

How Could I Have Known?
How Undiagnosed ADHD Instantiates Hermeneutical Injustice

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

In this thesis, I argue that some people with undiagnosed ADHD face hermeneutical injustice in light of their missed diagnoses. Drawing upon Miranda Fricker's account of hermeneutical injustice, José Medina's contribution to Fricker's original account, Gaile Pohlhaus's account of willful hermeneutical ignorance, Kristie Dotson's concept of pernicious ignorance, Jon Leefmann's concept of epistemic self-trust, and a variety of empirical sources, I explore the particular kinds of harm undiagnosed ADHDers face and explain why their marginalization is also wrongful, not just harmful. Using Fricker's account, I aim to demonstrate how their inability to participate in meaning-making practices results in a lack of accurate hermeneutical resources within the dominant sphere and perpetuates their marginalization. Additionally, I rely on Pohlhaus's account of willful ignorance as a framework for understanding how this hermeneutical marginalization is wrongful; although accurate resources about ADHD exist, they are often willfully ignored and excluded from dominant resources. In light of their unjust lack of hermeneutical power, I argue that we ought to consider undiagnosed ADHDers victims of hermeneutical injustice.

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Dedication

For my mom, dad, Ethan, and Sam.

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Preface

In this thesis, I argue that some people with undiagnosed ADHD face hermeneutical injustice in light of their missed diagnoses and demonstrate how their inability to participate in meaning-making practices results in a lack of accurate hermeneutical resources within the dominant sphere, perpetuating their marginalization. Drawing upon Miranda Fricker's account of hermeneutical injustice, José Medina's additions to Fricker's account, Gaile Pohlhaus's account of willful hermeneutical ignorance, Kristie Dotson's concept of pernicious ignorance, Jon Leefmann's concept of epistemic self-trust, and a variety of empirical sources, I explore the particular kinds of harm undiagnosed ADHDers face and explain why their marginalization is not only harmful, but wrongful.

I will build my account over the following four chapters. The first chapter is a literature review, in which I describe Fricker's account of hermeneutical injustice, Medina's contribution to the concept of hermeneutical injustice, Pohlhaus's account of willful hermeneutical ignorance, and Dotson's account of pernicious ignorance. In the second chapter, I describe what ADHD is, noting the evolution of diagnostic criteria in the DSM-5 and discussing diagnostic trends. In the third chapter, I argue that undiagnosed ADHD can be hermeneutically harmful in a variety of ways and describe the primary and secondary harms of hermeneutical injustice accordingly. In the fourth and final chapter, I explain why undiagnosed ADHD can also constitute a hermeneutical wrong, applying Fricker, Pohlhaus, and Dotson's accounts to support this claim. To conclude, I refer to Marilyn Frye and María Lugones's accounts of loving ignorance and "world"-travelling as a way to promote

hermeneutical justice, suggesting that my account applies to more groups than just those with undiagnosed ADHD.

Chapter 1: Literature Review

1.1 Hermeneutical Injustice

In her 2007 book *Epistemic Injustice: Power and the Ethics of Knowing*, Miranda Fricker introduces the term hermeneutical injustice, which occurs when one is unable to properly interpret or understand a significant area of their social experience due to one or more unjust lacunae in the dominant hermeneutical resources. The introduction of this term was significant at the time, and it remains highly influential in feminist epistemology today. The concept of hermeneutical injustice provides a lens through which to view unequal epistemic power relations, as this inequality prejudicially skews hermeneutical resources to the detriment of particular—often marginalized—groups. Fricker’s account focuses on social understanding and the ways in which power works to obscure one’s understanding of their social experiences by emphasizing hermeneutical resources created by and for hermeneutically privileged knowers, while excluding resources created by and for those hermeneutically marginalized.

When Fricker refers to collective or dominant hermeneutical resources, she means our shared resources for accurately interpreting and understanding our experiences as well as the experiences of others.¹ Hermeneutical injustice stems from lacunae in these shared resources; gaps in the resources which are needed to understand one’s social experiences.² Though not always unjust, lacunae in dominant resources are the source of hermeneutical injustice, as

¹ Miranda Fricker, *Epistemic Injustice: Power and the Ethics of Knowing*, (Oxford, 2007): 148, <https://doi-org.proxy.lib.uwaterloo.ca/10.1093/acprof:oso/9780198237907.001.0001>

² Fricker, *Epistemic Injustice*, 151.

they render people unable to adequately understand their experiences. Something that Fricker neglects in her original account is that hermeneutical lacunae are context-dependent, and that gaps may be caused not only by a lack of resources altogether, but also by mere gaps in the dominant sphere. José Medina builds upon Fricker's account by adding this caveat, noting that hermeneutical gaps are not uniform across social contexts. Rather, they appear depending on the relations between groups and the particular social context that these relations create.³ Even if marginally situated groups are allowed to participate in meaning-making activities in some contexts, their hermeneutical power might still be constrained, and their contributions may not be taken as seriously as those of dominantly situated groups. Lacunae don't necessarily stem from a lack of hermeneutical resources existing, only a gap in the *dominant* hermeneutical resources; if resources exist but only in some contexts and largely outside of the dominant sphere, the resulting gap may still be classified as a hermeneutical lacuna.

Unequal power relations are a key part of hermeneutical injustice. Hermeneutical power is characterized by one's ability to contribute to dominant hermeneutical resources—those who are powerful can participate in the creation and maintenance of hermeneutical resources, while those who lack power cannot. Fricker states that this unequal power dynamic skews resources by primarily focusing on the experiences of the hermeneutically powerful, resulting in unjust hermeneutical lacunae. On Fricker's view, only the

³ José Medina, *The Epistemology of Resistance: Gender and Racial Oppression, Epistemic Injustice, and Resistant Imaginations*, Studies in Feminist Philosophy (Oxford university press, 2013): 90-91.

hermeneutically powerful possess the ability to shape dominant resources; they tend to have more resources to help them make sense of their experiences and communicate their experiences to others, while the powerless are more likely to have difficulty understanding their experiences because they lack the resources they need to render them intelligible.⁴

While Fricker focuses only on shared resources and the fact that dominant resources often render marginally situated knowers unable to understand their experiences, Medina is careful to point out another possibility: that the powerless *are* sometimes able to make sense of their experiences with their own, non-dominant hermeneutical resources. This being the case, the less powerful are still unable to shape dominant resources or render their experiences intelligible to others, but can understand their experiences in some capacity without accurate shared resources.⁵ Additionally, it is important to note that people are not either entirely hermeneutically powerful or powerless. Rather, people are often powerful in some social locations and lack power in others. Fricker calls locations in which groups are unable to render their experiences intelligible *hermeneutical hotspots*.⁶

To more clearly illustrate her account, Fricker usefully employs a case from Susan Brownmiller's memoir which concerns Carmita Wood, a Cornell University employee who was sexually harassed by a professor. At the time, the term "sexual harassment" had not yet been coined, so although Wood was harmed by the professor's actions, she was unable to explain her experiences when asked about them while applying for unemployment benefits

⁴ Fricker, *Epistemic Injustice*, 148.

⁵ Medina, *The Epistemology of Resistance*, 98-99.

⁶ Fricker, *Epistemic Injustice*, 152.

after leaving her job. Upon discussing her experiences with other women, she realized that they had all experienced similar events in the past, and they collectively came up with the term “sexual harassment” to describe these kinds of experiences.⁷ Here, a hermeneutical lacuna concerning a particular kind of experience harmed and wronged those who had similar experiences but could not previously explain them. This is a paradigmatic example of hermeneutical injustice which I will refer back to throughout my explanation of Fricker’s account, as it is a useful illustration of some otherwise abstract concepts.

1.1.1 Two Ways in Which Hermeneutical Injustice Manifests

The cognitive disablement that results from hermeneutical lacunae affects both those who are trying to understand or explain their own experiences as well as those who are trying to understand others’ experiences: the utterer and the hearer, respectively. As such, hermeneutical injustice may affect the hermeneutically powerless in two ways: one may be unable to render their own experiences intelligible, and/or they may be unable to make their experiences intelligible to others.⁸ In the former, the knower lacks the resources to make sense of their experiences at all, and in the latter, they might have the resources they need to understand their experiences, but are still unable to intelligibly communicate their experiences to others. The difference here is that in one case, they entirely lack hermeneutical resources, and in the other, they have appropriate resources, but those resources are not being taken up by others. In Carmita Wood’s case, she was hermeneutically powerless in respect to

⁷ Fricker, *Epistemic Injustice*, 150-51.

⁸ Fricker, *Epistemic Injustice*, 151, 168.

one aspect of her social experience, and thus, was unable to understand her experiences or render them intelligible to others.

Notably, hermeneutical lacunae negatively impact both the hearer *and* the utterer. Since dominant hermeneutical resources are collective, hermeneutical lacunae cognitively disable everyone, not just the powerless. Nonetheless, they affect the powerless more significantly, as they require the missing resources to make sense of their *own* experiences. Not being able to understand one's own experiences as a hermeneutically powerless person is harmful, even if they have the resources to understand the experiences of the hermeneutically powerful.⁹

1.1.2 Necessary Conditions for Hermeneutical Injustice

Any robust account of epistemic injustice ought to provide criteria for assessing what counts as injustice; to this end, Fricker provides two necessary (and jointly sufficient) conditions for hermeneutical injustice. For something to be hermeneutically unjust, it must be both harmful and wrongful.¹⁰

First, harm. Harm on its own isn't always unjust, but it is a necessary component of hermeneutical injustice. Unjust hermeneutical lacunae create primary and secondary harms. The primary harm of hermeneutical injustice, as described by Fricker, "...consists in a situated hermeneutical inequality: the concrete situation is such that the subject is rendered unable to make communicatively intelligible something which it is particularly in his or her

⁹ Fricker, *Epistemic Injustice*, 151.

¹⁰ Fricker, *Epistemic Injustice*, 151.

interests to be able to render intelligible.”¹¹ This harm occurs when victims of hermeneutical injustice are unable to understand or communicate their own experiences due to the hermeneutical lacunae that result from their unequal hermeneutical participation.

Additionally, hermeneutical victims often face secondary harms, which include practical and epistemic disadvantages. Practical harms include stress and the impact of stress on one’s day-to-day life, like being unable to develop professionally or personally. In Carmita Wood’s case, the stress she faced from being unable to understand or express her experiences impacted her greatly. In the absence of appropriate hermeneutical resources, she developed chronic pain, experienced near-constant stress at work, and eventually quit her job as a result. This not only left her unable to develop professionally, but it also left her financially stranded. When Wood applied for unemployment insurance as a result of leaving her job, she was denied because she was unable to explain to a claims investigator why she had quit.¹² Apart from practical harms, hermeneutical victims may also face epistemic disadvantages, like a loss of epistemic confidence. When one loses epistemic confidence, they may experience a loss of previously held knowledge, be prevented from gaining new knowledge, or be hindered in developing epistemic virtues like intellectual courage.¹³

The second necessary condition Fricker proposes is wrongfulness; for something to count as a hermeneutical injustice, it must be wrongful.¹⁴ Hermeneutical lacunae can cause

¹¹ Fricker, *Epistemic Injustice*, 162.

¹² Fricker, *Epistemic Injustice*, 150.

¹³ Fricker, *Epistemic Injustice*, 163.

¹⁴ Fricker, *Epistemic Injustice*, 149.

harm without being wrongful or unjust; these are cases of mere hermeneutical bad luck, which I describe in more detail later in this thesis. For now, it is enough to say that when a person's participation in meaning-making processes is unfairly hindered due to discrimination or some other reason, they are *wrongfully* excluded, marginalized, and made a victim of hermeneutical injustice. In the following section, I describe the two types of hermeneutical injustice Fricker demarcates.

1.1.3 Systematic Hermeneutical Injustice

Fricker describes two types of hermeneutical injustice: incidental and systematic. Incidental hermeneutical injustice involves “hermeneutical marginalization... [in] a highly localized patch of the subject's experience.”¹⁵ For incidental victims, the injustice they face does not stem from a structural inequality, and the example she gives is of a man who is unable to express the seriousness of the stalking he is experiencing. Here, I am focusing on an example of systematic hermeneutical injustice, so I will not focus any more on the incidental type—I only wish to mention it here to provide a fuller, more accurate picture of Fricker's account.

Now, I turn to my main focus, systematic hermeneutical injustice. This kind of injustice is perpetuated by hermeneutical marginalization, which occurs when members of a disadvantaged group do not equally participate in shaping hermeneutical resources with respect to some significant area/s of social experience. Victims of systematic hermeneutical

¹⁵ Fricker, *Epistemic Injustice*, 156.

injustice are cognitively disabled by lacunae in the dominant resources, gaps which are a direct result of their unequal hermeneutical participation. This inequality is part of what makes their cognitive disablement count as an injustice, as it wrongs victims as well as harms them.¹⁶ When marginally situated knowers are excluded from meaning-making processes, an injustice is enacted against them. If we once again consider Carmita Wood's case, the hermeneutical marginalization of women and their inability to equally participate in shaping hermeneutical resources created the lacuna that cognitively disabled her, a result which was harmful, wrongful, and ultimately unjust.

Fricker's account of hermeneutical injustice tells us that systematic injustice occurs when a victim is harmed and wronged due to hermeneutical marginalization. In the following section, I describe another kind of injustice which follows from Fricker's account.

1.2 Willful Hermeneutical Ignorance and Pernicious Ignorance

Although Fricker's account of hermeneutical, and more broadly, epistemic injustice describes how a lack of hermeneutical resources can prevent someone from understanding their experiences and/or communicating those experiences to others, it does not discuss the injustice that results from dominant knowers' willful ignorance toward existing hermeneutical resources. To address this and build upon Fricker's account of epistemic and hermeneutical injustice, Gaile Pohlhaus introduces a concept they call *willful hermeneutical ignorance*. In this kind of injustice, marginally situated knowers have access to the

¹⁶ Fricker, *Epistemic Injustice*, 153, 160-61.

hermeneutical resources they need to understand their own experiences, and those resources are available to those dominantly situated. However, despite having access to them, those dominantly situated still choose to ignore those resources, instead using and reinforcing dominant, inaccurate hermeneutical resources.¹⁷ Dominantly situated knowers' willful denial of accurate hermeneutical resources or epistemic tools developed by marginally situated knowers perpetuates hermeneutical harm and injustice and constitutes willful hermeneutical ignorance.

Pohlhaus emphasizes the interplay between situatedness and interdependence in their account of willful hermeneutical ignorance. Above, I refer to dominantly and marginally situated knowers, indicating that situatedness is important to how and what one knows. Put simply, situatedness refers to one's social position in the world and how their position draws attention to and detracts attention from particular aspects of the world, shaping their knowledge and epistemic resources in the process. In willful hermeneutical ignorance, situatedness interacts with interdependence, which refers to knowers' reliance on collective epistemic resources to make sense of the parts of the world they experience and focus on. Sometimes, marginally situated knowers have resources of their own outside the dominant, collective resources, which help them understand their experiences and could make their experiences intelligible to others if taken up by dominantly situated knowers. Willful hermeneutical ignorance prevents this intelligibility, occurring when collective resources do

¹⁷ Gaile Pohlhaus, "Relational Knowing and Epistemic Injustice: Toward a Theory of Willful Hermeneutical Ignorance," *Hypatia* 27, no. 4 (2012): 715–35, <https://doi.org/10.1111/j.1527-2001.2011.01222.x>.

not attend to marginally situated knowers' experiences and dominantly situated knowers refuse to take up resources created by and for those marginally situated.¹⁸

There are several reasons Pohlhaus provides to explain why a dominantly situated knower might refuse to adopt or take up marginalized resources. First, it is disorienting and opens one's eyes to parts of their situatedness that are difficult to confront. Dominantly situated knowers possess privilege that they cannot easily disown, and it is often unsettling to realize that oneself plays an active role in the subordination of others, intentionally or not. Second, to dominantly situated knowers, it may seem that marginally situated knowers are describing phenomena that do not exist, since they do not see or experience what marginalized knowers do. Third, dominantly situated knowers have an interest in maintaining structures and resources that primarily benefit them; if hermeneutical resources created by and for marginalized groups threaten the stability of those structures, they may choose not to acknowledge them. Sometimes, even if dominant knowers seem open to listening to claims made by marginally situated knowers, they still dismiss the resources they need to understand those claims.¹⁹

Another account which captures a similar type of ignorance is given by Kristie Dotson. In her paper on tracking epistemic violence, Dotson identifies *pernicious ignorance*, defined as any reliable ignorance—ignorance which is consistent with a predictable epistemic gap in resources and routinely fails to track truth—which harms a certain person or

¹⁸ Pohlhaus, "Relational Knowing and Epistemic Injustice," 716-19.

¹⁹ Pohlhaus, "Relational Knowing and Epistemic Injustice," 721-29.

group. Pernicious ignorance is context-dependent, and when assessing which instances of ignorance are pernicious, one must consider power relations and other contextual factors which make ignorance harmful in particular circumstances. Additionally, Dotson notes that culpability is not necessary for pernicious ignorance; pernicious ignorance can be harmful without being culpable.²⁰ Though Dotson describes pernicious ignorance in terms of testimonial injustice, which is another kind of epistemic injustice described by Fricker that addresses how a marginally situated knower's testimony may be denied or not taken seriously, I argue that pernicious ignorance is just as relevant in cases of hermeneutical injustice.

I expand upon Pohlhaus and Doston's accounts and how they relate specifically to the case of hermeneutical injustice surrounding ADHD later on in this thesis. For now, this short introduction will suffice to describe the main ideas of their accounts and frame my upcoming discussion.

²⁰ Kristie Dotson, "Tracking Epistemic Violence, Tracking Practices of Silencing," *Hypatia* 26, no. 2 (2011): 238–41, <https://doi.org/10.1111/j.1527-2001.2011.01177.x>.

Chapter 2: What is ADHD?

To adequately explain how hermeneutical injustice affects those with undiagnosed ADHD, I must first introduce diagnostic criteria for ADHD, the criteria's evolution throughout editions of the DSM-5, and diagnostic trends over time. In this thesis, I focus on ADHD as a diagnosis within a North American context, where the DSM-5 is used as the standard diagnostic tool.

2.1 Diagnostic Criteria in the DSM-5

Historians recognize Attention Deficit Hyperactivity Disorder (ADHD) as being first identified as a similar disorder in the 1600s, then again in the early 1900s. In 1968, the first edition of the DSM was released and included the disorder “Hyperkinetic Reaction of Childhood”, the condition we now know as ADHD. Since the first edition of the DSM, diagnostic criteria for ADHD have changed drastically, going through several iterations throughout its various editions. For instance, we now know that ADHD isn't a childhood disorder; it is lifelong. In 1980, the DSM-3 was released, which outlined “Attention Deficit Disorder” (ADD) and introduced a cutoff for the number of symptoms, symptom duration, and exclusion of confounding psychiatric disorders and substance use. The first appearance of “Attention Deficit Hyperactivity Disorder” as we know it today was in the DSM-3-R released in 1987, which combined inattention and hyperactivity into one diagnosis, and divided the disorder into three subtypes: predominantly inattentive, predominantly

hyperactive-impulsive, and combined.²¹ In the DSM-5, released in 2013, the definition of ADHD was broadened significantly compared to its predecessor, the DSM-4. These changes included lessening the amount of symptoms required for diagnosis for those over 17 from 6 to 5, increasing the required age of onset from 7 to 12, altering language from “evidence of impairment in two or more settings” to “evidence of symptoms in two or more settings”, and changing ADHD’s status an autism exclusionary disorder so that patients can be diagnosed with both ADHD and autism.²²

In North America, ADHD is clinically diagnosed through questionnaires and clinical interviews, using criteria from the DSM-5, the most recent edition of the DSM, to guide diagnosis. The DSM-5 describes Attention Deficit Hyperactivity Disorder as a persistent pattern of inattention and/or hyperactivity-impulsivity which begins in childhood and interferes with functioning or development. These criteria are sorted into two groups: inattention and hyperactivity-impulsivity. Symptoms listed under inattention include not paying attention to details/making careless mistakes, difficulty sustaining attention, not listening when spoken to, not following through on instructions, difficulty organizing tasks and activities, disliking or avoiding tasks that require sustained mental effort, losing necessary items, being easily distracted, and frequent forgetfulness. Symptoms of hyperactivity and impulsivity include frequent fidgeting, leaving one’s seat at inappropriate times, running or climbing at inappropriate times, a frequent inability to engage in activities

²¹ Elie Abdelnour, Madeline O Jansen, and Jessica A Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?,” *Missouri Medicine* 119, no. 5 (2022): 469.

²² Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 469.

quietly, difficulty being still for an extended period of time, excessive talking, interrupting, and difficulty waiting their turn.

To receive a diagnosis, children under 17 must display at least 6 of the criteria in at least one category to qualify for one of the three kinds of diagnoses, whereas those over 17 must display at least 5 of the criteria in one or both categories. In addition to category-specific criteria (listed under section A in the DSM-5 and mentioned above), the following requirements must be met:

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).

D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder.²³

The DSM-5 also states that symptoms must have persisted for at least 6 months to a degree that is inconsistent with developmental level, and negatively impact social and academic/occupational activities. If a patient has the appropriate number of criteria in one or

²³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed. (Arlington, VA: American Psychiatric Association, 2013): 60, <https://doi.org/10.1176/appi.books.9780890425596>.

both of the categories, they will be diagnosed with one of the types of ADHD: combined, predominantly inattentive, or predominantly hyperactive-impulsive.

As ADHD is a neurodevelopmental or “brain-based” disorder, there has been research into biomarkers as indicators of ADHD. However, neuroimaging is not currently sensitive enough to assist with diagnosis.²⁴ Due to the absence of accurate biomarkers, diagnosis is largely left up to the clinician, which can lead to overdiagnosis or underdiagnosis of certain groups because of implicit bias. Overlapping psychiatric symptoms (symptoms that belong to more than one disorder) also mean that ADHD is often missed, as symptoms may be misidentified as caused by another disorder.²⁵ Though biomarkers are not reliable for diagnosis, research has shown that ADHD is highly heritable (60-70%), and doctors have identified genes which they believe underlie susceptibility to the disorder.²⁶ This may be significant considering patterns in who is diagnosed and when—patterns I examine in the following section.

If diagnosed, ADHD is highly treatable and typically involves a combination of medication, skill-building, and psychotherapy. Outcomes are typically better for those treated for their ADHD than those who go untreated. One literature review examining long-term outcomes in ADHD treatment vs non-treatment shows that when treated, ADHDers have improved self-esteem, social function, academic, and drug use/addictive behaviour outcomes

²⁴ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 468.

²⁵ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 470.

²⁶ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 468.

compared to non-treated ADHDers.²⁷ However, only 11% of adults with ADHD are being treated for it, and deficits in organization and time management can result in professional, educational, or financial problems, with higher drop-out rates, unemployment rates, and lower income for adults with ADHD, as well as major interpersonal implications.²⁸

2.2 Diagnostic Trends

In recent years, there has been a sharp increase in ADHD diagnoses across North America, and particularly among marginalized groups. National US population surveys show an increase in prevalence of ADHD from 6.1% to 10.2% in the 20-year period from 1997-2016, which is a significant leap.²⁹ Experts theorize that this overall increase in diagnoses is due to a few different reasons. First is the evolution of diagnostic criteria, as broadening criteria to include different ways in which the disorder can manifest means that more people meet the criteria, and could account for some of the rise in ADHD diagnoses.³⁰ Another proposed reason for the upward trend is increased awareness and familiarity of ADHD in both physicians and the general public, as well as geographic location, cultural differences, and public health factors like improved access to care.³¹ Additionally, as mentioned above, we now know that ADHD is not a childhood disorder, although it was once thought of as such, and up to 90% of diagnosed children continue experiencing symptoms into adulthood.

²⁷ Monica Shaw et al., “A Systematic Review and Analysis of Long-Term Outcomes in Attention Deficit Hyperactivity Disorder: Effects of Treatment and Non-Treatment,” BMC Medicine 10, no. 1 (December 2012): 9, <https://doi.org/10.1186/1741-7015-10-99>.

²⁸ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 471.

²⁹ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 468.

³⁰ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 469.

³¹ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 470.

This might contribute to the increased diagnosis because, as one study states, 75% of adults diagnosed in the United States were not previously diagnosed as children.³² Given that the increase in diagnosis was measured over 20 years, it is quite plausible that children who should have been diagnosed in childhood were only diagnosed in adulthood, which inflates diagnostic statistics.

In the following paragraphs, I review discrepancies in rates of diagnosis and trends between genders. When discussing gendered trends below, I refer largely to cisgender people: girls/women and boys/men. Like much research conducted about the human body and mind, these studies primarily focus on cisgender (cis) people who fit into the binary. Before continuing, I wish to recognize that gender is not binary, and there are many people, including myself, whose experiences do not neatly fit into that of “males” or “females”.

Over the past 20 years, studies have shown that there are pervasive disparities in ADHD diagnosis by gender. Prevalence estimates in studies from 1992-2002 indicated that ADHD occurs more in males than females, with M: F ratios ranging from 2:1 to 9:1 in clinical samples, and 2:1 to 3:1 in epidemiological studies.³³ However, more recent studies show that diagnoses of cisgender girls and women are increasing at a higher rate than diagnoses of cisgender boys and men, signalling a more equal distribution between the assessed genders. Between 1991 and 2008, rates of diagnosis increased by a factor of 5.6 in

³² Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 468.

³³ Nancy L. Nussbaum, “ADHD and Female Specific Concerns: A Review of the Literature and Clinical Implications,” *Journal of Attention Disorders* 16, no. 2 (February 2012): 88, <https://doi.org/10.1177/1087054711416909>.

girls compared to 3.7 in boys, and over the past two decades—from 2000 to 2020—diagnosis rates of girls increased at a rate three times higher than diagnosis rates of boys.³⁴ As mentioned previously, experts have attributed these recent diagnostic trends in part to changes in DSM-IV diagnostic criteria, which shifted to increase focus on inattentive symptoms instead of focusing primarily on hyperactivity.

Another notable diagnostic trend concerning gender is the difference between cisgender male and female diagnoses in childhood compared to adulthood. In childhood, the diagnosis ratio is 4:1 males to females diagnosed, while the adult diagnosis ratio is closer to 1:1.³⁵ One possible reason for this disparity is that ADHD manifests differently across genders, as girls may experience more social pressure than boys to sit quietly and not be disruptive; studies show that boys with ADHD are more likely to exhibit hyperactivity and disruptive behaviours, prompting earlier detection of the disorder.³⁶ In a similar vein, another paper states that because cis girls and women demonstrate fewer external attention symptoms than cis boys and men overall, they have to demonstrate significantly more attention symptoms compared to their peers than males do to be diagnosed. The same paper also mentions that some have hypothesized that certain females experiencing deficits in attention aren't receiving diagnoses because of the high threshold set by DSM-4, the most recent DSM edition at the time.³⁷ Some were concerned that because the criteria in the DSM-4 were more

³⁴ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" 472.

³⁵ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" 468.

³⁶ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" 472.

³⁷ Nussbaum, "ADHD and Female Specific Concerns," 87.

appropriate for males than females, females were more commonly misdiagnosed with other forms of psychopathology, which may have led to inappropriate treatment.³⁸ Further studies have indicated that there isn't a true difference in the level of hyperactivity in children across gender, and bias among teachers about how ADHD presents is part of what leads to the under-recognition of hyperactive symptoms among young girls.³⁹

Though significant, gender isn't the only factor that contributes to disparities in diagnosis rates; race is another. Data suggests that underdiagnosed groups include youth who are Black, Indigenous, or Persons of Colour (BIPOC), groups who are less frequently diagnosed compared to those who are White. Between 2004 and 2006, Black students were more likely than their White counterparts to have ADHD symptoms (12 vs 7% respectively) but were less likely to have a diagnosis (9% vs 14%). In the following decade, diagnoses among Black individuals grew at a rate 3x higher than the rate for White individuals.⁴⁰ Racial bias appears to play a definitive role in this underdiagnosis, and changing attitudes towards race and racism may be partially responsible for the increase in diagnosis rates, though this last claim is unsubstantiated. There are mixed findings about the prevalence and diagnosis rates of Black children compared to White children, but emerging evidence appears to highlight the role of racial bias and discrimination in ADHD diagnosis. One study found that Black children are more likely to have comorbid diagnoses of oppositional defiant disorder (ODD) or conduct disorder (CD) than their White peers, diagnoses which seem to be

³⁸ Nussbaum, "ADHD and Female Specific Concerns," 88.

³⁹ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" 472.

⁴⁰ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" 471.

influenced by the presence of structural racism. Since ADHD is underdiagnosed in Black youth, problems with academics or behaviour are more likely to be attributed to ODD, CD, or willful misbehaviour.⁴¹ Additional studies have found that clinicians are more responsive to White parents soliciting an ADHD diagnosis for their kids than BIPOC parents.⁴² Even though diagnosis disparities between Black and White youth are causally complex, there is still much evidence indicating that racial bias influences diagnostic rates by skewing clinical perception of young Black people.

2.3 ADHD and Hermeneutical Injustice

There is currently very little literature which directly discusses how people with ADHD are victimized by hermeneutical injustice, and effectively none that examines experiences of undiagnosed ADHDers⁴³ as a hermeneutically marginalized group. While the philosophical literature has expanded to include more on hermeneutical injustice in healthcare,⁴⁴ for people with different psychiatric diagnoses,⁴⁵ and for neurodivergent people,⁴⁶ there is little which discusses how a lack of diagnosis can count as hermeneutical

⁴¹ Danielle Wexler et al., “What’s Race Got to Do with It? Informant Rating Discrepancies in Neuropsychological Evaluations for Children with ADHD,” *The Clinical Neuropsychologist* 36, no. 2 (February 17, 2022): 3, <https://doi.org/10.1080/13854046.2021.1944671>.

⁴² Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 472.

⁴³ Though grammatically incorrect, I prefer to use the term “ADHDER” to refer to people with ADHD because of its identity-first status.

⁴⁴ Havi Carel and Ian James Kidd, “Epistemic Injustice in Healthcare: A Philosophical Analysis,” *Medicine, Health Care and Philosophy* 17, no. 4 (November 2014): 529–40, <https://doi.org/10.1007/s11019-014-9560-2>.

⁴⁵ Richard Hassall, “Sense-making and Hermeneutical Injustice Following a Psychiatric Diagnosis,” *Journal of Evaluation in Clinical Practice* 30, no. 5 (August 2024): 848–54, <https://doi.org/10.1111/jep.13971>;

⁴⁶ Robert Chapman and Havi Carel, “Neurodiversity, Epistemic Injustice, and the Good Human Life,” *Journal of Social Philosophy* 53, no. 4 (December 2022): 614–31, <https://doi.org/10.1111/josp.12456>; Kristien Hens, *Towards an Ethics of Autism: A Philosophical Exploration*, 1st ed. (Cambridge, UK: Open Book Publishers, 2021), <https://doi.org/10.11647/OBP.0261>; Maciej Wodziński and Marcin Moskalewicz, “Mental Health

injustice for neurodivergent people, and particularly for ADHDers. This thesis attempts to begin filling that gap, with the knowledge that ADHD is merely one case of hermeneutical injustice affecting undiagnosed neurodivergent people. Ideally, the arguments put forth in this thesis can be repurposed to argue that other neurodivergent people are similarly victimized by a lack of diagnosis.

Chapter 3: Hermeneutical Harm

3.1 Unintelligibility as The Primary Harm of Hermeneutical Injustice

The primary harm of hermeneutical injustice, as described by Fricker, "...consists in a situated hermeneutical inequality: the concrete situation is such that the subject is rendered unable to make communicatively intelligible something which it is particularly in his or her interests to be able to render intelligible."⁴⁷ This harm typically manifests in two ways. First, unintelligibility can harm someone by rendering them unable to understand their own experiences; second, unintelligibility can harm someone by rendering them unable to adequately communicate their experiences to others. In the context of undiagnosed ADHD, the first kind of harm means that undiagnosed ADHDers are often unable to make sense of their experiences. Though the harm undiagnosed people face does not necessarily result from the nonexistence of appropriate hermeneutical resources—resources to construct a more accurate sense of self exist and may be understood as appropriate once a diagnosis is provided—being undiagnosed can prevent people from accessing those resources and/or applying them to their own experiences. In this way, diagnosis acts as a gateway to the hermeneutical resources ADHDers need to properly understand their experiences. Even though undiagnosed ADHDers might come across accurate hermeneutical resources for people with ADHD, they may not perceive them as resources that they can apply to their own experiences because they are not diagnosed. Often, though, these resources are not discovered by undiagnosed people at all because they are entirely unaware that they need

⁴⁷ Fricker, *Epistemic Injustice*, 162.

them, in addition to the fact that accurate resources are left out of the dominant sphere, which makes them harder to access.

When hermeneutical resources that make sense of ADHD experiences are left out of the dominant sphere, it isn't just undiagnosed people who are prevented from accessing accurate resources. Indeed, the exclusion of these resources from the dominant sphere impacts everyone, which also makes it more difficult for undiagnosed people to accurately communicate their experiences to others. Historically, dominant hermeneutical resources, including the DSM, have not provided accurate information about what ADHD looks like, particularly for members of marginalized groups. As explained in the previous chapter, one group impacted by this communicative difficulty is girls and women, as ADHD diagnoses for women are less frequent than diagnoses for men, and girls are more likely to have missed diagnoses. This is largely attributed to improper use of diagnostic criteria and difficulty recognizing hyperactive symptoms in girls due to gender bias, which has led to research being conducted primarily on cisgender boys and men. Once the criteria in the DSM shifted to focus more on inattention rather than just hyperactivity, girls' rate of diagnosis drastically increased,⁴⁸ as women's and girls' experiences of ADHD were deemed intelligible after an expansion of dominant resources. This is just one example of how, when dominant, inaccurate resources persist, people are prevented from being diagnosed and harmed by their inability to communicate their experiences.

⁴⁸ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" 472.

3.1.1 Self-Intelligibility

When someone's experiences are unintelligible to themselves, their ability to accurately construct a sense of self or identity is undermined. According to Fricker, the primary harm of hermeneutical injustice should also be understood in terms of a subject's construction of selfhood. She states that certain social contexts may cause someone to be socially constituted as someone/something they are not, and that hermeneutical injustice has the power to shape identity in harmful ways. An example of this that Fricker provides comes from the autobiographical novel *A Boy's Own Story* by Edmund White, in which the protagonist struggles with how he understands his identity and sexual experience, influenced by harmful ideas about homosexuality from 1950s America. He internalizes messages that homosexuality is deeply wrong, while also experiencing attraction to men. This warps his self-image, and he is unable to identify as "homosexual" because dominant hermeneutical resources define homosexuality in a way that he does not relate to or connect to his own experiences as a (closeted) gay man.⁴⁹

For people with undiagnosed ADHD, constructing an accurate sense of self may be undermined in several ways. If undiagnosed and not diagnosed with any other disorder or mental illness, they must draw upon dominant hermeneutical resources to construct their identity. If undiagnosed and (mis)diagnosed with another disorder or mental illness, they might draw upon dominant resources in addition to the hermeneutical resources provided with the diagnosis of the other disorder to construct their identity. If accurately diagnosed

⁴⁹ Fricker, *Epistemic Injustice*, 163-69.

with one or more comorbid disorders, but not ADHD, they may draw upon accurate but incomplete resources to construct their identity. In each of these cases, those undiagnosed are harmed by the use of inappropriate or incomplete hermeneutical resources to construct their sense of self. For example, someone who has undiagnosed ADHD may struggle with executive dysfunction, which can include difficulties with time management, organization, emotional regulation, and other symptoms which prevent someone from easily performing day-to-day tasks. However, if they do not know the term ‘executive dysfunction’ or that it applies to their experiences, they may dismiss these symptoms as laziness or another kind of personal, moral failing. This example demonstrates how dominant resources can become embedded into self-conception and warp a person’s sense of self, and/or prevent them from constructing an accurate sense of self.

3.1.1.1 No Diagnosis

Those who have undiagnosed ADHD and are not diagnosed with any other disorder must use dominant hermeneutical resources to construct their sense of self, as they lack other options. When this occurs, the gap in their epistemic resources is filled by dominant resources created for and by neurotypical people. People with ADHD and other neurodevelopmental disorders (neurodivergent people) often experience a wide array of symptoms that neurotypical people do not, and attempts to understand neurodivergent experiences using neurotypical resources can cause immense harm to one’s sense of self. As mentioned in the previous subsection, an apt example of this is ADHDers experiencing

executive dysfunction.⁵⁰ If undiagnosed, ADHDers may use the wrong hermeneutical resources to understand this symptom and mislabel it as a lack of discipline. When dominant hermeneutical resources are used to understand ADHD behaviour, symptoms are often seen as personal or moral failings, and those affected may feel a persistent sense of shame or failure.

Empirical evidence supports the claim that people with undiagnosed ADHD often feel shame about who they are, as studies suggest that many women who experienced undiagnosed ADHD as children have had childhoods full of misunderstanding, self-blame, and rejection. Evidence also shows that diagnosis can assist in remedying these feelings of shame. One literature review found that women often felt like they were bad people before diagnosis, but after diagnosis, they were able to reconceptualize some of these feelings as an external cause.⁵¹ Similar firsthand accounts of this experience are given in a paper by Stenner et al., which includes interviews with women who were diagnosed with ADHD in adulthood. One participant recounted how she felt before her diagnosis, stating “...before I used to see who I was as a flaw,” and “[I remember] always thinking there was something wrong with me.” About being diagnosed, she said, “...it's answered a lot of questions... I let myself off

⁵⁰ ADDA, “Executive Function Disorder & ADHD,” Attention Deficit Disorder Association, (April 17, 2025): <https://add.org/executive-function-disorder/>.

⁵¹ Darby E. Attoe and Emma A. Climie, “Miss. Diagnosis: A Systematic Review of ADHD in Adult Women,” *Journal of Attention Disorders* 27, no. 7 (May 2023): 645–57, <https://doi.org/10.1177/10870547231161533>.

the hook”. Another participant stated that after diagnosis, “...I don't berate myself...as much...if at all I suppose... I understand that I have a disability.”⁵²

In the Stenner et al. interviews, the connection between misdiagnosis and the harm that results from misunderstanding one's own ADHD symptoms is made clear. Though several participants reported behavioural issues in childhood, Stenner et al. also noted that participants didn't say that ADHD symptoms *caused* their behavioural issues. Rather, they said that many of these behavioural problems were caused by a lack of diagnosis, which led to a fundamental misunderstanding of who they were and why they felt the way they did.⁵³ Connecting this to hermeneutical resources, the participants in this study seem to have acknowledged that the harm of this misunderstanding came from the lack of appropriate hermeneutical resources that come with a diagnosis. When these resources are lacking, it is nearly impossible to construct a healthy sense of self.

3.1.1.2 Misdiagnosis

Those who have undiagnosed ADHD and are misdiagnosed with another disorder are similarly harmed by a lack of appropriate hermeneutical resources. If someone is misdiagnosed with a disorder, they will likely construct their sense of self using the wrong hermeneutical resources—resources which assist in understanding a disorder they do not actually have. This can be incredibly harmful, as they are encouraged to construct an identity

⁵² Paul Stenner, Lindsay O'Dell, and Alison Davies, “Adult Women and ADHD: On the Temporal Dimensions of ADHD Identities,” *Journal for the Theory of Social Behaviour* 49, no. 2 (June 2019): 189-91. <https://doi.org/10.1111/jtsb.12198>.

⁵³ Stenner, O'Dell, and Davies, “Adult Women and ADHD,” 193.

that doesn't align with their lived experiences. This harm is worsened if, in addition to the inappropriate hermeneutical resources, treatment for the misdiagnosed disorder doesn't help or makes their ADHD worse. Studies show that adults with ADHD are often misdiagnosed or undiagnosed,⁵⁴ and a CADDAC survey found that 46% of Canadian women with ADHD were misdiagnosed before being diagnosed with ADHD.⁵⁵ A third of these women were initially diagnosed with anxiety, and another third with depression. Many of the women who participated in this survey discussed the difficulties they had while being treated for anxiety or depression and stated that antidepressants and anti-anxiety medications either did not help or made their symptoms worse.

Ineffective treatment is harmful regardless of hermeneutical circumstances, and in these cases, ineffective treatment can compound with inappropriate hermeneutical resources to cause even more harm. One woman in the CADDAC study stated that her anxiety was primarily caused by the trauma of years of untreated ADHD,⁵⁶ and this trauma directly correlates to a lack of appropriate hermeneutical resources. Though this is only one woman's experience, it seems reasonable to infer that at least some others have had similarly traumatic experiences, given the known effects of inappropriate treatment. While not explicitly stated in the study, a large part of trauma and harm caused by misdiagnosis is the inability to construct a sense of self that aligns with one's lived experience.

⁵⁴ Attoe and Climie, "Miss. Diagnosis," 653.

⁵⁵ CADDAC, "Girls and Women with ADHD: our missed forgotten and most vulnerable," (2021): 6.

⁵⁶ CADDAC, "Girls and Women with ADHD: our missed forgotten and most vulnerable," (2021): 6.

3.1.1.3 Comorbid Diagnosis

Sense of self may also be negatively impacted for those with undiagnosed ADHD and one or more accurately diagnosed comorbid disorders. Two disorders commonly comorbid with ADHD are Bipolar Disorder (BD) and Borderline Personality Disorder (BPD), as around 20% of patients with BD or BPD reportedly also have ADHD. Diagnosing these comorbid disorders can be difficult, as BD and BPD both have symptoms that overlap with ADHD. In addition to these two disorders, many other conditions can be misdiagnosed as or instead of ADHD, such as depression, anxiety, sleep apnea, and more. The overlapping of symptoms in each of these disorders makes it difficult to distinguish between them, and can (and does) lead to inaccurate diagnoses.⁵⁷ Whether patients who have ADHD are misdiagnosed with BP or BPD, or are accurately diagnosed with BP or BPD but not diagnosed with ADHD as a comorbid disorder, effective treatment is prevented when not all proper diagnoses are made. In a 2014 review on the topic, it's noted that "...failure to accurately distinguish BD, BPD, and ADHD can be extremely problematic... as both BD and BPD are associated with an elevated risk of self-harm and suicide, and have unique treatment algorithms from each other and from ADHD."⁵⁸

Another relatively commonly comorbid diagnosis is autism, as studies show that 40-70% of autistic people also have ADHD, and 20-50% of people with ADHD are also autistic.

⁵⁷ Philip Asherson et al., "Differential Diagnosis, Comorbidity, and Treatment of Attention-Deficit/Hyperactivity Disorder in Relation to Bipolar Disorder or Borderline Personality Disorder in Adults," *Current Medical Research and Opinion* 30, no. 8 (August 2014): 1658, <https://doi.org/10.1185/03007995.2014.915800>.

⁵⁸ Asherson et al., "Differential Diagnosis, Comorbidity, and Treatment," 1658.

As noted in a 2024 article about women with ADHD and autism (colloquially referred to as AuDHD), a lack of research exploring experiences of those diagnosed with AuDHD persists despite its relatively frequent occurrence.⁵⁹ This may in part be a result of the diagnostic criterion in the DSM-4, which stipulated that ADHD and autism diagnoses were mutually exclusive, though this criterion was removed in the DSM-5.⁶⁰ In any case, the exclusion of an autism diagnosis for those diagnosed with ADHD has lasting effects for those who were prevented from being diagnosed with both pre-DSM-5.

Symptoms of ADHD and autism can be difficult to separate and may interact in surprising ways, especially since there is comparatively little research done on AuDHD, since this comorbidity only became possible after the DSM-5 was released. Anecdotal evidence shows that having both ADHD and autism can delay diagnosis for either condition, as people with AuDHD often experience symptoms that appear to cancel each other out or interact in a way that makes their symptoms worse overall. Several online articles by AuDHDers cite this phenomenon. One article in the Guardian, written by digital creator and AuDHDer Samantha Stein, describes Stein's experience with contradictory symptoms. As she states, "You think: 'How can you be extremely rigid and need routines and structure, but also be completely incapable of maintaining a routine and structure?'"⁶¹ For those with

⁵⁹ Emma Craddock, "Being a Woman Is 100% Significant to My Experiences of Attention Deficit Hyperactivity Disorder and Autism: Exploring the Gendered Implications of an Adulthood Combined Autism and Attention Deficit Hyperactivity Disorder Diagnosis," *Qualitative Health Research* 34, no. 14 (December 2024): 1443, <https://doi.org/10.1177/10497323241253412>.

⁶⁰ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends," 469.

⁶¹ Khurram Sadiq, "The Sudden Rise of AuDHD: What Is Behind the Rocketing Rates of This Life-Changing Diagnosis?" *The Guardian*, April 4, 2024, <https://www.theguardian.com/lifeandstyle/2024/apr/04/audhd-what-is-behind-rocketing-rates-life-changing-diagnosis>.

AuDHD, their ADHD impulsivity can appear to balance out or “mask” their autistic rigidity despite causing internal distress from conflicting needs, and this balanced appearance can make diagnosis more difficult.⁶² In some cases, addressing ADHD symptoms may allow more symptoms of autism to emerge, again demonstrating the “masking” effect that AuDHDers might experience.⁶³

Those with AuDHD may behave very differently from those with just ADHD or just autism, which, especially when combined with the lack of research, can make it difficult to diagnose either disorder without lived experience.⁶⁴ In the same article in which Stein describes her experience, Dr Khurram Sadiq, a psychiatrist diagnosed with AuDHD, describes his encounter with a patient who was referred to him for an ADHD diagnosis. Sadiq says that he realized 15 minutes into the consultation that the patient was autistic, and acknowledges that without lived experience of autism, he may not have recognized that this patient was autistic.⁶⁵ Knowledge about how AuDHD manifests is especially important because the current lack of resources makes it difficult to diagnose, and improper diagnosis impacts one’s options for treatment as well as their ability to develop an accurate sense of self.

⁶² Beaux Miebach, “AuDHD—Autistic + ADHD Explained,” *Tiimo App Resource Hub*, April 4, 2025, <https://www.tiimoapp.com/resource-hub/audhd-autistic-adhd-explained>.

⁶³ Sadiq, “The Sudden Rise of AuDHD.”

⁶⁴ Craddock, “Being a Woman,” 1446.

⁶⁵ Siân Boyle, “The Sudden Rise of AuDHD: What Is Behind the Rocketing Rates of This Life-Changing Diagnosis?” *The Guardian*, April 4, 2024, <https://www.theguardian.com/lifeandstyle/2024/apr/04/audhd-what-is-behind-rocketing-rates-life-changing-diagnosis>.

3.1.2 *Intelligibility and Others*

Harm to undiagnosed ADHDers also occurs when a gap in the dominant hermeneutical resources prevents those who do not have ADHD from accessing the resources they need to understand ADHD experiences. This is an additional barrier which can further prevent people with ADHD from intelligibly communicating their experiences to others.

Dominant hermeneutical resources typically focus on neurotypical experiences in part because the majority of the population is neurotypical. Neurotypical people are those whose cognitive profiles correspond to the established norm,⁶⁶ and estimates say that neurotypical people make up approximately 80-85% of the total population.⁶⁷ That means only 15-20% of the population is neurodiverse, i.e. has a neurodevelopmental difference or disorder like ADHD, autism, or dyslexia.⁶⁸ Of course, it is no surprise that dominant hermeneutical resources focus on the experiences of the majority. However, the focus on neurotypical experiences means that when people draw upon dominant resources to understand their experiences, they will often default to viewing things through a neurotypical lens—even if they are not neurotypical themselves.

Given that neurodivergence is statistically uncommon and that neurodivergent people are hermeneutically marginalized, many people can and do not recognize neurodivergent experiences that look different from stereotypical portrayals. Typically, neurotypical people

⁶⁶ Mylène Legault, Jean-Nicolas Bourdon, and Pierre Poirier, “From Neurodiversity to Neurodivergence: The Role of Epistemic and Cognitive Marginalization,” *Synthese* 199, no. 5–6 (December 2021): 12843, <https://doi.org/10.1007/s11229-021-03356-5>.

⁶⁷ Nancy Doyle, “Neurodiversity at Work: A Biopsychosocial Model and the Impact on Working Adults,” *British Medical Bulletin* 135, no. 1 (October 2020): 112. <https://doi.org/10.1093/bmb/ldaa021>.

⁶⁸ This is a non-exhaustive list.

are only aware of accurate hermeneutical resources for neurodivergent experiences if they have previously been directed to them; often, this means knowing someone who is neurodivergent and recognizing their experiences *as* neurodiverse. If someone exclusively relies on dominant, neurotypical hermeneutical resources, they are unable to recognize neurodivergent experiences that fall outside of stereotypical manifestations that dominant resources include. Even though many people have *some* idea of what ADHD is, common conceptions of the condition are often based on stereotypes of hyperactivity and learning-based difficulties. This is part of why many ADHDers go undiagnosed until adulthood. Even if they had adults in their lives who advocated for them as children, those adults may have been unable to recognize their child's ADHD for what it was if their concept of ADHD was based entirely on stereotypical traits.

An anecdotal example from my own life illustrates this inability to recognize ADHD symptoms before having direct experience with it. I was diagnosed with ADHD as an adult, and throughout the process, my parents and I were skeptical that I would be diagnosed. Our idea of what ADHD is did not match my behaviour; as a child, I had good grades, sat quietly, and generally behaved well. After I was diagnosed, we all began to understand more and more what ADHD symptoms can look like, and in particular, what they look like for me. This also affected our ability to recognize symptoms in others. My mother has worked with young children for over twenty years, and after I was diagnosed, she began to recognize more potential signs of ADHD in the children she worked with, not just stereotypical, hyperactive symptoms. Some children were more easily distracted, struggled to complete tasks on their

own, or had difficulty remembering instructions, but weren't outwardly hyperactive or disruptive to the rest of the class. Before understanding that ADHD didn't necessarily look like outward hyperactivity or disruptiveness, my mother likely missed signs and symptoms in children who had ADHD but whose ADHD manifested like mine or were more inward-facing. When I was a child, she couldn't recognize my ADHD symptoms because she lacked the proper hermeneutical resources to do so, and was only able to identify certain symptoms in the children she worked with after gaining these resources through my diagnosis.

3.2 Secondary Harm

In addition to the primary harm of unintelligibility, hermeneutical injustice causes two kinds of secondary harm: epistemic harm and practical harm. In the following subsections, I describe these kinds of harm in more detail.

3.2.1 Epistemic Harm and Self-Trust

Epistemic harm refers to harm done to one's conception of oneself as an epistemic authority or credible knower. Fricker states that when epistemic harm occurs, the resulting lack of confidence can lead to loss of knowledge, prevent someone from gaining knowledge, or stop them from developing important epistemic virtues like intellectual courage.⁶⁹ For those experiencing epistemic injustice, these epistemic conditions can engender a lack of self-trust.

⁶⁹ Fricker, *Epistemic Injustice*, 163.

Self-trust may weaken when a lack of hermeneutical resources undermines undiagnosed ADHDers' ability to intelligibly communicate their experiences with others. When someone uses inappropriate resources to understand their experiences and shape their identity, the discrepancy between their experiences and available explanations diminishes the trust they have in themselves as an epistemic authority. In his 2022 paper *Social Exclusion, Epistemic Injustice, and Intellectual Self-Trust*, Jon Leefmann describes this process in more detail. For Leefmann, self-trust requires someone to have reliable epistemic faculties, confidence in their ability to make good judgments about epistemic evidence, and the courage to freely express and maintain their beliefs when they conflict with others. He argues that self-trust relies partly on social inclusion and characterizes social exclusion as being invisible in the public discourse and deprived of communicative resources. Leefmann also posits that when socially excluded people are deprived of these resources, they cannot make sense of their experiences and need external validation to do so. However, this validation is often made structurally impossible because others similarly lack the proper resources to understand or validate their experiences. This further marginalizes those who are socially excluded and hinders their epistemic self-trust; their ability to experience themselves as credible knowers.⁷⁰ In short, the preconditions for gaining self-trust are undermined when proper social reinforcement is made impossible due to a lack of appropriate and accessible epistemic or hermeneutical resources.

⁷⁰ Jon Leefmann, "Social Exclusion, Epistemic Injustice, and Intellectual Self-Trust," *Social Epistemology* 36, no. 1 (January 2, 2022): 118-122, <https://doi.org/10.1080/02691728.2021.2004620>.

For those with undiagnosed ADHD, this lack of resources and social exclusion often leads to a lack of epistemic self-trust. Since access to appropriate hermeneutical resources comes partially from diagnosis, those who have ADHD but are undiagnosed cannot understand their experiences on their own, and may seek external validation to make sense of them. When searching for validation from others, they often do not receive it, since others are also deprived of the hermeneutical resources that would allow them to validate their experiences and recognize undiagnosed ADHDers as credible knowers. When they are unable to be validated, self-doubt appears, and self-trust is undermined.

Though the degradation of self-trust occurs in a variety of settings, this experience is especially harmful when physicians who lack the proper resources interact with undiagnosed patients. When someone with undiagnosed ADHD describes their executive dysfunction symptoms to a doctor, explicitly stating that they think that it could be ADHD, and the doctor dismisses them by saying that it's just their previously diagnosed disorder, the trust in their ability to make good judgments about epistemic evidence is likely diminished. Of course, this is not to say that all doctors who reject an ADHD diagnosis for a particular patient are being dismissive or lack proper resources. In some cases, doctors may see patients who think they have ADHD but do not. In these cases, doctors ought not to diagnose their patients, but still take their concerns seriously and explain why an ADHD diagnosis is inappropriate. This may or may not diminish a patient's self-trust as an epistemic authority, but in cases where they were truly wrong about their diagnosis, this diminishing corrects their overly inflated sense of authority and isn't necessarily harmful. Doctors ought to take their patients'

concerns seriously *and* correct patients' inaccurate ideas where possible. When a patient with undiagnosed ADHD is immediately dismissed due to their medical history, they are not being taken seriously, and that experience can harm their sense of self-trust as an epistemic authority.

If an undiagnosed person cannot trust themselves as an epistemic authority, they are also more likely to dismiss new knowledge and/or lose existing knowledge about their condition.⁷¹ In an article from ADDitude Magazine, an online publication focused on giving a voice to the ADHD community, the author describes her experience of losing existing knowledge after visiting a psychiatrist in the hopes of being diagnosed. Prompted by the doctor, she described what she was like as a child: often impulsive and distracted, she found focusing on long lectures in school difficult and used sips of her mom's coffee to get her homework done. When asked how her grades were in school, she replied, "great", and the doctor stated that she couldn't have ADHD. Although she had done prior research and didn't think that her good grades cancelled out the possibility of her having ADHD, she accepted the doctor's assessment because he was, after all, an expert. The knowledge she had previously, that she might have ADHD despite her good grades, was lost because her ability to trust herself as an epistemic authority was undermined when the doctor disagreed.⁷²

One's understanding of doctors as experts can expedite the diminishing of self-trust in a clinical setting, but a loss of self-trust also frequently occurs when undiagnosed people

⁷¹ Fricker, *Epistemic Injustice*, 163.

⁷² Susie B. Cross, "Medical Gaslighting Convinced Me That I Didn't Have ADHD," *ADDitude*, May 2025, <https://www.additudemag.com/medical-gaslighting-convinced-me-no-adhd/>.

discuss their symptoms with friends or family. Upon hearing about symptoms like executive dysfunction, platitudes like “you just need to be more disciplined” or “everyone deals with that” are common amongst those who do not have the appropriate resources to understand what ADHD is or how it manifests. Just as doctors’ dismissals do, these statements from trusted others exacerbate the harm undiagnosed people face by further degrading their ability to trust themselves as an epistemic authority.

3.2.2 *Practical Harm*

Practical harm refers to harm that results from the stress induced by a lack of appropriate hermeneutical resources and an inability to communicate one’s experiences intelligibly to others. The impact of this kind of stress on one’s day-to-day life is manifold and includes being unable to develop personally or professionally.⁷³ For people with ADHD, being undiagnosed can impact overall health outcomes, income and education levels, access to important accommodations, and difficulty with emotional regulation and interpersonal relationships.

Undiagnosed ADHDers often deal with a myriad of negative impacts on their physical and mental health. A 2023 literature review on the risks associated with undiagnosed ADHD and autism (assessed separately and as comorbid conditions) demonstrates that undiagnosed ADHD is related to a variety of difficulties with physical

⁷³ Fricker, *Epistemic Injustice*, 162.

health, including sleep disorders and higher rates of appendicitis.⁷⁴ In one study, it was shown that undiagnosed adults who meet diagnostic criteria for ADHD typically have more sleep problems and physical comorbidities than those who don't meet diagnostic criteria. This study also found that ADHD contributes to a poorer health-related quality of life, whether one is diagnosed or not.⁷⁵ Mental health is also negatively impacted by undiagnosed ADHD; in 10- to 12-year-olds, undiagnosed ADHD correlates to lower self-esteem, higher depression, and a higher risk of self-harm,⁷⁶ and people with untreated ADHD have a higher risk of depression, anxiety, and suicide.⁷⁷

Undiagnosed ADHD can also impact one's career, education, and income level. Multiple studies which focused on adults with undiagnosed ADHD found that undiagnosed people were less likely to be highly educated and more likely to have lower levels of income overall compared to those who were diagnosed.⁷⁸ One study shows that impaired work productivity was persistent in those who had undiagnosed ADHD and comorbid disorders, despite being treated for their comorbidities.⁷⁹ Though people with ADHD, diagnosed or not, can find accommodations useful to assist them in work, school, and their personal lives,

⁷⁴ Blandine French et al., "Risks Associated With Undiagnosed ADHD and/or Autism: A Mixed-Method Systematic Review," *Journal of Attention Disorders* 27, no. 12 (October 2023): 1397, <https://doi.org/10.1177/10870547231176862>.

⁷⁵ Noriyuki Naya et al., "The Burden of Undiagnosed Adults With Attention-Deficit/Hyperactivity Disorder Symptoms in Japan: A Cross-Sectional Study," *Cureus*, (November 2021): 7-9, <https://doi.org/10.7759/cureus.19615>.

⁷⁶ French et al., "Risks Associated With Undiagnosed ADHD and/or Autism," 1397.

⁷⁷ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends," 471.

⁷⁸ Stephen L. Able et al., "Functional and Psychosocial Impairment in Adults with Undiagnosed ADHD," *Psychological Medicine* 37, no. 1 (January 2007): 103, <https://doi.org/10.1017/S0033291706008713>; Naya et al., "The Burden of Undiagnosed Adults With Attention-Deficit/Hyperactivity Disorder Symptoms in Japan," 8.

⁷⁹ Naya et al., "The Burden of Undiagnosed Adults With Attention-Deficit/Hyperactivity Disorder Symptoms in Japan," 9.

those with undiagnosed ADHD may be unable to access them. Examples of accommodations for neurodivergent people in the workplace are allowing them to work from home a few days each week, giving explicit instructions for a task, or providing noise-cancelling headphones.⁸⁰ However, accessing these accommodations often depends on being diagnosed with a disability like ADHD. Even in cases where accommodations are available regardless of official disability status, those with undiagnosed ADHD may be prevented from accessing them by not realizing that accommodations would be helpful or not knowing which accommodations to ask for. If people with undiagnosed ADHD advocate for themselves but their concerns are not intelligible, they may be prevented from accessing accommodations if others deem them unnecessary. Without an official diagnosis and access to the appropriate hermeneutical resources, many useful accommodations are not even considered.

For undiagnosed people, daily activities like maintaining relationships, practicing self-care, interacting with others, and managing money can also be negatively impacted by a lack of hermeneutical resources.⁸¹ Interviews with several women who were not diagnosed until adulthood reveal that some undiagnosed ADHDers face difficulties maintaining healthy family relationships due to their untreated symptoms, with multiple women noting that ADHD affects every aspect of their lives, including romantic relationships.⁸² One documented impact on people who met screening criteria for ADHD but were undiagnosed is

⁸⁰ “Neurodiverse Employees May Need Accommodations for Remote Work,” *HRNews*, June 12, 2020, ProQuest, <https://proxy.lib.uwaterloo.ca/login?url=https://www.proquest.com/trade-journals/neurodiverse-employees-may-need-accommodations/docview/2412544108/se-2>.

⁸¹ French et al., “Risks Associated With Undiagnosed ADHD and/or Autism,” 1403.

⁸² Stenner, O’Dell, and Davies, “Adult Women and ADHD,” 189-91.

that they were significantly less likely to be married or living with a partner,⁸³ though it is unclear whether this statistic should count as a definite harm, as some ADHDers may prefer not to have or live with a partner.

This section is a non-exhaustive list of the types of harm that affect undiagnosed people with ADHD and can be compounded when people are otherwise marginalized. Only 11% of adults with ADHD are being treated for it, and untreated, undiagnosed ADHD can result in all these kinds of professional, educational, interpersonal, or financial problems.⁸⁴

⁸³ Naya et al., “The Burden of Undiagnosed Adults With Attention-Deficit/Hyperactivity Disorder Symptoms in Japan,” 8.

⁸⁴ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?” 471.

Chapter 4: Hermeneutical Marginalization

For a hermeneutical lacuna to be considered unjust, it must be harmful *and* wrongful. Thus far, I have gone over the harms of undiagnosed ADHD and the hermeneutical lacunae which catalyze them; in this chapter, I explain why these lacunae are also wrongful.

4.1 Hermeneutical Marginalization and Situatedness

Systematic hermeneutical injustice is wrong because it marginalizes particular groups of knowers on account of their group membership. Fricker states that hermeneutical marginalization occurs when a group is asymmetrically disadvantaged by a collective hermeneutical lack. She describes this as a formal equality which, when played out in the social world, gives rise to an informal inequality. By formal equality, Fricker means that a lack of resources can equally impact everyone. She gives the example of a society that has a welfare state that provides free healthcare, but not dental care. Formally, this lack of free dental care is equal, because it is the same for everyone; it is a collective lacuna in common resources. However, this formal equality gives rise to a situated inequality when played out in the social world, as some people are unable to afford private dental care and suffer from this lack, while those who can afford it do not suffer.

Applied to hermeneutical injustice, formal equality occurs when everyone has the same hermeneutical resources (and the same gaps in those resources), and informal inequality emerges when this formal equality is played out in the social world. Once social position is taken into account, it becomes clear that the collective resources, while the same for everyone, do not affect everyone in the same way. Thus, informal inequality and

hermeneutical injustice are a kind of *situated* inequality that affects people differently based on their social standing; I discuss situatedness in further detail in the following sections.⁸⁵ In hermeneutical injustice, a marginally situated group is disadvantaged by an informal, situated inequality caused by a hermeneutical gap, a gap which is also caused by their hermeneutical marginalization, i.e. their unequal participation and lack of hermeneutical power. This gap may prevent them from understanding their experiences and/or perpetuate their prejudicial exclusion from participating in meaning-making processes. In other words, systematic hermeneutical injustice occurs when one is wrongfully harmed in their capacity as a knower, and for those facing systematic marginalization, by their lack of hermeneutical power,⁸⁶ which is their ability to meaningfully contribute to dominant hermeneutical resources.

Gaile Pohlhaus further elucidates this dynamic by examining the concept of situatedness, defined by the situations which knowers repeatedly find themselves in over time. Pohlhaus distinguishes between two types of knowers: dominantly situated and marginally situated. Dominantly situated knowers possess hermeneutical power, while marginally situated knowers do not and are prevented from contributing to dominant resources. Situatedness also describes how relations with others position a knower in the world, and marginally situated knowers take up their social position in relation to those dominantly situated.

⁸⁵ Fricker, *Epistemic Injustice*, 161.

⁸⁶ Fricker, *Epistemic Injustice*, 149.

This point is particularly salient in light of marginally situated knowers' vulnerability. Hermeneutical vulnerability occurs when one group relies on another group for hermeneutical resources due to a lack of hermeneutical power. Marginally situated knowers are vulnerable to dominantly situated knowers because the dominantly situated create the resources they use to understand their own and others' experiences, and this vulnerability encourages certain habits of attention. When one knower is vulnerable to another knower (or group of knowers), it is epistemically important for them to pay attention to the other's habits and attention to avoid being harmed.⁸⁷ However, while marginally situated knowers are vulnerable and must pay attention to dominantly situated knowers' habits and attention, those dominantly situated are not vulnerable in return, and needn't be interested in paying epistemic attention to those marginally situated.

Part of why hermeneutical lacunae persist is that knowers' interpretive efforts are naturally focused on the things that are in their interest to understand. Dominantly situated knowers often have no reason to try to properly interpret the parts of social life which do not affect them and, indeed, may have reason to improperly interpret them. This natural focus of knowers' interpretive efforts negatively impacts those who are marginally situated, as dominantly situated knowers are both ill-equipped to properly interpret their experiences and typically have no immediate interest in understanding marginalized experiences or expanding resources to accommodate them. Since dominant resources are adequate for those who are

⁸⁷ Pohlhaus, "Relational Knowing and Epistemic Injustice", 717.

dominantly situated, they can easily dismiss the possibility that there is anything missing from them at all, while those marginally situated cannot.⁸⁸

When marginally situated knowers are excluded from meaning-making processes, unjust, harmful lacunae in dominant resources persist. Since marginally situated knowers are most often unable to meaningfully contribute to dominant resources, those resources tend to reflect the experiences of knowers who are dominantly situated and hermeneutically privileged. This skews hermeneutical resources and leads to the powerful typically having more resources to draw upon to understand their experiences, whereas the powerless have fewer.⁸⁹ As Pohlhaus describes, "...when one is marginally positioned, the epistemic resources used by most knowers...will be less suited to those situations in which marginally situated knowers find themselves on account of being marginal."⁹⁰

Whether diagnosed or not, ADHDers are marginally situated knowers. Compared to neurotypicals who are dominantly situated, hermeneutically powerful, and can participate in meaning-making processes,⁹¹ ADHDers are marginally situated, lack hermeneutical power, and are unable to participate equally in hermeneutical processes. Though a formal equality in collective hermeneutical resources persists, ADHDers experience an informal, situated inequality caused by the lack of accurate hermeneutical resources about ADHD in the

⁸⁸ Pohlhaus, "Relational Knowing and Epistemic Injustice," 728.

⁸⁹ Fricker, *Epistemic Injustice*, 148.

⁹⁰ Pohlhaus, "Relational Knowing and Epistemic Injustice," 717.

⁹¹ Of course, not all neurotypical people are hermeneutically powerful. For example, working class, neurotypical women of colour may not be hermeneutically powerful or dominantly situated in most areas of their life, and may be similarly prevented from participating in meaning-making processes.

dominant sphere. This situated inequality is both caused by and perpetuates ADHDers' relative lack of power and their inability to participate in meaning-making processes. Since the hermeneutically powerful are able to influence dominant resources and the hermeneutically marginalized cannot, ADHDers are vulnerable in relation to dominantly situated knowers; they need dominantly situated knowers to influence collective hermeneutical resources to include more accurate information about ADHD experiences. When the hermeneutically powerful do not pay attention to hermeneutical lacunae that relate to ADHD experiences and, in turn, do nothing to fill in that gap, ADHDers remain hermeneutically marginalized. This lack of accurate resources means that many undiagnosed ADHDers remain undiagnosed, which disproportionately affects those who are otherwise marginally situated.

4.2 The Role of Diagnosis for ADHDers as Marginally Situated Knowers

In this section, I explicitly describe the role diagnosis plays in alleviating injustice for people with ADHD. As stated in the previous section, ADHDers are a hermeneutically marginalized group, and dominant resources typically lack accurate information about the disorder despite there being accurate resources outside the dominant sphere. This affects diagnosed ADHDers primarily if/when they are unable to communicate their experiences to others. This also often constrains what undiagnosed ADHDers know about ADHD, which can prevent them from seeking a diagnosis. If they only have access to inaccurate resources, their idea of ADHD will be inaccurate, and they may dismiss their ADHD symptoms as something else. For example, if I thought that ADHDers all do poorly in school, and I did

well in school, this may be reason enough to dismiss ADHD as a potential diagnosis for my symptoms. Therefore, ADHDers' marginalization may prevent someone from having accurate *general* knowledge about ADHD, which then prevents them from seeking a diagnosis.

This is where the role of diagnosis is relevant. Even if the dominant sphere included accurate hermeneutical resources about ADHD, the best one can hope for without a diagnosis is to have accurate general knowledge about ADHD. Though one might suspect one has ADHD, one is necessarily unable to apply that knowledge to oneself until one has a diagnosis. This is because ADHD is a neurodevelopmental disorder, and the only way to *know* one has it is to be diagnosed by a healthcare professional. In this way, diagnosis is intimately tied to one's ability to gain self-knowledge and understanding.⁹² One can understand what ADHD is and what ADHDers experience through accurate resources without knowing that these resources apply to themselves, which is part of why diagnosis is so important. For people with ADHD, diagnosis allows them to have complete self-knowledge and understand that hermeneutical resources for ADHDers apply to them.

Of course, saying that ADHDers can only have self-knowledge if they are diagnosed is a contentious claim, especially if diagnosing physicians draw upon inaccurate resources and do not diagnose those who ought to be diagnosed. Nonetheless, I argue that those

⁹² I recognize that this is a controversial claim, and that self-knowledge and understanding *can* be gained through other means. Here, I take it that diagnosis is tied to self-knowledge for ADHDers because the disorder is a medical diagnosis. At the same time, I do not wish to dismiss other ways of knowing and remain open to other perspectives on the pathology of ADHD.

situations may actually emphasize the importance of diagnosis for many people. If someone thinks they ought to be diagnosed, they will attempt to get a diagnosis, and the disappointment they may feel if they are not diagnosed is a testament to how badly they want to be able to access the resources that could give them the self-knowledge they desire. Certainly, those who have undiagnosed ADHD may gain insight into their behaviours and symptoms from the resources that ADHD communities have created, especially if they were denied a diagnosis because of some kind of internal bias or discrimination. Though ADHD resources exist and may be accessible with or without a diagnosis, I contend that for many, there is some further knowledge gained when one is officially diagnosed, or at the least, a diagnosis makes it easier for one to intelligibly communicate their experiences to others. Thus, whether necessary for self-knowledge or to be understood by others, diagnosis plays an integral role in providing hermeneutical justice for undiagnosed ADHDers.

4.3 Hermeneutical Marginalization as an Effect of Identity Power and Material Power

Fricker identifies two ways in which knowers may be marginally situated: as an effect of identity power and as an effect of material power. Although ADHDers are marginally situated in relation to their identity as ADHDers, many also belong to other marginalized groups. Lacunae that result from ADHDers being marginally situated due to other facets of their identity or material power, like their gender, race, or socioeconomic status, disproportionately affect populations which share those characteristics. As evidence will show in the next sections, when undiagnosed ADHDers are marginally situated due to their

gender, race, or socioeconomic status, they are statistically more likely to remain undiagnosed.

4.3.1 Identity Power

Identity power, as explained by Fricker, is the power people possess—or lack—due to one or more facets of their identity. Those who have identity power are privileged in this respect, while those who lack identity power are marginalized. When identity power is at play, those marginally situated may be hermeneutically marginalized and silenced because of prejudicial stereotypes.⁹³ When marginalized persons are hermeneutically silenced, the lacunae that render their experiences unintelligible persist, and the wider group suffers hermeneutical injustice as a result.

One group affected by a lack of identity power is cisgender women and girls with ADHD, a group that is commonly undiagnosed or late diagnosed. Research has found that gender-based discrimination directly affects the diagnostic process and rates of diagnosis among gendered groups, whether it perpetuates bias due to a lack of hermeneutical resources among individuals or prevents accurate hermeneutical resources from being incorporated into official diagnostic criteria. This identity-based hermeneutical marginalization leads to cisgender girls and women being disproportionately underdiagnosed.

This discrepancy is especially clear when looking at the rates of childhood and adult ADHD diagnoses. While in childhood, the diagnosis ratio is 4:1 males to females diagnosed,

⁹³ Fricker, *Epistemic Injustice*, 154.

the adult diagnosis ratio is closer to 1:1.⁹⁴ Though this is a correlation and not irrefutable evidence of hermeneutical injustice, it appears that this pattern of diagnosis results from bias and misinformation about what ADHD looks like in young girls compared to young boys. Studies show that ADHD often manifests differently across genders, as girls may experience more social pressure than boys to sit quietly and respect authority. Possibly due to these kinds of differences in social treatment, boys are more likely to exhibit hyperactivity and disruptive behaviours, prompting earlier detection of the disorder.⁹⁵ Given these differences, diagnostic criteria in the DSM-4 were updated to reflect some of the discrepancies between genders, which had not been addressed in previous editions. Therefore, to accommodate a wider range of symptoms, the DSM-4 increased focus on inattention instead of primarily focusing on hyperactivity. Following these changes, diagnostic trends demonstrated a 3x higher increase in girls' diagnosis rates than boys' diagnosis rates over two decades. Between 1991-2008, diagnosis rates increased by a factor of 5.6 in girls compared to 3.7 in boys in the United States, and experts have attributed these trends to the changes in DSM-IV diagnostic criteria.⁹⁶

Another clear example of a marginalized group affected by identity power is nonwhite people with ADHD. Nonwhite persons tend to have poorer health-related outcomes overall, and research shows that ADHD diagnosis for this group is no exception. Evidence suggests that in nonwhite children, and particularly in Black children, ADHD is

⁹⁴ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends," 468.

⁹⁵ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends," 472.

⁹⁶ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends," 472.

underdiagnosed and undertreated.⁹⁷ Studies have found that clinicians are more responsive to White parents soliciting an ADHD diagnosis for their kids than BIPOC parents, and BIPOC youth with ADHD are more likely to be misdiagnosed with oppositional defiant disorder (ODD) or conduct disorder (CD).⁹⁸ This sort of misdiagnosis seems to reflect prejudicial attitudes and stereotypes towards BIPOC youth, which prevents them from receiving an accurate diagnosis. Another study found that between 2004 and 2006, Black students were more likely to have ADHD symptoms than their White counterparts (12% vs 7%, respectively) but were less likely to have a diagnosis (9% vs 14%). In the following decade, diagnoses among Black individuals grew at a rate three times higher than White individuals in the United States,⁹⁹ possibly due to progress in dismantling harmful stereotypes.

4.3.2 *Material Power*

Material power is another factor Fricker discusses in relation to hermeneutical marginalization. By material power, Fricker means the power one has, or lacks, in relation to their socioeconomic status. When someone is hermeneutically marginalized as a result of material power, they are unable to take up a position that confers hermeneutical power because they lack the material goods—the right job, income, wealth—required to get there. Though Fricker distinguishes this from identity power, she recognizes that hermeneutical marginalization is most often a result of both of these types of power interacting.¹⁰⁰

⁹⁷ Able et al. “Functional and Psychosocial Impairment in Adults with Undiagnosed ADHD,” 105.

⁹⁸ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends,” 472.

⁹⁹ Abdelnour, Jansen, and Gold, “ADHD Diagnostic Trends,” 472.

¹⁰⁰ Fricker, *Epistemic Injustice*, 154.

Some ADHDers are greatly impacted by their lack of material power. Lower socioeconomic status can prevent someone from being diagnosed if they are unable to afford healthcare and/or if they suspect ADHD, but the wait to get publicly diagnosed is long and private care is out of their reach. Interestingly, lower socio-economic status also correlates with lower awareness of ADHD and less willingness to accept a diagnosis of and treatment for ADHD.¹⁰¹ Though the cause of this is not proven, this indicates that lower socioeconomic status correlates with a lack of hermeneutical resources. If people of lower socio-economic status are less willing to accept a diagnosis, it seems like they lack the hermeneutical resources to understand what this diagnosis means and perhaps draw upon stigmatized, stereotyped versions of ADHD they know about from the dominant sphere. Although this is certainly speculative, it seems plausible that this is at least sometimes the case, and this may be in part due to a lack of trust. Historically, trust between individuals of colour and/or individuals of a lower socioeconomic status and healthcare professionals has been undermined, often with good reason, as marginalized individuals and groups have been treated poorly in healthcare settings.¹⁰²

Given the correlation between income inequality and race, a lack of material power also disproportionately affects people of colour. A paper on Canadian income inequality

¹⁰¹ Able et al., “Functional and Psychosocial Impairment in Adults with Undiagnosed ADHD,” 105.

¹⁰² Cedric M. Bright and Randall C. Morgan, Jr., “Historical Roots of Medical Mistrust,” in *Leveraging Trust to Advance Science, Engineering, and Medicine in the Black Community: Proceedings of a Workshop*, (National Academies Press, 2025): <https://doi.org/10.17226/27649>; Deb Finn Mahabir et al., “Experiences of Everyday Racism in Toronto’s Health Care System: A Concept Mapping Study,” *International Journal for Equity in Health* 20, no. 1 (March 10, 2021), <https://doi.org/10.1186/s12939-021-01410-9>; Elizabeth S. Valdez et al., “PAR to Explore Trust and Mistrust of Marginalized Young Parents as Social Service Recipients,” *SSM - Qualitative Research in Health* 5 (June 2024): 100445, <https://doi.org/10.1016/j.ssmqr.2024.100445>;

found that nonwhite individuals are more likely to be in the bottom half of the income distribution than white individuals, with nonwhite individuals making up 60% of that group while white individuals made up 47%.¹⁰³ Similarly, the United States census shows that in 2021, households with a white householder made up 65.3% of US households, yet held 80% of all wealth.¹⁰⁴ Another report showed that in the same year, white households in the US had on average 9.2 times as much wealth as Black households, a ratio of \$250,400 to \$27,100.¹⁰⁵ This demonstrates how identity power and material power may interact and compound to make marginalization even worse. In any case, ADHDers of lower socioeconomic status typically have less access to the hermeneutical resources they need to make sense of their disorder, and many remain undiagnosed for longer.¹⁰⁶

4.4 Interdependence

Marginally situated knowers' reliance on dominant hermeneutical resources also worsens their hermeneutical circumstances. Similar to Leefmann's assertion that knowers require others' validation to establish self-trust, Pohlhaus states that all knowers are interdependent because the resources we use to know are collectively created and maintained. Pohlhaus distinguishes between what one knows because of situatedness and how one knows through collective resources, stating that the use of collective resources

¹⁰³ Sheila Block, Edward Galabuzi-Grace, and Ricardo Tranjan, *Canada's Colour Coded Income Inequality* (Ottawa: Canadian Centre for Policy Alternatives, 2019): 5.

¹⁰⁴ Briana Sullivan, Donald Hays, and Neil Bennett, "Wealth by Race of Householder," *U.S. Census Bureau*, April 23, 2024, <https://www.census.gov/library/stories/2024/04/wealth-by-race.html>.

¹⁰⁵ Rakesh Kochhar and Mohamad Moslimani, "Wealth Gaps Across Racial and Ethnic Groups," *Pew Research Center*, December 4, 2023, <https://www.pewresearch.org/2023/12/04/wealth-gaps-across-racial-and-ethnic-groups/>.

¹⁰⁶ French et al., "Risks Associated With Undiagnosed ADHD and/or Autism," 1396.

demonstrates that knowers are fundamentally interdependent.¹⁰⁷ For dominantly situated knowers, this interdependence doesn't pose a problem, as dominant resources tend to reflect their experiences. However, for marginally situated knowers, this interdependence can be problematic. Due to their vulnerability in relation to dominantly situated knowers, those marginally situated often rely on dominant resources to make sense of (dominantly situated) others' experiences, even if those resources cannot help them make sense of their own experiences. Put differently, marginally situated knowers may rely on dominant resources because they are vulnerable, and they need to understand the experiences of those to whom they are vulnerable.¹⁰⁸

Interdependence on hermeneutical resources makes undiagnosed ADHDers' circumstances more unjust because they depend on dominant resources to understand others' experiences *and* their own experiences. Not only do dominant resources not include proper resources to understand their experiences, but the content of the resources is often inaccurate, so their dependence prevents undiagnosed ADHDers from knowing that they need additional resources at all. Even though additional, accurate resources exist outside of the dominant sphere, their exclusion from dominant resources means that many undiagnosed ADHDers are unable to access them. Thus, they necessarily rely on inappropriate resources to make sense of their experiences and often do not seek out additional resources.

¹⁰⁷ Pohlhaus, "Relational Knowing and Epistemic Injustice," 718.

¹⁰⁸ Pohlhaus, "Relational Knowing and Epistemic Injustice," 718-19.

4.5 Willful Hermeneutical and Pernicious Ignorance

So far, I've described hermeneutical injustice as a lack of resources that prevents one's experiences from being intelligible to themselves and/or prevents them from communicating their experiences to others. When communicating to dominantly situated knowers who lack the hermeneutical resources to understand the experiences of those marginally situated, marginalized experiences are unintelligible. However, I have not discussed marginalization that results from dominant knowers' willfully ignoring available resources, a concept which falls outside the scope of Fricker's account. To do so, I turn to Pohlhaus' account of willful hermeneutical ignorance, another kind of hermeneutical injustice. When willful hermeneutical ignorance occurs, marginally situated knowers have the resources they need to understand and explain their experiences, but dominantly situated knowers refuse to acknowledge these resources, which prevents them from gaining an accurate understanding of the experiences of those marginally situated.¹⁰⁹

Pohlhaus states that willful hermeneutical ignorance results from the interaction between situatedness and interdependence. When they interact, situatedness and interdependence create a kind of tension. Situated knowers depend on collective, dominant, and interdependent epistemic resources to make sense of their experiences, but these dominant standards and concepts aren't always adequate for making sense of the experienced world. So, although marginally situated knowers depend on dominant resources to understand the experiences of those dominantly situated, they cannot always use those same

¹⁰⁹ Pohlhaus, "Relational Knowing and Epistemic Injustice," 719-22.

resources to understand their own experiences. Additionally, hermeneutically marginalized knowers are unable to contribute to those resources to make them better align with their experiences.¹¹⁰

Pohlhaus states that willful hermeneutical ignorance makes knowers culpable because refusals to acknowledge marginalized epistemic resources result from prejudice against marginally situated knowers. I agree with Pohlhaus that willful hermeneutical ignorance is culpable and think that culpability is part of what makes this kind of epistemic injustice unjust. This is notably distinct from Fricker's assessment of hermeneutical injustice as individually non-culpable,¹¹¹ as willful ignorance is a kind of injustice that Fricker does not explore—though I agree that hermeneutical injustice isn't and doesn't need to be culpable to be considered unjust. Furthermore, although the term willful is used here, I don't take it to mean that refusals of marginalized resources are always entirely conscious. Rather, I take it that when a dominantly situated knower is unaware of their willful hermeneutical ignorance, they should still be held responsible for their ignorance. Given the nature of ignorance, it is, after all, probable that one is in some way unaware of their ignorance. Considering that it may not be an entirely conscious process, willful hermeneutical ignorance occurs when a dominant knower could and should have done differently—i.e. accepted or looked into hermeneutical resources developed by marginally situated knowers—and did not.¹¹²

¹¹⁰ Pohlhaus, "Relational Knowing and Epistemic Injustice," 719-22.

¹¹¹ Fricker, *Epistemic Injustice*, 168.

¹¹² Here, I ought to draw a distinction between testimonial injustice and willful hermeneutical ignorance. For those familiar with the literature, testimonial injustice is another kind of epistemic justice proposed by Fricker and refers to injustice one faces when their testimony is not taken seriously because of their identity. Though

I argue that Pohlhaus' account of willful hermeneutical ignorance highlights a common phenomenon that contributes to the marginalization and underdiagnosis of ADHD. Even though some diagnosed ADHDers have the hermeneutical resources they need to understand their experiences and communicate their experiences to others, dominantly situated knowers still often refuse to acknowledge these resources. For example, someone might describe their experience of time blindness—an inability to accurately perceive time—as a part of their experience with ADHD. This term is a hermeneutical resource that is commonly used in the ADHD community, but “time blindness” is not explicitly mentioned in the DSM, nor common outside of ADHD circles. Thus, someone who is dominantly situated may hear about their experience and dismiss it as something everyone experiences, not a unique experience of ADHDers. When this kind of dismissal occurs, those dominantly situated and hermeneutically powerful ensure that these resources remain outside of the dominant sphere. Lacunae maintained by willful hermeneutical ignorance harm and wrong ADHDers in several ways.

While this directly impacts diagnosed ADHDers' ability to be understood by others, it also affects those who are undiagnosed; if accurate hermeneutical resources are being kept separate from the dominant resources they rely upon to understand their experiences, it is more difficult for undiagnosed people to find the resources they need to connect their experiences to ADHD and get a diagnosis. Additionally, assessments for ADHD rely

similar, this differs from willful hermeneutical ignorance, which refers to denying hermeneutical resources, not one's testimony.

primarily on self-reporting, but if a patient uses dominant hermeneutical resources to construct their sense of self, their responses might not be accurate. The hermeneutical power imbalance between those marginally and dominantly situated unjustly prevents people from accessing the appropriate resources by preventing them from being diagnosed, as they necessarily *cannot* access some of those resources without a diagnosis.

Further consequences of willful hermeneutical ignorance include things like delayed diagnosis due to the lack of accurate resources in the dominant sphere. Dominant, incorrect ideas about ADHD are perpetuated when and because neurodivergent people are willfully ignored and excluded from meaning-making processes, which leads to skewed, incorrect understandings of what ADHD looks like, especially in marginalized groups. ADHD is typically diagnosed in childhood, and clinical evaluations which use the DSM-5 criteria are based on age-appropriate skills and social or academic performance.¹¹³ Without accurate hermeneutical resources to understand that ADHD can manifest more internally, especially for young girls, a child who is doing well in school, being social (enough), and seemingly normal/high functioning might not get a diagnosis even if they display non-stereotypical ADHD symptoms that are well known as such by those who have ADHD, like mental hyperactivity or an inability to sit still and focus for long periods. ADHD is often seen as a disruptive disorder, so when ADHD symptoms aren't disruptive to others or outwardly

¹¹³ American Psychiatric Association, *DSM-5*.

present as more inattentive than hyperactive, children are more likely to remain undiagnosed.¹¹⁴

The hermeneutical lacunae concerning ADHD, which are maintained in dominant resources, also point to the presence of Dotson's pernicious ignorance: harmful ignorance which results from a predictable gap in cognitive resources.¹¹⁵ Given the particular patterns of diagnosis in the past and recent trends of diagnosis, ignorance surrounding what ADHD looks like for otherwise marginalized groups like women and people of colour is unsurprising. The power relations which systematically benefit the hermeneutically powerful and disadvantage the hermeneutically marginalized indicate that the ignorance produced by persistent hermeneutical lacunae is highly predictable and causes significant harm and constitutes pernicious ignorance.

4.6 Accurate Hermeneutical Resources

Although accurate hermeneutical resources about ADHD are often left out of dominant resources, they do indeed exist and are slowly becoming more accepted by both marginally and dominantly situated knowers. There are several online communities which serve as valuable hermeneutical resources for understanding ADHDers' experiences, and in particular, there are many social media accounts presenting firsthand accounts of ADHD experiences which are growing in popularity. Of course, there is misinformation online alongside the accurate and useful information, but the distribution of these hermeneutical

¹¹⁴ Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?" 472.

¹¹⁵ Dotson, "Tracking Epistemic Violence, Tracking Practices of Silencing," 238.

resources, when accurate, is still incredibly useful. There are communities of ADHDers online, especially those who are late diagnosed or marginalized due to gender or race, who discuss the experiences they have of ADHD that were missed by those focusing on outdated diagnostic criteria or stereotypical symptoms. For example, one couple who goes by the handle “adhd_love_” on Instagram, YouTube, and TikTok has amassed over one million followers by discussing their experiences as an ADHD/non-ADHD couple and what it’s like to be diagnosed in adulthood. Their platform provides an online space for people in similar situations to learn about and relate to the different ways ADHD manifests in life and within relationships, bringing more awareness to ADHDers’ experiences in general.¹¹⁶ Another popular online creator is Hayley Honeyman, an AuDHD woman diagnosed in adulthood who shares about her experience with ADHD and provides actionable advice for those with ADHD and/or autism.¹¹⁷ These kinds of online communities provide valuable hermeneutical resources for ADHDers and non-ADHDers alike, and can help people gain a greater understanding of their experiences with ADHD.

Seeing as accurate, popular resources about ADHD exist, the fact that these are not part of dominant hermeneutical and epistemic resources demonstrates that they have not been taken up by dominant knowers. This is, in part, a result of willful hermeneutical ignorance. Often, non-ADHD people don’t understand something despite the appropriate resources being out there and reject the hermeneutical resources they ought to be open to using to

¹¹⁶ @adhd_love_, Instagram, accessed July 8, 2025, https://www.instagram.com/adhd_love_/.

¹¹⁷ Hayley Honeyman (@hayley.honeyman), YouTube channel, accessed July 8, 2025, <https://www.youtube.com/@hayley.honeyman>.

understand ADHD experiences better. Willful hermeneutical ignorance occurs when people ought to acknowledge appropriate, accurate hermeneutical resources when confronted with ADHDers' experiences, and do not.

4.7 Bad Luck and ADHD

In her original account, Fricker distinguishes between cases of hermeneutical injustice and mere bad luck. Not all hermeneutical disadvantages are unjust; rather, some may merely be cases of bad luck. Though bad hermeneutical luck and resulting lacunae can be harmful to those affected by them, lacunae which result from bad luck are not a result of unjust marginalization. Here, Fricker describes a possible case of bad luck, stating “If, for instance, someone has a medical condition affecting their social behaviour at a historical moment at which that condition is still misunderstood and largely undiagnosed, then they may suffer a hermeneutical disadvantage that is, while collective, especially damaging to them in particular... But they are not subject to hermeneutical injustice; rather, theirs is a poignant case of circumstantial epistemic bad luck.”¹¹⁸ At first, this may appear to map onto the case of ADHD. Until recently, ADHD *was* misunderstood and largely undiagnosed. However, since underdiagnosis and a lack of appropriate understanding of the disorder have primarily been a function of marginalization through misogyny and racism, I argue that this is an example of hermeneutical injustice, not a case of bad luck.

¹¹⁸ Fricker, *Epistemic Injustice*, 152.

For further clarity on what counts as bad luck, I will start by providing a case of genuine bad luck: the first reported case of COVID-19. The first identified cases of COVID-19 appeared in a cluster of cases in Wuhan, China, in December 2019, where a handful of patients presented with a pneumonia-like illness which did not respond well to standard treatment.¹¹⁹ As we know, this was later identified as a novel coronavirus (COVID-19),¹²⁰ but in those first cases, patients didn't have the hermeneutical resources they needed to understand their experience. In other words, there was a hermeneutical lacuna which prevented them from identifying their experience of the virus. Although this lacuna was harmful, it was not unjust; this is a case of hermeneutical bad luck. The lack of hermeneutical resources in the first cases of COVID-19 was not a result of oppression or marginalization; it was merely a result of the virus not existing previously.

This case of genuine bad luck is quite unlike the hermeneutical injustice faced by many undiagnosed ADHDers today. Historically and at present, the hermeneutical lacuna caused by the widespread misunderstanding of ADHD has contributed to the maintenance of inaccurate diagnostic criteria and the underdiagnosis of certain populations. Since ADHD was established as a disorder in the 1900s and started being officially diagnosed with the first edition of the DSM in 1968, and as stated in the previous chapter, many of those who have remained undiagnosed belong to otherwise marginalized groups, which appears to be a result

¹¹⁹ Centers for Disease Control and Prevention, "CDC Museum COVID-19 Timeline," CDC Museum (in association with the Smithsonian Institution), last modified 2024, accessed July 8, 2025, <https://www.cdc.gov/museum/timeline/covid19.html>.

¹²⁰ World Health Organization, "Archived: WHO Timeline – COVID-19," WHO, April 27, 2020, <https://www.who.int/news/item/27-04-2020-who-timeline---covid-19>.

of their systematic marginalization. If being undiagnosed today were merely bad luck, ADHD being misdiagnosed or undiagnosed would not disproportionately affect marginalized groups and those whose symptoms manifest non-stereotypically. However, this is not the case: those diagnosed in childhood are primarily white males, and given the trends in diagnosis, this is not due to a discrepancy in which populations have the disorder.¹²¹ Rather, this is due to stereotypes about the kinds of behaviour that are normal, acceptable, or unacceptable across race and gender. This kind of clear discrimination is what makes these lacunae unjust, and not merely bad luck.

For the reasons I've stated, many undiagnosed ADHDers face hermeneutical injustice at present. However, one might argue that there was a period when being undiagnosed *was* bad luck, like when the disorder was not identified at all, or before it was clearly defined or understood. Though I am sympathetic to the idea that it may have been bad luck at one time, I do not have the bandwidth to make normative claims about ADHD's identification as such before modern psychiatry. Nonetheless, I maintain that being undiagnosed was hermeneutical injustice before diagnostic criteria were modified to include how ADHD commonly manifests in marginalized groups. For instance, being undiagnosed as a cisgender girl or woman was unjust even before diagnostic criteria shifted to emphasize symptoms that cisgender girls and women more commonly present. This is because the hermeneutical lacuna that contributed to their underdiagnosis was a result of systematic marginalization.

¹²¹ Wexler et. Al. "What's race got to do with it?", Abdelnour, Jansen, and Gold, "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?".

ADHD's presentation in cisgender girls and women ought to be understood, and given that few serious attempts were made to understand how the disorder presents for them, their being undiagnosed was and is a form of hermeneutical injustice.

4.8 Conclusion

To correct any kind of hermeneutical injustice, we must know how to enact hermeneutical justice. Fricker describes the virtue of hermeneutical justice as “The form the virtue of hermeneutical justice must take, then, is an alertness or sensitivity to the possibility that the difficulty one's interlocutor is having as she tries to render something communicatively intelligible is due not to its being a nonsense or her being a fool, but rather to some sort of gap in collective hermeneutical resources... the speaker is struggling with an objective difficulty and not a subjective failing.”¹²² To resolve hermeneutical injustice that ADHDers face, especially those who are undiagnosed, we need more dominant knowers to be open to and to promote accurate hermeneutical resources about ADHD created for and by ADHDers. Only dominant knowers can participate in meaning-making activities and bring these resources to the dominant collective, which is why it is so important for dominantly situated knowers in particular to access, accept, and implement them. Though hermeneutical injustice is only part of the problem that ADHDers face—appropriate understanding can only take someone so far if the world is built in a way that often doesn't suit their needs—it is

¹²² Fricker, *Epistemic Injustice*, 169.

significant. Hermeneutical justice is an important step for ADHDers, and others' accurate understanding of ADHD experiences can go a long way in designing a more inclusive world.

One account, founded by Marilyn Frye and followed by María Lugones, details what they call *loving ignorance*, which is an attitude that knowers can adopt to remain open to the ideas and experiences of other knowers while recognizing their epistemic limitations. Frye states that using the loving eye involves looking, listening, checking, and questioning one's observations while being able to separate one's interests from the interests of others.¹²³ In other words, using the loving eye as a way to practice loving ignorance involves being aware of the boundary between oneself and others, and requires the humility to recognize what one cannot know about others' experiences. Lugones expands upon Frye's account, using the idea of the loving eye in her concept of "world"-travelling. By "worlds", she means different spheres of experience that people inhabit, and travelling to others' worlds, she argues, allows us to understand what others experience.¹²⁴ She states, "Without knowing the other's 'world,' one does not know the other."¹²⁵ If those without ADHD adopted the kind of loving ignorance Frye proposes and remain open to "world"-travelling, even if gaining a complete understanding of another's experience remains impossible, I hypothesize that the harm done by undiagnosed ADHD would be greatly reduced, and many would be diagnosed sooner.

¹²³ Marilyn Frye, "In and Out of Harm's Way: Arrogance and Love," in *The Politics of Reality: Essays in Feminist Theory*. First edition. (Trumansburg, New York: Crossing Press, 1983): 75.

¹²⁴ María Lugones, "Playfulness, 'World'-Travelling, and Loving Perception," *Hypatia* 2, no. 2 (1987): 11, <https://doi.org/10.1111/j.1527-2001.1987.tb01062.x>.

¹²⁵ Lugones, "Playfulness, 'World'-Travelling, and Loving Perception," 18.

In conclusion, the arguments presented in this thesis should be treated as a starting point for examining other cases of hermeneutical injustice, especially the injustice which other neurodivergent people face. Autistic people, people with OCD, and a variety of other neurotypes face similar hermeneutical injustice, which greatly harms and wrongs them, too. Though part of the difficulty in diagnosing neurodivergence might be due to the imperfection of psychiatry and the limits of diagnostic criteria, the systematic oppression of marginalized groups and the known statistics around diagnosis that accompany this oppression indicate that something more nefarious than mere bad luck is at play. I argue that philosophers should be concerned with the kinds of disproportionate diagnoses that stem from hermeneutical injustice in several areas, not just ADHD, and not even just neurodivergence. Systematic, discriminatory diagnoses of marginalized groups have occurred before; consider “female hysteria”, a diagnosis that was exclusively made for women who were seen as over-emotional or unmanageable. Though the undiagnosed or misdiagnosed ADHD differs from the discriminatory diagnosis of hysteria, both diagnoses (or lack thereof) demonstrate a history of problematic, discriminatory diagnostic practices. When inaccurate hermeneutical resources about disorders like ADHD persist, marginally situated knowers are disproportionately harmed. Marginally situated knowers who face this kind of discrimination, harm, and wrong as a result of hermeneutical lacunae deserve more, and hermeneutical justice is one place to start.

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