot of it was my mind was really hyperactive, but I sort of took on some of the traits of just having these huge emotions and keeping it together during the day at school." (Mallory) "even though I wasn't rocking back and forth in my chair and being disruptive every class, I spent most of my time in the classroom bored because my brain was moving so quickly." (Hayley)

2.1 **Suppressing and Adjusting Bodily Expression *(cont.)***	*2.1.3* Suppressing, Internalizing, or Altering Vocal Expression	“developing a more casual tone (airy, lighthearted) rather than talking how I normally do (deeper cadence, very blunt)” (Participant C) “I tend to repeat sounds or tunes on loop. In particular, I ‘parrot,’ where I repeat a phrase constantly and randomly. I try to mask this most heavily, in class, in conversation, with my roommates … [Not] interrupting [is] super hard … I try to make sure my questions have a rising intonation, and when I’m joking I [am] really specific with how my intonations move.” (Participant D) “I had to ‘stuff’ a lot of my curiosity” (Jenara) “I’m someone who has a really hard time with blurting things out and interrupting people.” (Mallory)
	2.1.4 Mirroring Facial Expressions and Body Language	“I don’t know how to respond appropriately so I follow their lead … I try to … stay as still as possible, then add in casual movements every fifteen or so minutes, as the neurotypical people do.” (Participant C) “Mirroring—anything I can notice. Body movements, humor style, etc.” (Participant D) “I tend to … copy others as a way of hiding the fact that my head is somewhere else, to seem less distracted and forgetful specifically … I tend to always laugh when people laugh, even if I didn’t catch why” (Participant E) “I engage in mirroring body language a lot when I am first getting to know someone or [they’re] telling me something quite personal” (Participant F) “I allowed my mannerisms and gestures to match those … around me” (Jenara) “With this mask you can make someone like you if you simply mirror them and act the way you assume they want you to.” (Hayley) “Up until [my autism diagnosis], I’d spent an awful lot of time pretending, never really being myself, but instead mimicking the people around me and showing them the person that I thought they wanted me to be.” (Ellie)
	2.1.5 Adjusting Facial Expressions and Body Language to Match Neurotypical Norms	“trying to keep a neutral face but also not look angry” (Participant B) “I tend to mask facial expressions when making small talk with people I’m not familiar with” (Participant C) “Nodding and affirmation words—I make [the] ‘uhm’ noise a lot, I’ve been trying to replace it with other filler words. I have a pretty strong collection” (Participant D) “I [made sure] that my body language reflected someone who was engaged and had nothing to hide (i.e., no crossed legs or crossed arms, hands above the table, leaning forward to listen, and a calm demeanor, even though I felt incredibly uneasy in that moment).” (Participant F)

2.1 **Suppressing and Adjusting Bodily Expression *(cont.)***		
2.2 **Masking According to Social Expectations**	*2.2.1* Catering to Gendered Norms and Expectations	"I often wear heeled shoes to mask my desire to tip toe walk in a socially acceptable manner … [and wear] jewelry to channel my desire to fidget in more socially acceptable ways." (Participant A) "As a girl, there's a lot less we can get away with … facial expressions, noises, jumping around, or rocking are frowned upon by society … I try to keep my stims casual enough that it might just seem like I'm anxious … leg jiggling, twirling hair, humming songs, picking at skin/nails" (Participant C) "because of the way girls and women are socialized, they often mirror and mimic the behaviors of other females around them and learn how to 'be' and interact with others … out of social obligation." (Jenara) "[Women] look compliant in the classroom when we're struggling, we're socially conditioned to mask and to present ourselves in ways that are not disruptive and are quiet and contained." (Zoe) "girls who are non-speaking … [are] seen as more of a problem because we expect girls to be more verbal" (Chantell)

2.2 **Masking According to Social Expectations *(cont.)***	*2.2.2* Receiving and/or Internalizing Gender Role Messaging	"my mom and other women around me would talk about how women are aware of everything that is ongoing at all times, and that made my scatterbrainedness feel even more off' (Participant F) "I'm an eldest daughter too, so like eldest daughter perfectionistic stuff, ADHD stuff. It's been quite a hole to dig myself out of. You know, that need to perform, that need to be understood in exactly the way that I've presented myself." (René) "[My brother] would just do stuff without thinking … a lot of it was like the really extreme procrastination of he would not pack his lunch and I would hate to be late for school, so it would drive me insane. So, I would just do it for him and pack his lunch and get everything cause we needed to get out the door because he was procrastinating." (Mallory) "[I was told], 'Put your own needs first, but only once everyone else's are taken care of.'" (Ellie)
	2.2.3 Bearing Ethnocultural Legacies, Expectations, and Stigmas	"As a Chinese American, there's a lot of stigma within my community regarding mental issues … I've been told to disregard [my neurodivergence], and I would never bring it up to any Chinese (not Westernized) person because it would be disregarded entirely … or reflect badly on my parents." (Participant C) "I come from a first-generation immigrant background—my mom is a refugee and my dad's a migrant. And I think a lot of people from those types of backgrounds come to a new country and they want to just flip that narrative around as quickly as possible. And so, they want the best for their children, they build up this, like, really amazing life. And I grew up so privileged. But in doing so, I had so many expectations on me … to be this perfect human … I just really tried my best to shape myself into something that I wasn't." (Emily) "A family might feel a shame of a child not being part of the norm because, you know, collectivism, we're all about the norm and you might disengage from the community and experience isolation as a result." (Sandhya)

2.2 **Masking According to Social Expectations *(cont.)***	*2.2.4* Facing Intersecting Gender and Ethnocultural Expectations	"[Gender and ethnocultural factors] have had a big impact on what my mask was 'supposed to be' in terms of how I was expected to appear." (Participant A) "As a Chinese girl, I can say that we are supposed to behave in a more quiet, demure, manner. The stimming is hard because I'm always moving/nervous. As for the facial expressions, those are also important because I'm 'supposed' to look more happy and light, as dictated by my culture, which is hard for me to make my face do that consciously, so I need to actively try to fit in … In Chinese culture, boys are allowed to be stoic and quiet, but women are supposed to be cheerful, and make polite conversation." (Participant C) "In Hispanic households, being an … older sister can be quite tough. You are expected to be a mini adult in terms of responsibility and expectations … My body was controlled and criticized much more than my younger siblings." (Participant D)
	2.2.5 Combating Ethnocultural Stereotypes, Masks, and Conceptions	"some of my communication difficulties were chalked up to me learning English, or coming from a different cultural background … [This] is not really accurate; I struggle to communicate in all cultural settings" (Participant D) "When I was in school, I was the poster child for the stereotypical Asian nerd. My teachers described me as 'studious,' 'shy,' and 'well-behaved.'" (Emily) "my skin color makes me quite visibly different from the norm—it's not actually something that I can mask easily—and in order to culturally mask, I need to change other aspects of myself to fit in with that dominant culture … My autism always wants me to socially camouflage and I do take on the persona of whoever I'm speaking to … increasing my level of safety and assimilation." (Sandhya) "I went on exchange to the United States and underwent interrogation as a single brown female traveling alone … to the point of being questioned if I had bombs … I was questioned about my left-handedness because they were trying to find something that was wrong with me." (Sandhya)

APPENDIX 3: Intersectional Neurodivergent Sense-Making and Diagnostic Experiences.

Superordinate Theme	***Subordinate Theme***	***Supporting Quotes***

3.1 **Ethnocultural Impact on Neurodivergence Conceptualization and Community**	*3.1.1* Alternative Views, Experiences, and Sense-Making	"I believe my dad also has ADHD but he has always thought it was nothing because it didn't affect him enough to struggle terribly academically, so I felt the same up until recently … I have definitely internalized [my ADHD] as character traits because it was always seen culturally as more of a character quirk to be worked on than a condition I should try managing." (Participant E) "I am almost entirely sure that my mom has ADHD … [She] was born in a small rural town in Mexico and she lived on her family's farm, and since then, she has always been on the move. Anywhere she goes, she will be the person cleaning or helping around, because she just doesn't like to be sitting down. I have always described my mom as someone with a large sense of wonder, because she will be captivated by the clouds, the way in which a tree is moving, and she will jump from conversation to conversation … Because [she] didn't have the chance to do higher education (she only went to 6th grade), the ways in which her undiagnosed ADHD manifested were always seen as her being energetic, curious, and resilient." (Participant F) "How do Métis understand autism or ADHD? What have our roles been? … in the Western way … if you're different, you're subjugated and you're oppressed and you don't fit in here … [a] difference for us is, 'Wow, your special creator made you this way for a reason, we need you, you have [gifts] to bring to us" (Claire) "certain indigenous people have been impacted by colonization in different ways and so for some nations, their understandings of autism are really strong and they … know who autistic people are in their community, they have words and they have names for them, but there's different experiences" (Claire) "I'm a Wiradjuri person … I've grown up since childhood knowing I'm from a Wiradjuri family. We're very, very proud of who we are. And my grandfather was part of the stolen generation, which has left a legacy of trauma … but also … that fire … in terms of keeping connection to culture and identity alive … although I grew up in a very strongly connected, Aboriginal family, I still went to school knowing that I was different … There weren't a lot of other

3.1 **Ethnocultural Impact on Neurodivergence Conceptualization and Community *(cont.)***	*3.1.1* Alternative Views, Experiences, and Sense-Making *(cont.)*	Aboriginal kids … so it was like growing up [different] while also having a strong sense of community … [and] who I am and a pride in my identity … I feel in many ways that parallels being an autistic ADHDer.” (Rebecca)

3.1 **Ethnocultural Impact on Neurodivergence Conceptualization and Community *(cont.)***	*3.1.2* Community Support and Acceptance in Collectivist Cultures	"maybe it's the setup … within [the] community, that inter-reliance … inside the Asian culture where people rely on each other … and some families have three generations that still live in the same house … it's an ADHD dream. There's always someone to body double with you and someone to pick up the slack if you are struggling to do something … I think that's part of the reason why my ADHD traits have worsened when I moved across the world [and have to be self-reliant]." (Sam) "being from Singapore, we're actually a collectivist culture, so I don't resonate with a lot of [individualistic] experiences that I hear … of people growing up feeling isolated, because for me, my family belongs to a community and so we're constantly surrounded by people, so even though I didn't have any best friends, I had family friends who might not have been friends but they were my social network, and so I was constantly surrounded by people, so that idea of isolation didn't quite fit for me simply because of the way that our community is structured … the idea of my belonging was never questioned no matter what I did. I belong just simply by virtue of I was part of that group … whether I spent my time by myself or reading a book or … going in and out of reading and playing" (Sandhya) "even if you live alone, you're still part of that community and you're not expected to do every single role or every single like practical thing completely by yourself, which I think is a very Western expectation, you know, you have to do everything by yourself, be completely independent from everyone … [I] don't think that's really realistic." (Claire)

3.1 **Ethnocultural Impact on Neurodivergence Conceptualization and Community** ***(cont.)***	*3.1.3* Ethnocultural Stigma and/or Wariness Around Diagnosis	"Asian people have a bigger tendency to brush things off unless it causes a very clear issue, and all my troubles were more seen as 'Oh, she needs to be less forgetful' or 'She needs to be more disciplined.' I think a lot of symptoms are seen as character flaws and failings to be worked on, not medical issues." (Participant E) "[My mom's] conception of ADHD is tied to the Western clinical conceptualization of it being something for little boys who are jumping around or who can't focus, and has a negative connotation attached to it." (Participant F) "[My mom] thought she was doing me a favor by avoiding me having a label put on me. Because again, at that time, it just seemed the best information that anyone gave her was you could not be a smart kid and also have ADHD. She thought I could have better opportunities without having that." (Zoe) "It was the stigma around dealing with any kind of mental health stuff as a Black person, which can pull you into a place of danger … we know people who were committed against their will, who've been experimented on by the medical system, who've had their children taken away, so to open up an inquiry into one's own mental health is also to invite the opinions of professionals who may not be culturally competent enough to understand what they're seeing and find something sinister in it and use that to penalize the person." (René)
		"a lot of the psychiatrists that I engaged with either had this stigma of … non-white people with ADHD. Because there's a lot of cultural nuance that came into my presentation." (Emily) "there is definitely this cultural connotation that makes it hard for us [Asian] ADHDers to be discovered, because on the surface, we look like we're crushing it … it can be really hard for them to figure out what neurodivergence look like for them … And for someone like me who came from Asia … it felt as though every single story that I was listening to were people native to this country, were born here … it felt as though there was no one I could go to really compare my experience." (Sam) "mental health clinicians … found it difficult to pinpoint an exact diagnosis due to my complexity." (Chantell)

3.2 **Lack of Understanding, Representation, and Validation for Intersectional Presentations and Identities**	*3.2.1* Lack of Understanding and Representation, for Non-White Ethnocultural Identities	"what tended to happen was that [autism, ADHD, and intellectual learning disabilities] got attributed to trauma … [that faulty] assumption that it's either trauma or neurodivergence, that it can't be both … is part of why we don't have a lot of identified autistic ADHD, Aboriginal people … research [also] often doesn't cover those intersecting identities … there'll be research about autism, but then that research may not really include autistic people who are indigenous … there'll be research about indigenous people, but then autism and ADHD may not be covered." (Rebecca) "I definitely wanted to make sure that Black people knew there are other Black people with ADHD. Like, of course, we know that logically, but when you don't see them and you don't hear from them … that's not really accessible to you." (René) "I don't see anyone who looks like me talking about ADHD." (Farah) "People don't expect to see someone that looks like me or my two youngest children … on the spectrum" (Morénike)
	3.2.2 Lack of Understanding, Representation, and Validation for Women	"As a woman, autism is underdiagnosed and often flies under the radar. [My autism] was … an off-chance discovery." (Participant C) "As a woman, [ADHD and autism] definitely appear different in me than the standard. A lot of the symptoms I recognize now were taken as me being very shy and quiet." (Participant D) "I didn't exhibit all the textbook symptoms of [ADHD] and just assumed what I did experience were just little quirks until college." (Participant E) "My sensitivity wasn't noticed … If I had been a boy, I definitely would have been diagnosed as something, probably Asperger's" (Denise) "girls with ADHD—how they face it and how they internalize it, their emotions are quite different from … boys" (Cheyenne) "I'm not a computer nerd or a techie person or into coding or any of the stereotypical stuff that you hear about" (Isabel) "autistic girls are also just as obsessive as autistic boys, they're just obsessed with … fantasy novels or like their favorite bands, not planes, trains, and automobiles" (Kirsten)

3.2 **Lack of Understanding, Representation, and Validation for Intersectional Presentations and Identities *(cont.)***		“Autism looks different in girls than it does in boys.” (Amy)
	3.2.3 Combating Gendered Stereotypes, Language, and Messaging	“being a girl specifically has made [being autistic] more difficult—people think I’m just ‘quirky’ or a bitch, but I fully believe a neurotypical man could get away with the same things … and be lauded.” (Participant C) “traits and qualities associated with sensitivity—and furthermore often associated with women more broadly throughout history—are neglected, covered up, and explicitly unwelcome” (Jenara) “Oh, she’s just very bright. She’s just sensitive. Oh, she’s just a very anxious little girl. She’ll grow out of it.” (Rebecca) “[There’s this idea of ‘the strong black woman’ … hold down the family and … just keep going and [don’t] address … your support needs” (Morénike) “Look at all the other girls in the class; they are all quiet. If you need cues on how to act, look at the other girls.’” (Hayley) “‘Be kind and be caring, but don’t be so clingy,’ ‘Be sweet and be loveable, but don’t be so intense about it,’ “Be open and honest, but stop being so sensitive’ … ‘Put on a brave face, but there’s no need to be such a bitch about it’” (Ellie) “My husband used to call me a narcissist” (Sara)
3.2 **Lack of Understanding, Representation, and Validation for Intersectional**	*3.2.4* Lack of Representation and Connection for Queer Identities	“I don’t fit into the popular stereotypes.” (Participant A) “Not seeing a lot of representation for queer autistic people has really influenced my experiences. I do not fit with the typical representation of autism in media, but I also don’t fit with the voices of autistic women as a non-woman … I was both disconnected from my neurotypical peers but also disconnected from the neurodivergent community … It makes it hard for me to find community.” (Participant B)

Presentations and Identities *(cont.)*		
3.3 **Difficulty Navigating Western Clinical/ Diagnostic Systems**	*3.3.1* Initial Misdiagnosis and/or Missed Diagnosis	"I had the experience of getting evaluated for bipolar and BPD first, even though myself and my family felt autism aligned much better with my experiences" (Participant B) "Originally told by a doctor that [I] had 'panic disorder,' it wasn't until [I] was twenty-seven years old that [my] sensory symptoms were finally recognized as SPD." (Rachel) "I went to my primary doctor, and she didn't know about SPD or where to send me, but suggested seeing a psychiatrist … I didn't know where to go. She suggested looking at the big Chicago hospitals, but none had any info about SPD." (Lisa) "For so much of my life I was told I was incredibly shy and diagnosed with social anxiety disorder when really I would say that a lot of my struggle has related more to social confusion." (Chantell) "I was really labeled with, like, certain labels, like depression and anxiety [first] … I was misdiagnosed with a number of things … I had a lot of my experience that was tied down with ADHD to just, 'Oh, you're … just really depressed or, like, you're really traumatized from this thing.'" (Emily) "I went in and did the battery and got, 'I see why you think ADHD, but we don't think you bombed this continuous performance task quite as hard as people with ADHD should. So, we're just going to diagnose you with anxiety.'" (Zoe) "by the time I got to 25 … my doctor was treating me for depression, and we got therapy services secured and they both agreed that we weren't seeing enough relief for where we should have been … we kind of floundered for a minute until [I was diagnosed with ADHD for the third time]." (René) "I was hauled to see a doctor. They thought I had anxiety and depression [instead of ADHD] … They put me on various medications for anxiety, for depression." (Cheyenne) "They almost thought I had epilepsy from the way I had to move my body after holding it in and now I realize that's part of my ADHD." (Sandhya)

3.3 **Difficulty Navigating Western Clinical/ Diagnostic Systems *(cont.)***	*3.3.1* Initial Misdiagnosis and/or Missed Diagnosis *(cont.)*	
	3.3.2 Delayed and/or Dismissed Diagnosis	"It took a very long time for me to get a diagnosis due to a poor provider who did not even consider my concerns, so I sometimes doubted whether people believed my experiences as somebody who doesn't present … as 'stereotypical' young-boy-with-autism … My first provider explicitly did not diagnose non-men with ADHD or autism … and made it much harder for me to get diagnosed later." (Participant B) "A lot of women—women that I know, who are autistic—are not diagnosed until their twenties, thirties, or even beyond" (Amy) "Because I learned to live with this mask, because I learned to hide my challenges, I didn't get diagnosed with ADHD until I was 22." (Hayley) "finding a doctor was really difficult because there were people that were like, 'Oh, women don't have [autism],' and … other people … like, 'Well, you're too high-functioning.'" (Sybelle) "People had the idea that ADHD only presented in hyperactive screaming boys who failed primary school. I wasn't disruptive in class … When I saw my first psychiatrist, I was 16. As soon as the doctor heard the name of my school, he was like, 'No, you can't have ADHD, you're from a good school. You're probably stressed.'" (Jnanee) "[It took] finally finding a psychiatrist who took the necessary time to analyze and interpret the nuances of [my] 'symptom presentation' beyond stereotypical ideas [to get diagnosed]." (CC)

3.3 **Difficulty Navigating Western Clinical/ Diagnostic Systems *(cont.)***	*3.3.3* Getting Diagnosed by Relating to Others with Similar Intersectional Presentations/ Identities or Self-Driven Research and Discovery *(Over Formal Systems)*	“I worked with a number of young people that had diagnoses of ADHD and … it was then that they were sharing a lot of experiences with me, and what they were saying were a little bit too relatable.” (Emily) “I didn’t seek out assessment, diagnosis, confirmation, or anything of the like. Instead, I turned to research, studies, news articles, and countless interviews and stories with women who sounded a lot like me.” (Jenara) “I was on Instagram quite a lot at the time because I started my own self-furnishing business … so I became a bit of an Instamom … then I came across someone I was following and she talked about her ADHD experience and she was also somebody who ran a successful business … the more I read, the more it felt like ‘This sounds like me.’” (Sam) “I was … watching TV and there was a program on where Lisa Ling, a journalist … was interviewing a physician-scientist who was talking about ADHD, and he was describing the symptoms of

3.3 **Difficulty Navigating Western Clinical/ Diagnostic Systems *(cont.)***	*3.3.3* Getting Diagnosed by Relating to Others with Similar Intersectional Presentations/ Identities or Self-Driven Research and Discovery *(Over Formal Systems) (cont.)*	ADHD. And Lisa says, 'Hey, that sounds like me.' And I'm yelling at the TV, 'That sounds like me too.' And so he assesses her … and as Lisa's answering the questions, I'm also answering the questions. And I was like, 'Oh, I need to talk to my psychologist about this.'" (Farah) "During my lower secondary period, I stumbled across psychology. When I read the section on ADHD, I was like, 'Hey, that sounds exactly like me.'" (Jnanee) "When … I went to university … I started … reading a lot more about psychology and … then I read the DSM 5 (it had just come out; it was 2013)" (Marie) "at university when I was learning about the DSM five I saw the criteria for ADHD and it just clicked immediately" (Sandhya)

3.3 **Difficulty Navigating Western Clinical/ Diagnostic Systems *(cont.)***	*3.3.4* Getting Diagnosed Through a Social Role *(e.g., Mother, Teacher, Worker)*	"my daughter, who was two and a half years old at the time, cried, 'Mom, you're just running around and around and around!' 'Oh my gosh,' I thought, 'she sees me; I have no idea what the hell I'm doing, and now she's found it out.'" (Jenara) "[My] son was diagnosed with Asperger's and ADHD, and [I] finally recognized [my] own neurodivergence" (Isabel) "I had no idea I had SPD, but my son was struggling with his development, so he was in early-intervention occupational therapy from the age of eighteen months. I was filling out all these forms for my son, and I was like, 'Doesn't *everybody* feel like this?' And my husband was like, 'No.'" (Jen) "I was diagnosed in my early thirties, after my children were. I don't think I would have been otherwise." (Morénike) "And every single day this one kid, I'm going to give her a pseudonym: Tegan … came to my lunch … and we were sitting and chit-chatting and she had an ADHD diagnosis. She was open about it. She's like, 'Yeah, I have ADHD,' and she was listening … and she said to me, 'No offense, … but you kind of sound a lot like me.'" (Zoe) "A lot of my challenges became more apparent to me when I became a mom … it was the combination of my age, having children when I turned 40, the hormones being what they were, and how that then impacted my ADHD symptoms. So, a lot of that symptom was persistent anxiety." (Sam) "My daughter was diagnosed with ADHD in late 2018 when she was 15. And as I was doing more of the readings, I realized that actually there's quite a strong family connection." (Moonlake)

3.4 **Adverse Impacts of Delayed Knowledge and Awareness About One’s Neurodivergence(s)**	*3.4.1* Unlearning Shame, Criticism, and Confusion Around Feeling Disconnected/ Misunderstood	“delay in diagnosis has … affected the sense of shame I feel with expressing certain aspects of autism, including specific stims that I suppressed after being bullied for them … It’s been very hard to unlearn” (Participant B) “Since I was diagnosed at a later age, it was hard for me to understand that a lot of the disconnect I felt between my peers and me from a young age (not fitting in, being made fun of, etc.) was because of my autism.” (Participant C)
	3.4.2 Grief Around Late Diagnosis	“I mourn my lost freedom.” (Participant D) “the grief was ‘What risks would I have taken and what kind of person could I have become if I didn’t spend so much time thinking that I was a bad person and that I had to live my life apologizing for who I was?’ That's not something I should have had to wait until I was nearly 30 to undo.” (René) “I also felt a sense of grief because I did think about what I had experienced as a result of being undiagnosed all these years, and I do wonder how things could have turned out if I had been diagnosed earlier.” (Jnanee) “I actually grieved … quite a lot this spring in realizing like since my diagnosis that … sensory stuff has gotten worse for me. As I’m getting older, I’m having more meltdowns … life will be hard [because] we live in a sick world.” (Claire)
	3.4.3 Internalizing One’s Mask Into One’s Identity	“I’ve been masking for so long that it is just a part of myself. At times, I’m not really sure of who I am, because I have so many different personalities that I adapt with different people … I [also] took on the belief that I was ‘high-functioning’ … [in] my sense of identity (Participant C) “I also didn’t know who I was without the mask.” (Hayley) “I think particularly with ADHD, because I didn't have the understanding or the label or the medication, I just felt like I knew who I was and I was just an obedient, high-achieving human … And I just had this huge identity crisis … and nothing really made sense.” (Emily) “I think when people talk about masking and unraveling the authentic self, it’s also really important for us to think that for some of us the mask has become our new authentic self” (Sandhya)

3.4 **Adverse Impacts of Delayed Knowledge and Awareness About One's Neurodivergence(s) *(cont.)***		
3.5 **Impact of Intersectional Identity on Navigating Pre- and Post-Diagnosis Self and Sense-Making**	*3.5.1* Finding Confidence and Identity in Social Roles	"as a woman and a Mexican Christian … I largely interacted with children as a teacher or a babysitter at church, which meant that I could be silly and energetic and playful. It also meant that when I interacted with the adults at my church, I could be reflective and serious and also simultaneously a ball of energy because I knew that they saw me as a kid but also took me seriously. This instead shaped me to be incredibly confident in myself (until COVID)." (Participant F) "in Asian culture someone who's actually speaking up in class is … seen as a leader … I was frequently … class monitor, 'perfect,' a leader, a captain, and that gave me a very clear, defined social role to play which I felt really confident in" (Sandhya)
	3.5.2 Difficulty Differentiating Between Masked and Unmasked Selves	"being a female POC has made it almost impossible to distinguish the masked me and the real me. They have combined for survival, this is how I have gotten through life." (Participant D) "In some ways, I'm not sure if I am masking or if I am just adjusting to different social scenarios or to different people" (Participant F) "I don't know how to speak in my original accent anymore unless prompted, unless I'm given someone to mirror, and it's hard to go back, so when we unmask, we need to be confident of what's underneath that and feeling safe enough to unmask as well" (Sandhya)

3.5 **Impact of Intersectional Identity on Navigating Pre- and Post-Diagnosis Self and Sense-Making *(cont.)***	*3.5.3* Complex, Nebulous, Multifaceted Senses of Personal Identity	"POC often code-switch in different situations, similar to how neurodivergent people mask. If masking is about hiding behaviors, code-switching is more like translating them for different audiences. Now, add another layer—being a woman means constantly adjusting to fit societal expectations. When you combine all three—masking, code-switching, and societal molding—it blurs into one indistinct identity. For me, they all mash together into a grey goo." (Participant D) "I definitely feel like I am a miscellaneous blob because there's just so much about me that doesn't necessarily discreetly fit into certain categories … I'm culturally diverse, and sexual and gender diverse, and also neurodiverse … it's just, yeah, not, not really able to describe myself in a very succinct way." (Emily) "Have I also been able to understand who I am as a Métis person rooted in community and with my kin? Have I understood … my gender identity? … when I look at that and how little I've understood myself until this point, I think it just goes to show how severed that connection has been in understanding myself as it very much a direct result of colonization … my spirituality, my sexuality, and my neurology … [are] so interconnected." (Claire)

APPENDIX 4: Impacts of Intersectional Nonverbal Masking.

Superordinate Theme	***Subordinate Theme***	***Supporting Quotes***
4.1 **Developing a Distinct, Separate Inner World or Life**	*4.1.1* Turning to Fiction, Art, or the Written Word for Self-Expression	"I struggled to communicate verbally … but if I had the time and the space to focus and write things down and visually organize my thoughts and then write it down, I could express myself in writing like nothing else." (Zoe) "I turned to reading and other independent ways to explore the expanse of the mind" (Jenara) "When I was younger and I had no outlet, nobody wanted to hear from me, and I felt like I couldn't be myself, so I turned to writing." (Amy) "A lot of autistic women actually … are into the arts … I just sang at Carnegie Hall. I'm a writer." (Joan) "I'm more of a social science and literary person, and I've met a lot of other women on the spectrum who are into languages or music or art, and I think we thrive in some of those non-traditional areas." (Morénike)

	4.1.2 Seeking Understanding and Connection Through Imagination	“I grew up in a world where there were no fidget toys … I would read voraciously … escape into a book … A lot of [neurodivergent people] are very, very well-read. And part of it is because … people are mean to you … a book will be your friend.” (René) “Alice [from *Alice in Wonderland*] has always been my favorite character … I resonated so deeply with her story because she was also confused with the world she found herself in, where nothing made sense and she never quite fit in socially either … Even during times of great distress, where I have been crying on the floor in the psychiatric unit, this always reminded me of Alice drowning in her own tears, which then gave me a brief moment of respite” (Chantell) “as a child I used to think that I had superpowers because I could feel things and hear things that nobody else could, so I convinced myself … that was a superpower and … [created] many beautiful imaginary worlds by myself” (Sandhya)
4.2 **Disconnect and Difficulty Interfacing Between Inner and Outer Worlds**	*4.2.1* Somatic and Sensory Overwhelm and Disconnect	“[My] world [is] too much or too loud” (CC) “When I’m bombarded with sensory information, it’s pleasurable and I enjoy it, but when I have to actually process all of it, I feel exhausted.” (Stephanie) “I really hated wearing gloves because I felt like the world was completely on mute … like I was experiencing the world through this really thick shield.” (Emily) “I have struggled since I was a child with [sensory] meltdowns.” (Jenara) “feeling overwhelmed in certain environments … starting to shut down or ‘lose [my] senses’” (Rachel) “It can be so overwhelming, so intense, that in order to function, you kind of have to sort of be still or shut down a bit.” (Morénike) “When I become overstimulated, I have a meltdown—I start crying and can’t stop … The crying is a neurological reaction … it isn’t caused by emotions, it’s caused by the brain being overstimulated … in my mind I know I’m fine, but I can’t control the crying.” (Lisa) “We can’t filter [emotions] out because we feel them so strongly, so we shut down as a way of processing” (Amy) “Having to battle with bright lights, noise, clothing textures, different foods, a variety of smells, all of these tend to accumulate and build to a state of sensory

4.2 **Disconnect and Difficulty Interfacing Between Inner and Outer Worlds *(cont.)***		overload or shut down where it is quite common for autistics to become nonverbal temporarily.” (Chantell) “There are many times that I go into sensory overload and I just need to step away because I can’t function … I go non-speaking … trying to contain an impending shutdown feels like trying to sit on a supernova, there is so much energy that I’m trying to contain and I just cannot, I need to shut down to reboot.” (Sandhya)
	4.2.2 Link Between Physical and Emotional Internal Experiences	“The sensory input is directly linked to the emotional gate. So, the emotions and the sensory section in your brain are connected. So, when you are going through sensory overwhelm, that might then look like emotional outbursts” (Sam) “I experience somatic empathy a lot.” (Denise) “This is not only a sensory challenge, but emotional as well. I can manage the physical” (Jen) “[My] social justice drive is so strong … it’s almost like you can’t eat or sleep and it’s all you can think about and you really are like driven to try to take action on it where you can’t like stop and rest, it’s a compulsion totally and it’s so physical, it’s bodily, my body will shake when I see something [unjust].” (Claire)
	4.2.3 Feeling Different or Disconnected From Others But Lacking Language for Sense-Making	“I always thought I was very different from everyone else, but never attributed it to being autistic … I always assumed I was just socially awkward.” (Participant C) “[I] just assumed that what I did experience were just little quirks until college.” (Participant E) “knowing I was different from as far back as I can remember … I always felt different to other kids, I was always interested in different things … I didn’t really have a concept of how I was different or like any name or label.” (Marie) “I knew that I thought differently from other people.” (Denise) “I had always known that there was something else that was happening within me.” (Chantell) “I’d always known that I was different … I’ve always felt as though I was in my own little bubble somehow.” (Ellie) “I’ve always had SPD, and I never knew that and never knew what it was.” (Lisa) “I don’t like being hugged or touched, even now. It feels like more of an awkwardness. I never cast it in terms of a sensitivity” (Sara)

4.2 **Disconnect and Difficulty Interfacing Between Inner and Outer Worlds *(cont.)***	*4.2.4* Being Doubted, Dismissed, or Challenged About One's Neurodivergence	"People will often say to me, 'Oh you're so high-functioning, I would never know you had autism unless you said something.'" (Amy) "I always get the 'you don't look autistic' thing." (Kirsten) "When people first find … out … they go, 'Well you don't look autistic!' and I'm like, well, I had to go through a lot of stuff to learn how to mask my idiosyncrasies." (Sybelle) "[being] challenged … about … having ADHD … would happen again and again and again." (Farah)
	4.2.5 Being Misinterpreted, Misunderstood, or Misdescribed	"I make a lot of faces to myself, so I try to stop when I go outside my room. It's just me facially reacting to my inner thoughts, but people tend to find it off-putting." (Participant D) "When I was a child, other kids always thought I was odd." (Sara) "We're actually highly emotional … many times, we [just] don't express it in the way that people expect … We're feeling it, it's there, it just might not come out and then other times it might be overly expressed." (Sybelle) "I've had people kind of misinterpret me needing to walk out because I am about to explode as being rude or [unappreciative] … I've actually ruined some relationships because of having to meet my own body sensory needs over and beyond the social normal [and] what is expected." (Sandhya) "people do not understand why I might be coping okay one day but then be an emotional mess in burnout the next day … The most ongoing difficulty I have always faced is the sheer lack of understanding from everyone around me." (Chantell) "a lot of people around me, they just see me, like, frozen, like, 'Ah, I can't do anything,' and they can't help and they can't understand." (Emily) "When [I] was little, [my] father—who was a doctor—thought [I] was 'mentally retarded' … because [I] often stared off into space … I also cried for the first two years of life ... he thought something was wrong with me." (Sara) "When [I] was an infant, [my] mother took [me] to a pediatrician because she thought something was wrong when [I] didn't engage with others like [my] sister did." (CC) "I remember parent-teacher conferences of teachers telling my mom that I should be in Special Ed, I was an

4.2 **Disconnect and Difficulty Interfacing Between Inner and Outer Worlds *(cont.)***	*4.2.5* Being Misinterpreted, Misunderstood, or Misdescribed *(cont.)*	ideal homeschool candidate, there was something 'wrong with my brain.'" (Kirsten) "what looks like 'bad' or 'failing' behavior is sometimes a response to overwhelming sensory input, but the only thing that is noticed is the outer behavior … other people are surprised or confused because everything that's happening is invisible and under the surface." (Jenara) "as far as everybody else is concerned, you're fine or normal, but no matter how hard you try, you just can't do things, achieve things, or interact with others in the same way that everybody else can." (Ellie)
	4.2.6 Feeling Confused About External Perceptions and Responses	"it was hard to navigate because I didn't really think what I was doing was wrong." (Olivia) "People picked on me for any number of things, and I didn't know why, I didn't know what it was that they saw that was different. Nobody would ever tell me that." (Sybelle) "sometimes like we'll cry … it might be like weird moments … I mean like, well, you might think they're weird. I don't think they're weird." (Joan) "[I was told], 'Give them eye contact when you're speaking to them. But stop staring, would you? That's so rude.'" (Ellie)

4.3 **Disconnect From One’s Own Body’s Natural Expression and Needs**	*4.3.1* Masking and People-Pleasing to Hide Internal Struggles and Obtain Validation	“As a kid, I used to go in my wardrobe all the time … I would go in there and just shut the roller door and just sit in there in the dark for a little bit and then I’d be fully recharged and come out hyperactive as ever.” (Marie) “I always felt like I had to perform in order for people to understand my intentions … like, ‘Let me go above and beyond to show that I can be responsible and kind and pleasing and obedient and whatever it is,’ because you need … to feel approval … somewhere.” (René) “I was exceptionally good at not letting people know how dysfunctional I was.” (Cheyenne) “I spent most of my life pretending that I didn’t struggle more than the average kid to avoid being singled out as inadequate or ‘the troubled child.’” (Hayley)
	4.3.2 Estrangement from Bodily Cues and Needs	“I have constant peeling in my cuticles and in the top of the fingers in my thumbs [from localizing my hyperactivity].” (Participant F) “I realized that I’d lived partially dissociated for twenty-five years” (Denise) “[I] ‘dissociate’ when [I’m] alone in a room” (Stephanie) “The hyperactivity really felt like I just had to get up and move … That was the most difficult because I felt like I had to get up and move and run around. Or sometimes they would even manifest itself in needing to talk, just any sort of movement in my body. And it was really hard to repress that.” (Olivia) “I felt like there was a disconnect between my brain and my body, and what I mean by that is my brain knew exactly what it needed to do to be successful, but my body wouldn't cooperate.” (Farah)
	4.3.2 Estrangement from Bodily Cues and Needs *(cont.)*	“There’s video footage … of me walking up to a horse and being so overcome with joy that I was slapping my hands, and I … didn’t even pick that up … it was just [so] different what my body did … that I didn’t even register that.” (Marie) “We become experts at reading other people, but the one person we truly don’t know is ourselves … We become so far removed from our truest selves.” (Hayley)

4.3 **Disconnect From One's Own Body's Natural Expression and Needs** ***(cont.)***	*4.3.3* Hypervigilance Around One's Body Expression and Environment	"When I was in elementary school and middle school, I was incredibly self-conscious about my posture, and would always have my back as straight as it could be. I would pay attention to this as I would walk … or sit down" (Participant F) "an anxious child, always observing and noticing details that … peers and family members missed" (Stephanie) "All the little things that everyone does unconsciously, autistic people do manually, so that adds up. What I'm doing with every part of my body, I am, to some degree, aware of and trying to do." (Kirsten) "It takes a lot of effort to appear like the way I do right now, like it takes a lot of like conscious awareness." (Joan) "I'm used to constantly highly monitoring my behaviors … I'm like hyper, hyper aware with people I live with." (Claire)
	4.3.4 Reaching Burnout and Breaking Points	"my gender, ethnocultural, and neurodivergent identities have shaped … the amount of times that I have driven myself to burnout" (Participant F) "My crisis point was the physical symptoms of joint pain, migraines, and brain fog. My ability to process was just done. There was a lot of confusion." (Denise) "My body couldn't handle stuffing all that trauma" (Jenara) "Masking [took] a huge toll on [my] emotional and physical life … when [I] later married and had children … [I] could barely function." (Isabel) "Things were not computing. I wasn't sure what was going on. Why is it that I'm struggling?" (Farah) "I would go home mentally and emotionally exhausted and spent most of my days off just spaced out" (Stephanie) "I would just not be able to function … I did have a lot of breakdown points that were not just burning out from work or study … [but] also … having to … discover who I am by, like, trial of fire." (Emily) "I just get really down, and I curl up into a ball on my bed, and I cry, and I don't do anything … it's called ADHD paralysis … where you just shut down completely." (Olivia) "I would be able to keep it together all day at school. And then when I would come home, it would just be there was so much pent-up anxiety, and kind of overwhelm." (Mallory)

4.3 **Disconnect From One's Own Body's Natural Expression and Needs *(cont.)***		"It came to a point where no matter how many cups of coffee [I drank], no matter how hard I tried, nothing chemical worked." (Cheyenne) "I was diagnosed … in a period of overwhelming [stress]." (Moonlake) "I had to go on a year … of sick leave, I was so burnt out … very mentally ill … meltdowns every single day." (Claire) "I only came to know [autism] as part of my identity when I was overloaded and burnt out and just not functioning well." (Sandhya)
	4.3.5 Feeling Disconnected From and/or Confused About One's Identity	"I was raised to mask as a cishet neurotypical woman even though that's not who I am … I was a lot more disconnected from my actual identity because I was forced to mask in ways that are contradicting." (Participant A) "you begin to question many of your oldest experiences and frames for understanding yourself—and society." (Jenara) "I've never really felt confident in my own ability to talk as I became so used to observing other girls to see how they did it. But of course each one of them had their own individual mannerisms and speaking style, which only increased my confusion." (Chantell) "When you live your most foundational years behind different masks, you never become a whole person." (Hayley)
	4.3.6 Feelings of Isolation, Loneliness, Mental and Emotional Distress	"I was depressed, confused, anxious, tired" (Jenara) "I began living life as a shell of a human. I became incredibly depressed and I clung to any person that would make me feel valuable the way that my mask had … This drive for perceived perfection was killing me." (Hayley) "The difficulties I experienced with bullying and with being suicidal from a very young age … I didn't know that I was ever going to have a future." (Amy) "I just felt like … I was constantly running at a brick wall, and I didn't have help … . I felt like being gone would have been easier for everybody … it was scary for a while. Just that feeling of helplessness." (Olivia) "I had symptoms of depression where I thought everything was just pointless. I just wanted to lie in bed. I didn't shower for days. I just wanted to die. That kind of thing." (Cheyenne)

4.3 **Disconnect From One’s Own Body’s Natural Expression and Needs *(cont.)***	*4.3.7* Feelings of Imposter Syndrome, Inadequacy, Self-Blame, Low Self-Esteem, Lack of Self-Acceptance	“I felt broken, I felt strange, I felt different … Everything was so simple to other people, everything they understood so easily that I couldn’t understand and I couldn’t grasp or do. I just didn’t know what was so wrong with me.” (Morénike) “[I was] plagued with a persistent feeling of inadequacy and the feeling that somehow I wasn’t myself. I would drop my daughter off at her new preschool and feel … fear that [the other parents] would discover how inept I was.” (Jenara) “any sort of constructive criticism, I take it on quite personally … I definitely used to carry a lot of criticism with me” (Emily) “when I went to my mother when I was 14, I was like, ‘Mom, my brain’s broken … Mom, something’s wrong with me.” (Zoe) “I felt like there were so many things about me that I wanted to change … everything just kind of piled on top of each other. And I felt like a burden to my family—to my mom especially … I just really felt like I wasn’t somebody she could be proud of.” (Olivia) “ultimately there’s a friction internally around well what does this mean for my identity? Am I just a useless sack of potatoes that … doesn’t have a purpose?” (Claire) “I was frustrated with the brain that I have. I didn’t understand what to do with it, how to work with it … I was burning myself out and creating a lot of these really bad habits in terms of perfectionism and imposter syndrome … low self-confidence, low self-esteem, and sort of feeling a bit alienated” (Mallory) “‘What is so wrong with me?’ ‘Why am I so weird?’ … ‘How does everybody else seem to know what to say and how to act?’ ‘Why am I so lazy?’ … ‘Why do I just feel so much more incompetent than everyone else?’ ‘Why can’t I just do things?’ … ‘Why am I so sensitive and dramatic?’” (Ellie)

4.3 **Disconnect From One's Own Body's Natural Expression and Needs *(cont.)***		

APPENDIX 5: Using Bodily Expression to Unmask and Reclaim Identity.

Superordinate Theme	***Subordinate Theme***	***Supporting Quotes***
5.1 **The Importance of Having Knowledge and Language for Sense-Making**	*5.1.1* Desire and Need for Language as a Sense-Making Mechanism	"I started digging deeper, fueled by wanting to have a name, a label, for my experience in the world—how I 'show up,' how my mind and body react to certain situations, and most of all why I have felt so bad about myself." (Jenara) "I really hadn't heard of imposter syndrome, and I hadn't heard of rejection sensitive dysphoria at all … I didn't have the label or the words, but those were the feelings that I was experiencing." (Mallory) "I didn't have words for it at the time, I just knew that something about me was different" (Sandhya) "I've spent the past two years in counseling—not because I'm depressed or anxious—but to understand things, to have choice" (Denise) "when that I loved … weren't really able to understand me … because I didn't have the language to explain to them, 'This is how I'm feeling.'" (Emily)
	5.1.2 Language Helping Catalyze Self-Understanding/ (Re)discovery	"Being able to finally give a name to an experience is incredibly healing and liberating." (Jenara) "it's about being … a lot more kind with myself and having that language to really communicate what's going on" (Emily) "it was really nice to know a name for what was going on … I do better just talking through my feelings with my therapist, recognizing and walking through what in my environment is causing me to feel a certain way." (Lisa) "I felt vindicated and also I felt relieved. I mean it was like finally, it helped me explain all of the symptoms that I had." (Jnanee) "identifying all the pieces of the puzzle of what makes up your brain and all of

5.1 **The Importance of Having Knowledge and Language for Sense-Making** ***(cont.)***		the moving parts, when you have that full picture, it really helps … because then you understand all of those moving parts and what works best for you.” (Rebecca) “Getting my autism diagnosis was an invitation to [be true to myself] … with this new insight, you could see that you were never broken, you were just running programs that physically weren’t designed for your system. You just weren’t able to process the coding that you needed to in the same way that other people could.” (Ellie) “It was like finally finding the key to unlock a treasure chest of answers about myself.” (Chantell)
	5.1.3 Unlearning Negative Self-Conceptions and Messaging	“It’s been really nice to … have that validation and realize that I’m not crazy. I’m not crazy, I’m not lazy, I’m not useless.” (Olivia) “At least I’m not stupid or I’m not lazy.” (Jnanee) “The first thought was clarity. I’m not broken, as in ‘a worthless human being.’” (Cheyenne) “Getting my autism diagnosis at the age of 24 was the beginning of unlearning all of the negative things I’d constantly heard … I could see that I was never a bitch, I just communicate in a much more concise and monotonous way than most people. I could see that I was never selfish, I just operate and process things in a different way to how other people do … I was never dramatic, I can just physically hear and sense things in a much more intense way than other people can. I could see that I was never ‘too much,’ importantly. I am just an honest, upfront, and excitable human being that experiences life at a hundred percent. I could see that I was never damaged. I am disabled. I was never broken. I am just different. And I was never a bad person, I am just hugely misunderstood.” (Ellie)
	5.1.4 Greater Self-Acceptance, Advocacy, Hope, and Well-Being	“once the mask came off, [my] well-being improved dramatically” (Isabel) “Self-awareness leads to self-empowerment, which leads to self-advocacy.” (Farah) “I had self-acceptance.” (Moonlake) “My unmasking, in its vulnerability, was incredibly freeing.” (Hayley) “that younger child inside of you who struggled for so long in silence …deserve[s] a voice … whether that voice is expressed verbally or via writing or via any other method of communication.” (Chantell)

5.1 **The Importance of Having Knowledge and Language for Sense-Making** ***(cont.)***		"I still have days where I just want to shut the door and cry for a little while. But … knowing where I've been helps with the moments where I feel like that, because … I can say 'it gets better'" (Olivia) "I think if that ten-year-old girl could see what her life is gonna be like now, she wouldn't believe me. She would think it was some fairytale or something out of a movie. I can't believe it because it almost seems like a dream at times that I've gotten to where I am, that I have a master's degree, that I've started my own business, and I also can believe it because I worked for it, and so I am willing to give myself the credit that I think I deserve, which has always something I've also struggled with." (Amy) "I wish I could go back to that little Morénike and give her a hug and let her know that she was just fine the way she was and that she was gonna be alright." (Morénike) "learning that one is neurodivergent is this opportunity to reclaim who you are in an accepting and affirming way as opposed to a lot of other past identities or self-concepts people might have had before knowing they're neurodivergent … neurodivergence is very much a positive identity." (Rebecca)
	5.1.5 Making Accommodations to Work With One's Brain	"knowing exactly how I move through the world has helped me develop my identity kind of learn and put words into my experience and help me create a more autistic friendly life" (Sandhya) My brain is not wrong, but maybe it's not suitable for this post-industrial era, where I have to sit down and really spend hours focusing. I have my strengths elsewhere." (Cheyenne) "being able to be patient with myself, to actually understand what is going on in my brain, how my brain works, and then trying to play to my strengths instead of always pushing against it and just going in a one way street of 'I have to do it this way because that's always how I've done it,' and actually learning how to best support myself … was a pretty cool experience" (Mallory)

5.1 **The Importance of Having Knowledge and Language for Sense-Making *(cont.)***	*5.1.6* Improving Understanding and Alignment Between Inner and Outer Worlds	"Now I feel a lot better. I feel like, okay, I know why I'm this way, I know why other people are that way, so I can bridge this gap." (Sybelle) "I think it's really helped me understand myself, but also help me understand why I would sometimes appear quite confusing to people, quite inconsistent." (Sam) "Now that my husband understand the [ADHD] wiring a bit better, he would be a little more kind and more compassionate in our interaction." (Moonlake) "My autism diagnosis has given me a deeper insight into my dilemma with phone calls … I rely on seeing the facial expressions and the body language or gestures of the person I am communicating with. I may not be very adept [at] interpreting those social cues accurately, but once you remove these visual cues from the situation, like in a phone call scenario, [the] only thing I have available to use to assess the communication by is a disembodied voice speaking to me over the phone … which makes it incredibly difficult to know if the caller is being serious or sarcastic or to understand the message" (Chantell)
	5.1.7 Reducing People-Pleasing	"another part of my ADHD and I think of feeling insecure was being a people pleaser, having to say yes to everything because I was insecure and wasn't, you know, I needed to be perfect." (Mallory) "as I was learning more about ADHD … I could so clearly see the direct link between all of that messaging I received as a child and my nonexistent self-esteem. I did not have any. I had no boundaries. I was very, very deeply into people pleasing. I just wanted people to like me." (René) "I call myself a recovering people-pleaser" (Farah)

5.1 **The Importance of Having Knowledge and Language for Sense-Making *(cont.)***	*5.1.8* Finding Connection, Confidence, and Community Through Diagnosis and Language *5.1.8* Finding Connection, Confidence, and Community Through Diagnosis and Language	“I was so relieved to finally have words for this and to know that this is a shared experience.” (Denise) “I found that diagnoses for me, the benefit of it is being able to communicate who I am and find my shared people” (Emily) “to be neurodivergent for me has meant feeling a sense of belonging with other neurodivergent people, which is something that I didn’t have before, like a sense of community before I was identified” (Marie) “On a personal level … [neurodivergence] has come to mean connectedness. So people who are different together.” (Rebecca) “I’ve noticed in the past year … most of my friends are autistic, and I think when we have spaces as autistic people to being community with one another, that’s like so powerful so, so powerful because we have our own solutions.” (Claire) “identifying as a neurodivergent woman to me means community. So when I say that I’m neurodivergent and proud of it, I actually mean I found my place where I belong. I found my coming home. I know my place and I know the rules here … we’re much more likely to have similar communication styles, and I know with my neurokin, we do use tone indicators, so there’s less likelihood of being misinterpreted, [and] we lead similar lifestyles” (Sandhya) “When you begin to see that people are like you, struggle like you do, laugh at the same things you do, love like you do, you stop being so afraid to be you.” (Hayley) “with the education, with understanding my lived experiences more, having a label or having something to put on how I was feeling, and then also understand, ‘Oh my gosh, there’s so many other people who are also feeling whatever I’m feeling’ … just brought forth some comfort in this journey.” (Mallory) “I hosted the Neurodivergent Women and Girls panel for Neurodiversity Celebration Week. And I was having messages from people from … Asia who said, ‘Wow, it’s so nice to see somebody who looks like me leading that session.’ That felt so meaningful because it was not just a business anymore. It was an identity … It was a purpose.” (Sam)

5.1 **The Importance of Having Knowledge and Language for Sense-Making** ***(cont.)***		
5.2 **Using Bodily Expression to Unmask and Reconnect with Self**	*5.2.1* Reconnecting with One's Body Needs and Expression	"I will jump into silly voices, jump from convo to convo, move from heels to toes in a bouncy way, wave my arms or sway side to side, hum at random times … I won't give a second thought to the facial expressions I may be having" (Participant F) "I crave a deeper bodily sense of who I am, where I am in space, and how I process people and the world around me … I crave processing events and experiences with my whole sense of body and self." (Jenara) "[I] slowly started to come back into my body" (Denise) "going to the gym is [the] best medicine of all … [I] feel much more connected to [my] body" (Rachel) "My occupational therapist also puts me into a hammock—and that swinging motion gives me clarity … she's just helping me make sense of my sensory experience and helping me not feel bad on an emotional level" (Jen) "knowing the language of the nervous system helped me better imagine and comprehend the mechanisms by which my body and mind interact with my environment" (Jenara)

5.2 **Using Bodily Expression to Unmask and Reconnect with Self *(cont.)***	*5.2.1* Reconnecting with One's Body Needs and Expression *(cont.)*	"there are still times in my life now where I have to engage with other people outside of our community in meetings and things and I do notice a huge difference in what it feels like in my body to have to [go] without fidgets or sensory stimuli; it's incredibly uncomfortable … [At the Yellow Ladybugs Conference] I went to the bathroom and the hand dryers had been turned off and that was the first time in my life that I realized I actually felt relaxed to go to the bathroom … top tip … is honoring your need … it really starts with listening to your body" (Marie) "where I've landed at is autism is more a personal relationship with my body whereas ADHD is both a relationship with my body as well as the way that I interact in the world … if you're identifying as autistic, my top tip would be to look at a sensory profile, you can look up the quadrants online or you can see an occupational therapist" (Sandhya)
	5.2.2 Connecting Language, Body Expression, and Community	"Talking with a group of women isn't enough—I want to dance and drum alongside all the chatting. Exercise classes aren't enough—I want deep philosophical conversations as we are sweating it out in a gym." (Jenara) "since my adolescence I think I've just really loved metal music, it's just such a sensory joy for me … I just see [the music] and I want to draw like a door on it and climb inside the sound, just feel like in a ball and feel it vibrate in every atom of my body." (Rebecca) "the thing with bead work is it is slow … for me like it's just, it's just beautiful how it feels in my hands. I get to manipulate the thread, I get to feel the beads, I had like tension on the thread, the sensory aspect … before I was medicated, probably one of the most difficult things for me was like really intense rumination and when I found bead work it was something that I was focused on that like forcibly made my mind quiet and that was incorporating my body and my mind with something … the color, the repetition, it really calms my nervous system" (Claire)

APPENDIX 6: Survey.

Survey Title: Nonverbal Masking in Neurodivergent Individuals

Survey Platform: Qualtrics
Link: https://stanforduniversity.qualtrics.com/jfe/form/SV_e3d2BbWkSNegM3Y *or*
https://tinyurl.com/ndmaskingidentities

Survey Audience: formally and self-diagnosed individuals with Attention-deficit/hyperactivity disorder (ADHD), autism, and/or Sensory Processing Differences (SPD)

Researcher: Aniyah Shen (axshen@stanford.edu), Undergraduate Student, Stanford University

Instructor: Dr Lindsey Felt (ldolich@stanford.edu), Lecturer in the Program in Writing and Rhetoric (PWR), Stanford University

Project Statement: This study is a qualitative study that aims to examine how gender and ethnocultural identity intersections impact nonverbal masking of ADHD, autism, and Sensory Processing Disorder (SPD). It is part of an undergraduate student project for PWR 2LFA: The Rhetoric of Nonverbal Communication, taught by Dr Lindsey Felt. The survey, study, and project are designed and executed by Aniyah Shen, a second-generation immigrant Chinese American woman with AuDHD (formally diagnosed ADHD, self-diagnosed autism) and SPD.

Question Format(s): free response, numerical and qualitative scales, multiple choice (single-choice and select all that apply)

Participant Statement of Informed Consent: This is a **one-time survey** that will take approximately **15-40 minutes** to complete, depending on participant level of detail and disclosure. Although you will be asked to provide your full name and contact information, this information will not be disclosed to anyone outside the research team (Aniyah Shen and Dr Lindsey Felt). **Given the topics under study, we will ask about sensitive subjects of gender, ethnicity, culture, mental health, and diagnostic experiences.** However, all questions are optional and/or have an option to not respond. All levels of detail and disclosure are welcome. All responses will be kept strictly confidential and will not be used for a discriminatory purpose. In addition, you will be contacted by the researchers via email for explicit, informed consent before any of your quotes or ideas and any analyses or interpretations of your data are included in the final presented or published project. Names will be changed, although identifying information of gender and ethnocultural identity will be included, given the aims of the study.

***I have read the Participant Statement of Informed Consent and:**

☐ I consent to the terms of this study.
☐ I do not consent to the terms of this study.

Survey Questions (In Order of Presentation):

Time Commitment: 15-40 minutes, depending on participant level of detail and disclosure
**Starred questions are required.*

PART 1: Your Personal Neurodivergent Profile

***Q1.** Full Name (for researcher reference only; will NOT be disclosed):

***Q2.** Email Address (for researcher reference only; will NOT be disclosed):

***Q3.** Age:

***Q4.** What are your preferred pronouns? *(Select all that apply)*

☐ He/Him/His
☐ She/Her/Hers
☐ They/Them/Theirs
☐ Other: ________________
☐ Prefer Not to Respond

***Q5.** With which gender identity/identities do you most identify? *(Select all that apply)*

☐ Woman
☐ Man
☐ Transgender/Trans Woman
☐ Transgender/Trans Man
☐ Nonbinary/Non-Conforming
☐ Other: ________________
☐ Prefer Not to Respond

***Q6a.** With which ethnocultural background(s) and/or heritage(s) do you most identify? *(Select all that apply)*:

☐ American Indian or Alaskan Native
☐ Black or African American, non-Hispanic
☐ East Asian
☐ Hispanic, Latino, or Spanish Origin of any race
☐ Native Hawaiian or Other Pacific Islander
☐ South Asian
☐ Southeast Asian
☐ White, non-Hispanic
☐ Other(s): ________________
☐ Prefer Not to Respond

Q6b. If you are willing and able, please further specify your ethnocultural background(s) and heritage(s) (e.g., "Chinese American," "Navajo/Diné," "Lebanese Jamaican"):

***Q7.** I identify with the following form(s) and corresponding diagnostic avenue(s) of neurodivergence: *(Select all that apply)*

☐ Attention-deficit/hyperactivity disorder (ADHD), formally diagnosed
☐ Attention-deficit/hyperactivity disorder (ADHD), self-diagnosed
☐ Autism, formally diagnosed
☐ Autism, self-diagnosed
☐ AuDHD, formally diagnosed
☐ AuDHD, self-diagnosed
☐ Sensory Processing Disorder (SPD), formally diagnosed
☐ Sensory Processing Disorder (SPD), self-diagnosed
☐ Prefer alternative term(s), formally diagnosed: _____________
☐ Prefer alternative term(s), self-diagnosed: _________________
☐ Prefer Not to Respond

***Q8.** Please specify the age you were when you received and/or determined your diagnosis status for each of the neurodivergent conditions selected in Q6 (e.g., "age 19 for ADHD and SPD, age 20 for autism"):

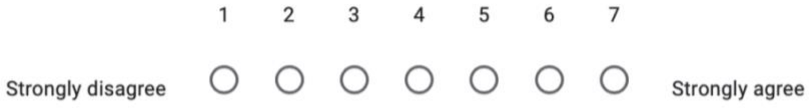
PART 2: Reflecting on Your Nonverbal Masking

Under current clinical definitions and in the context of neurodivergence, "masking" is a term used to describe when neurodivergent individuals suppress their natural ways of thinking and being to operate in a neurotypical society. **This survey focuses on *nonverbal aspects of neurodivergent masking***, including (but not limited to): repressing and adjusting stims; studying, mirroring, and copying body language and social cues; and internalizing vocal and physical hyperactivity.

Q1.** Take some time to reflect on your ***nonverbal masking behaviors, habits, practices, and/or experiences. Then, *in as much detail as you are able and willing to provide*, **please list and describe what nonverbal neurodivergent masking looks like and means *for you*.** Please be as specific as possible (e.g., instead of writing "suppressing stims and mirroring body language," specify what stims you tend to suppress, the body language or facial expressions you tend to mirror, and the contexts in which you tend to mask in these ways).

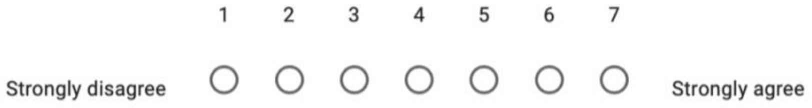
For Q2-20: Please select how much you resonate with each of the following statements, given your personal experiences and conceptions of your neurodivergence and ***nonverbal*** masking behaviors and experiences. **If a statement doesn't apply to your experiences or you are unsure what it means or how you feel about it, please leave it unanswered.**

Q2. I mask as a means of getting by and/or fitting in.



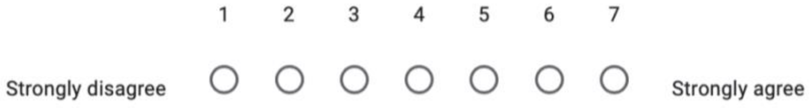
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q3. I am a highly masking neurodivergent individual and/or have a history of high masking.



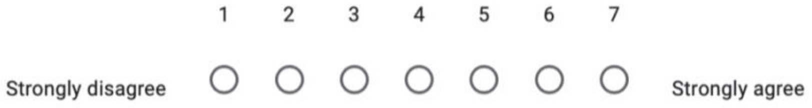
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q4. I know and/or am aware of when I am masking.



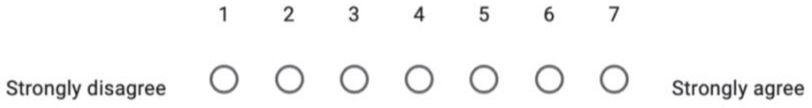
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q5. Masking has affected my sense of self.



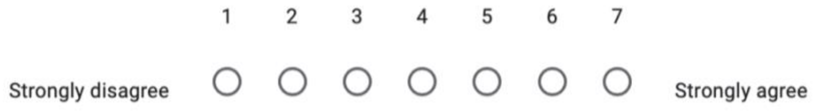
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q6. My masking has made it harder for me to get diagnosed or recognized for my neurodivergence.



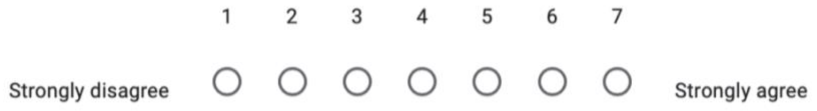
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q7. Others question, doubt, and/or overlook my neurodivergence.



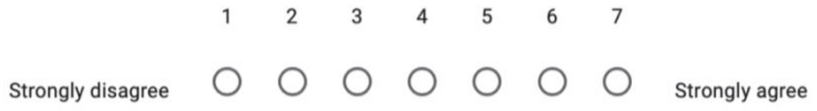
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q8. Masking has been a source of neurodivergent burnout for me.



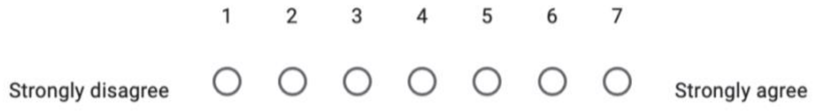
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q9. Masking has created and/or exacerbated mental health struggles and/or issues for me.



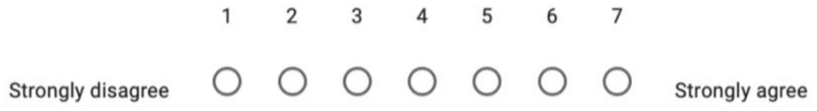
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q10. I relate to existing clinical definitions and portrayals of masking.



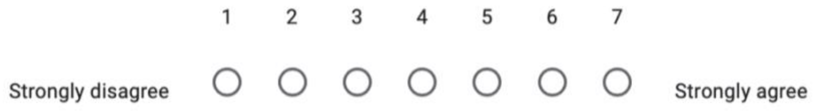
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q11. I relate to existing popular definitions and portrayals of masking *within* neurodivergent spaces.



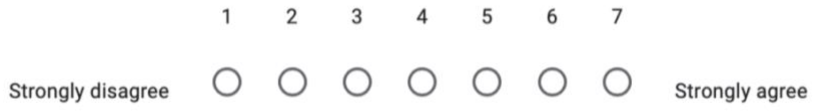
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q12. I relate to existing popular definitions and portrayals of masking *outside of* neurodivergent spaces.



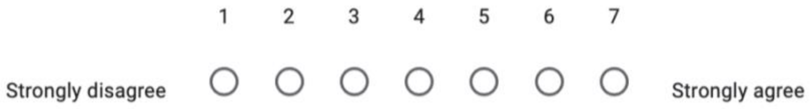
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q13. Masking feels like an identity performance to me.



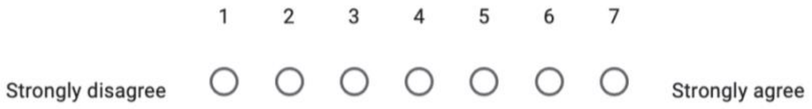
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q14. I mask consistently across different environments, settings, contexts, and groups.



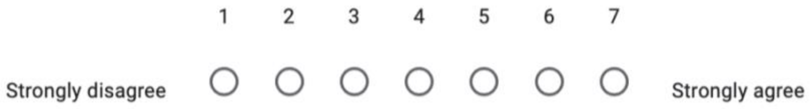
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q15. My mask feels distinct and/or separable from who I really am.



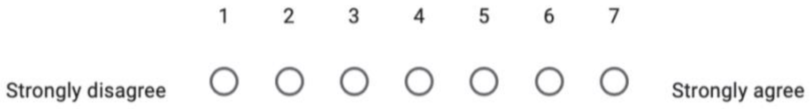
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q16. I have always had a strong and/or defined sense of self.



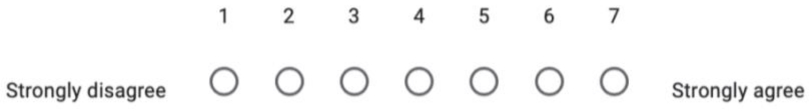
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q17. Unmasking is something that is difficult for me and/or something I’ve struggled with.



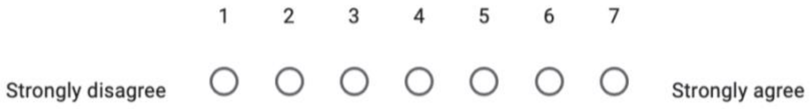
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q18. Getting diagnosed for my neurodivergent condition(s) has helped me unmask and/or mask less.



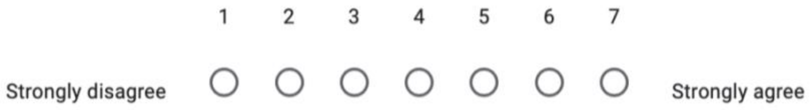
	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q19. Unmasking is something I am spending or have spent a lot of time and effort on.



	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Q20. I know how to go about unmasking; my mask is something I can “put on” and “take off” readily, at will, and/or without much conscious effort.



	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

PART 3: Understanding Your Neurodivergent Identit(y/ies) and Mask(s)

***Q1.** Do you prefer the phrasing “I have ADHD” or “I am an ADHDer”?

☐ “I have ADHD.”
☐ “I am an ADHDer.”
☐ Equal preference
☐ No preference
☐ Unsure
☐ Other: ________________
☐ N/A (I do not have ADHD/I am not an ADHDer.)
☐ Prefer Not to Respond

***Q2.** Do you prefer the phrasing “I have autism” or “I am autistic”?

☐ “I have autism.”
☐ “I am autistic.”
☐ Equal preference
☐ No preference
☐ Unsure
☐ Other: ________________
☐ N/A (I do not have autism/I am not autistic.)
☐ Prefer Not to Reply

***Q3.** Do you prefer the phrasing “I have SPD” or “I am an SPDer”?

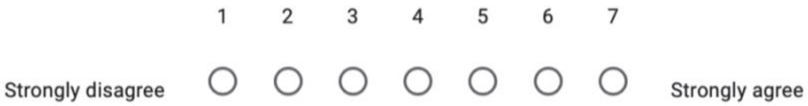
☐ “I have SPD.”
☐ “I am an SPDer.”
☐ Equal preference
☐ No preference
☐ Unsure
☐ Other: ________________
☐ N/A (I do not have SPD/I am not an SPDer.)
☐ Prefer Not to Reply

***Q4.** If you have both ADHD and autism, which of the following forms of phrasing do you identify with most? *(Select all that apply)*

☐ “I have ADHD and autism.”
☐ “I am an ADHDer with autism.”
☐ “I am an autistic with ADHD.”
☐ “I am an autistic ADHDer.”
☐ “I have AuDHD.”

- ☐ “I am an AuDHDer.”
- ☐ Equal preferences
- ☐ No preference
- ☐ Unsure
- ☐ Other: ________________
- ☐ N/A (I do not have both ADHD and autism/I am not (an) AuDHD(er).)
- ☐ Prefer Not to Reply

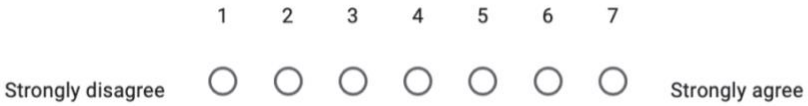
***Q5.** I consider my ADHD to be an important part of my personal identity.



Or:

- ☐ Unsure
- ☐ N/A (I do not identify with having and/or being ADHD)
- ☐ Prefer Not to Reply

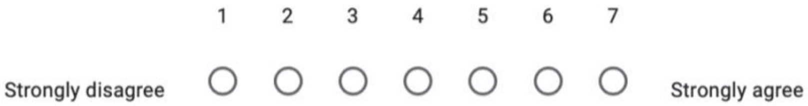
***Q6.** I consider my autism to be an important part of my personal identity.



Or:

- ☐ Unsure
- ☐ N/A (I do not identify with having autism and/or being autistic)
- ☐ Prefer Not to Reply

***Q7**. I consider my SPD to be an important part of my personal identity.



Or:

- ☐ Unsure
- ☐ N/A (I do not identify with having SPD and/or being SPD)
- ☐ Prefer Not to Reply

***Q8a.** Have you ever questioned, doubted, and/or felt disconnected in any way(s) from existing Western clinical and/or popular conceptualizations of any of your neurodivergent condition(s)?

- ☐ Yes, for ADHD only

- ☐ Yes, for autism only
- ☐ Yes for ADHD but not autism
- ☐ Yes for autism but not ADHD
- ☐ Yes, for both ADHD and autism
- ☐ Yes, for SPD
- ☐ No, I have not questioned, doubted, and/or felt disconnected in any way(s) from existing clinical and/or popular conceptualizations of any of my neurodivergent condition(s).
- ☐ Other: ________________
- ☐ Prefer Not to Reply

Q8b. If you selected an answer choice beginning with "Yes" in Q8a, please elaborate *in as much detail as you are willing and able to provide* on *what* that questioning, doubt, and/or disconnect felt like to you, *the context(s)* in which you experienced these feelings, and *why* you think you experienced them.

For Q9-10: This is the last section of this survey, and both questions are free responses. You will be asked to reflect specifically on ***how your gender, ethnocultural, and neurodivergent identities, backgrounds, and/or experiences have shaped your sense of self, your nonverbal masking habits, behaviors, and experiences, and how you conceptualize your personal identity and ways of thinking and being in the world***. *All questions are optional and all responses are kept confidential; please provide as much detail as you are willing and able to offer.* Bullet points, short phrases, and incomplete sentences are all accepted. **If a question doesn't apply to your experiences or you are unsure what it means, please leave it unanswered.**

Q9. In what way(s), if any, have your gender and ethnocultural background, heritage, and/or identity impacted when, why, and how you mask your specific form(s) of neurodivergence and/or your diagnostic outlooks and/or experiences? *Please consider the impact(s) of your gender and ethnocultural identities separately and in intersection with each other.*

Q10. In what way(s), if any, have your specific intersections and experiences of *gender, ethnocultural, and neurodivergent identities* shaped the impact of masking on your sense of self and/or personal identity?

Thank you for your time and participation!

If you have any feedback or suggestions for the research team, feel free to include it below. Please also indicate if you'd like to stay informed and updated on the study results and overall project.

Feedback on Survey:

***Would you like to be kept updated (via email) on the study results and overall project?**

☐ Yes
☐ No