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Explorations into Children's Literature

"Neuronormativity" in Contemporary Young Adult Fiction

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Abstract

This article defines the young adult (YA) "neuronormativity novel" as a narrative that frames neurodiverse conditions predominantly through a medical model of disability, in contrast to the "neurodiversity novel", which aligns with conceptions of neurodiversity. Through a textual analysis of two contemporary YA novels – Laura Creedle's *The Love Letters of Abelard and Lily* (2017) and Anna Whateley's *Peta Lyre's Rating Normal* (2020) – we trace how ADHD is deployed as narrative prosthesis and argue that both novels are examples of neuronormativity novels, though they diverge in significant ways. *The Love Letters of Abelard and Lily* directly problematises neurodiversity, culminating in a tragic ending in which the protagonist seeks surgical intervention to "cure" her ADHD, thereby fully rejecting an ideology of neurodiversity. This arc mirrors early tragic gay YA fiction in which queer protagonists are ultimately defeated by heteronormativity, reinforcing the impossibility of difference within normative structures. *Peta Lyre's Rating Normal*, by contrast, problematises neurodiversity throughout, yet ultimately shifts towards an embrace of neurodiverse identity by rejecting the medical model in its resolution. While this ending represents progress, the novel's dominant narrative arc remains rooted in neuronormativity, echoing patterns seen in later gay YA problem novels, where queer identity is affirmed only tentatively at the end. These textual dynamics illustrate how YA fiction can simultaneously reinforce and challenge normative ideologies of disability and identity. We advocate a broadening of YA fiction to embrace a **neurodiversity equivalent of queernormative fiction,** a mode of YA storytelling attuned to neurodiverse ways of being and perceiving.

Keywords: neurodiversity, neuronormativity, ADHD, young adult literature, neuroqueer, medical model of disability, social model of disability, disability studies, problem novel

Introduction

Borrowing and adapting the term "heteronormativity" from queer discourse, in this article we define a young adult (YA) "neuronormativity novel" as one in which the neurotypical status quo dominates the narrative, against which the neurodivergent protagonist must struggle and ultimately either succumb to or overcome. This is analogous to the gay YA "problem novel" (Jenkins and Cart 33) in which the homosexual protagonist must struggle within a heteronormative frame, ultimately being defeated by it or overcoming it. This pattern of problematisation and resolution reflects what David T. Mitchell and Sharon L. Snyder identify as *narrative prosthesis* – the reliance of literary narratives on disability as a symbolic device that demands correction or cure. In Attention Deficit Hyperactivity Disorder (ADHD) YA fiction, neurodivergence frequently serves this prosthetic function: a constitutive problem to be repaired, or a deviation through which the narrative secures its resolution. As Julia Miele Rodas explains of the derivation of the term "neuroqueer", neurodivergent and queer peoples have a shared cultural history (xvii). Novels in which the protagonist is defeated (by being killed, suiciding, being ostracised, etc.) are typically novels of direct problematisation, while novels in which the protagonist ultimately overcomes the "problem" (by coming out and accepting their difference and/or being accepted by others) are typically novels of indirect problematisation (though there is sometimes overlapping direct/indirect problematisation). In this article, we define a YA "neurodiversity novel" as one in which neurodiverse conditions such as ADHD are not problematised. Neurodiversity YA may actively celebrate neurodiversity (in an unproblematised way), or it may simply show the adolescent reader what it is like to be neurodivergent (in an unproblematised way). Identity of difference is explored but is not configured as a problem to be fixed.

This article focuses on two contemporary realist YA novels that depict ADHD protagonists: *The Love Letters of Abelard and Lily* (2017) by Laura Creedle, and *Peta Lyre's Rating Normal* (2020) by Anna Whateley. Both novels are narrated in first person by ADHD protagonists. Each features a female lead, which bucks the historical trend of ADHD YA fiction and the historically gendered understanding of ADHD as a condition that primarily affects young males (Martin). While girls with ADHD have been underrepresented in fiction and underdiagnosed in the real world, these imbalances are beginning to be corrected.

Both novels are works of Own Voices YA fiction[1] and have received recognition by children's literature bodies, which suggests that the novels will be less likely to rely on clichés and stereotypes about neurodiversity.[2] *Peta Lyre's Rating Normal* was shortlisted for the Children's Book Council of Australia's Book of the Year Awards for Older Readers in 2021, while *The Love Letters of Abelard and Lily* received a Junior Library Guild's Young Adult Selection in 2018.

Both novels engage with ADHD as a problem, directly and indirectly, positioning them as contemporary teen problem novels. They are primarily concerned with setting up "the problem" – Lily's and Peta's struggles with being neurodivergent – and then offering "the solution" to the problem. In Lily's case, she has a (fictional) brain surgery to "cure" her ADHD, which represents an acceptance of the neuronormative status quo underpinned by the medical model of disability; in Peta's case, she has a climactic epiphany, realising that to be happy she must accept her neurodivergence as an unchangeable part of her identity. These two "solutions" offered to the "problem" of being neurodivergent convey starkly divergent ideologies to young readers. The medical resolution to *Abelard and Lily* is congruent with early gay YA problem novels from the 1970s and 1980s. In Lily's decision to surgically negate her ADHD, Creedle's narrative invokes dynamics reminiscent of conversion therapy – namely, the pathologisation of an innate identity and the promise of social redemption through self-erasure. In contrast to this harmful ideological equivalent of undergoing gay conversion therapy, Peta's decision to embrace her neurodivergent identity at the end of *Rating Normal* is the affirming ideological equivalent

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[1] The inside back cover of *The Love Letters of Abelard and Lily* contains a caption that reads: "Laura Creedle lives in Austin, Texas, and writes about her experiences as an ADHD writer at lauracreedle.com". Likewise, the "about the author" page of *Peta Lyre's Rating Normal* reads: "Anna [Whateley] is an 'own voices' author. She is proudly autistic, with ADHD and sensory processing disorder".

[2] The label "Own Voices" was coined and first described in 2015 by YA author and co-founder of the website Disability in Kidlit, Corinne Duyvis. Own Voices refers to a novel for which "the protagonist and the author share a marginalized identity," originally described on Duyvis's Twitter (X) post as "kidlit about diverse characters written by authors from that same diverse group" (Duyvis). The intent of the Own Voices movement was originally as a useful way of recommending certain types of books to certain people; it has since become a call for more inclusive publishing practices, and a method for ensuring more accurate and authentic representations of certain marginalised identities in YA fiction. There has been some pushback against the term "Own Voices" by those who nonetheless support the movement's inclusive thrust. For example, the US organisation We Need Diverse Books (WNDB) recently stated: "[we] will no longer use the term #OwnVoices to refer to children's literature or its authors and we have removed mentions of #OwnVoices from previously published blog posts. Moving forward, WNDB will use specific descriptions that authors use for themselves and their characters whenever possible (for example, 'Korean American author,' or 'autistic protagonist')" (Lavoie). However, the reasoning for this pushback is generally related to sympathetic concerns such as issues of protection for marginalised authors who do not feel safe or comfortable publicly disclosing certain parts of their identity, rather than as a rejection of the movement's inclusive intent.

of coming out of the closet. Despite their differing ideological trajectories, as our analysis demonstrates, neither novel can be understood as YA neurodiversity fiction because they both position neurodivergence as a problem requiring resolution rather than as a normalised or celebrated form of human variation.

ADHD and the Medical Model of Disability

ADHD is described as a childhood-onset neuro-developmental disorder "causing significant impairment in children, adolescents, and adults" (Hayman and Fernandez 1). The DSM-5 describes "[t]he essential feature" of ADHD as "a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (American Psychiatric Association 103).[3] The DSM-5 characterises the diagnostic features of ADHD using the following behavioural examples:

> *Inattention* manifests behaviorally in ADHD as wandering off task, failing to follow through on instructions or finishing work or chores, having difficulty sustaining focus, and being disorganized and is not attributable to defiance or lack of comprehension. *Hyperactivity* refers to excessive motor activity (such as a child running about) when it is not appropriate, or excessive fidgeting, tapping, or talkativeness. … *Impulsivity* refers to hasty actions that occur in the moment without forethought, which may have potential for harm to the individual (e.g., darting into the street without looking). … Impulsive behaviors may manifest as social intrusiveness (e.g., interrupting others excessively) and/or as making important decisions without consideration of long-term consequences. (American Psychiatric Association 103-6)

The recent change in medical understanding of ADHD, from a behavioural disorder to a neurodevelopmental disorder (Brown xii), is an important development. Based on the behavioural characteristics described in the DSM-5, it is easy to see why the condition has historically been considered a problem relating to morality and social etiquette – a simple lack of willpower requiring punitive intervention. However, the modern scientific understanding of ADHD as a neurological

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[3] ADHD is currently diagnosed with one of three possible presentations: Predominantly Hyperactive/Impulsive, Predominantly Inattentive, and Combined (Hyperactive-Impulsive and Inattentive); severity is classified as mild, moderate, or severe. Diagnosis requires that symptoms are not better explained by another mental disorder.

condition that has direct implications for a person's executive functioning clarifies that ADHD traits are not the product of immaturity or immorality; they are the result of a person's neurophysiology. When one's neurophysiology conflicts with one's social environment, or vice versa, problems can arise. Having identified problems, the medical model offers medical intervention to correct them.

The medical model is often critiqued in disability studies because it is seen as "reduc[ing] the complex problems of disabled people to issues of medical prevention, cure, or rehabilitation", rather than taking into consideration the many social barriers that contribute significantly to disability (Shakespeare 268). ADHD is a neurobiological condition but not an inherently problematic one. ADHD is a neurological orientation that affects temporal, organisational, attentional, motivational, emotional, and other neurological processes. The medical model of disability – as opposed to the social model or neurodiversity model – remains the dominant framework for public understanding of ADHD. While the medical model aims to help young people with ADHD, it is underpinned by a neuronormative ideology, which presupposes standards of normality and acceptability without regard for the desirability or acceptability of natural human diversity. By defining ADHD as inherently disabling, the medical model reinforces neuronormative stigma; rather than acknowledging that "problems" can be caused or exacerbated by social context, the medical model places the responsibility solely with the individual, which can cause unnecessary suffering for neurodiverse young people.

While medical interventions can prove beneficial for people with ADHD to navigate a neurotypical world without undue suffering, the benefit exists only insofar as the desired outcome is that the person with ADHD becomes better able to fit into a neurotypical institution, essentially "passing" as neurotypical. Indeed, for many young people with ADHD, and for many parents and teachers, fitting in is, understandably, the desired outcome. As Mitchell and Snyder observe, "The need to restore a disabled body to some semblance of original wholeness is the key to a false recognition: that disabilities extract one from a social norm or average of bodies and their corresponding (social) expectations" (28). Treating ADHD as a universally disabling condition that should essentially be eradicated – or at least as a problem in the classroom/home/workplace where the less noticeable the better – is to concede the validity of negative neuronormative beliefs and attitudes about the condition, and about the desirability of a "[n]eurotypical hegemony" (Radulski 113): a singular, "correct", and "acceptable" way of thinking, learning, and being.[4]

From a critical neurodiversity studies perspective, the medical model of disability as regards ADHD can be seen to represent a tacit endorsement of "passing" as a viable strategy for minimising problems; but if one of the most significant problems with ADHD – in the real world and in YA fiction – is the stigmatisation of ADHD, then the medical model exacerbates rather than reduces that problem. To be clear, the medical *model* conceptualisation of neurodiverse conditions is, in some important ways, unhelpful and even harmful, but that is not to say that there is an intrinsic problem with *medications*. Medication may be necessary and productive in realpolitik terms; neurodiverse conditions can represent both assets *and liabilities* – a child who might run into traffic, for example, represents an obvious liability that may be effectively managed with medication. However, the presumptions about ADHD in the DSM-5 in relation to other modes of being and self-expression, such as fidgeting, talkativeness, daydreaming, and so on, may not necessarily represent liabilities; they may at times represent assets, which we will discuss in the next section.

The Neurodiversity Model

The neurodiversity movement reframes public understanding of conditions like ADHD, long defined in negative terms by the medical model. The words "deficit" and "disorder" carry connotations that contribute to the stigmatisation of the condition. Such stigma associated with ADHD can exacerbate some of the negative effects of the condition, such as lower self-esteem and motivation levels, which can in turn lead to worse social, educational, and employment outcomes, which themselves form part of the medical definition of the condition.

So far, we have outlined two significant problems with the medical model's framing of ADHD. The first is that the medical model frames ADHD through a vocabulary of lack – deficit, disorder, dysfunction – thereby perpetuating stigma and self-stigma. The second problem is that it places the

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[4] While the DSM-5 remains the primary diagnostic authority, the 2022 *DSM-5-TR* introduced further contextual and lifespan framing that slightly mitigates, though does not overturn, the neuronormative assumptions underlying the medical model.

responsibility for disability solely on the ADHD individual and ignores social inequalities that can cause or exacerbate disability and problems. There is one final problem with the ADHD nomenclature: the word "deficit" is not wholly accurate. Many people with ADHD describe their condition as being, frequently, an *excess* of attention, and have difficulty "tuning in" to any one given attention "signal" for a sustained period. For example, in *Abelard and Lily*, ADHD protagonist Lily shares a sentiment familiar to many people with ADHD when she says, "[s]ometimes I think I'm not attention deficient but attention abundant. Too much everything" (Creedle 1). Additionally, it is common for excess attention to manifest in people with ADHD as "hyperfocusing" on certain tasks or activities. Hyperfocusing is characterised by "an intense state of sustained or selective attention … [in which] task performance improves" (Ashinoff and Abu-Akel 14). ADHD can represent a range of significant assets, such as divergent thinking (fluency, flexibility, originality), real-world creative achievements, resourcefulness, resilience, open-mindedness, and hyperfocus (de Schipper et al.; Stolte et al.; White and Shah; Mahdi et al.; Schippers et al.; Sedgwick et al.).

Where the medical model locates disability within the individual, the social model of disability instead identifies it as the product of social, environmental, and attitudinal barriers that exclude or disadvantage people with physical, sensory, or neurological differences. In this view, disability is not an intrinsic condition but a relationship between bodyminds and inaccessible environments. The neurodiversity model accepts the social model's pragmatic politics of access but advances the idea that neurodiversity ought to be considered both an ordinary and intrinsically valuable form of human variation. Rather than only providing certain accommodations for the neurodiverse to "function appropriately" *within a neurotypical status quo*, the neurodiversity model suggests that the status quo should be reconfigured with neurodiversities being afforded equal status and legitimacy: neurodiverse conditions enrich collective life, analogous to the way that *bio*diversity is important for healthy and flourishing ecosystems. One important way that attitudes towards ADHD can begin to change from a strictly medical problem model to a broader social and neurodiversity model is through more nuanced and rounded portrayals of characters with ADHD in YA fiction. In the following section, we consider how two contemporary YA novels about ADHD problematise neurodiversity and can therefore be understood as neuronormativity fiction.

Direct Problematisation in *The Love Letters of Abelard and Lily*

Set in modern-day Austin, Texas, Laura Creedle's *The Love Letters of Abelard and Lily* chronicles the social, romantic, academic and familial difficulties of having ADHD for Lily Michaels-Ryan, a sixteen-year-old girl who lives with her mother and gifted younger sister and attends a local public school. Because of her neurodiversity, Lily struggles socially and academically at school, with a patchy academic record consisting of both very high and very low grades, and she occasionally gets into trouble for misbehaviour; these difficulties are compounded at home as her dismayed mother struggles to understand Lily and fears for her daughter's prospects. Lily's ADHD also causes conflict in her new romantic relationship with Abelard, an autistic boy who attends the same school as Lily before transferring to The Isaac Institute, a prestigious and highly selective school. Lily has a complicated relationship with her ADHD father who separated from Lily's mother and lives in another state, and who comes to visit for a portion of the novel. Lily thinks of him as an academic and professional failure, a cautionary tale about what Lily may become if she cannot fix her all-pervading problem: ADHD. Lily visits a doctor and considers his offer to perform an experimental brain surgery to "cure" her ADHD and thereby give her a chance at the life she wants, starting with a tertiary education, which she believes is otherwise impossible because of her ADHD. By the end of the novel, Lily decides to have the surgery to "cure" her ADHD so that all the problems chronicled throughout the narrative can be solved.

Lily's problem is that she is unable to succeed in her home or school life expressly because of her ADHD. At every level – in her romantic relationship, her familial relationships, and in her dealings with peers and teachers at school – ADHD functions as the engine of dramatic conflict. The conflicts caused by Lily's ADHD are meticulously chronicled throughout the novel; without them, there would be no story to tell. In this way, *Abelard and Lily* is almost entirely about "the problem of ADHD", and Lily is largely reduced to her ADHD, with very little about her interactions with other characters that ADHD does not colour or inform in some significant way. Consequently, Lily laments her lack of neurotypicality and consistently refers to her ADHD as "monstrous" (Creedle 34).

As Jenny Pausacker identified in the 1980s with regard to the classical teen problem novel, the proposed solution to Lily's problem of ADHD is "the problem in reverse … the problem done away with". That is, Lily's neurodivergence is the problem, and therefore must be erased by way of a fictional brain surgery. Mitchell and Snyder discuss the characterisation of disability "as a prosthetic contrivance upon which so many of our cultural and literary narratives rely" (51). Their influential notion of "narrative prosthesis" identifies the way in which narratives aim "to resolve or correct … a deviance marked as improper to a social context" (53). While Mitchell and Snyder are primarily referring to the dependence of narratives on "the 'deviant' body" (50), we argue that the "correction" of neurodiversity as in *Abelard and Lily* can also be read as adhering to the same desire to "fix" deviations from the "norm". In order to succeed in her personal and educational life, the novel suggests that Lily cannot *live* with the monster, nor can she "tame" it; she must, in her own words, "kill the monster" (Creedle 339) by erasing her condition. The novel's implicit message, though presented somewhat ambivalently in a promising yet futile note of hesitance in the final pages, is ultimately tragic: one cannot be happy and fulfilled unless one is neurotypical. ADHD erasure-as-solution is a limited and harmful message for young people with ADHD. Far from mitigating the intense level of stigma already faced by young people with ADHD, Lily's monstrous conceptualisation of the condition only serves to demonise it and perpetuate historically negative popular understandings: "The monster is always there, just below the surface. The monster will out. And so—surgery" (Creedle 338). The surgical solution – killing the monster, which implies total destruction and removal – represents a form of self-destruction that acts, narratively speaking, as a kind of character suicide. This form of character death is a continuation of the centuries-old "cure or kill" trope in children's disability fiction, which saw disabled characters "cured" of physical disabilities, such as regaining the ability to walk after being paralysed (Keith 5), or "mercifully" killed by other ostensibly compassionate characters (Little 182). Given the elevated risk of suicidality among young people with ADHD,[5] and given that ADHD is a chronic condition *without* a "cure" of the kind the novel proposes, little hope or joy is offered to the young reader in the suggestion that they must destroy an innate part of themselves.

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[5] "The direct effect of ADHD on suicidality in an adolescent population is a critical finding in this review. Numerous studies demonstrate that adolescents with ADHD are at significantly higher risk of experiencing suicidal ideation and attempts compared to their non-ADHD peers. This increased risk remains substantial even after adjusting for sociodemographic and cognitive factors. Moreover, several studies found that the association between ADHD and suicidality is independent of other psychiatric comorbidities" (Rother et al. 30-31).

"Excuse Me, I'm Broken. Can You Help Me?": The Shameful Intersection of the Medical Model and the Social Model

Abelard and Lily demonstrates the struggles that Lily faces in social settings. Most of the adults in Lily's life are either angry or disappointed with her. At the public school she attends, authoritarian Coach Neuwirth seems to despise Lily, while kindly Mrs. Treviño and sympathetic Mrs. Rogers-Peña both pity and despair of her. Most significant, however, is Lily's troubled maternal relationship. Lily's mother is exasperated with her daughter and deeply fearful for her prospects because she is unable to behave like her studious younger sister, Iris, who attends LAMEA, the selective Liberal Arts, Math and Engineering Academy. Her mother presumes that as long as Lily has ADHD, she will not be able to get into college, an idea that Lily also fears, and which goes entirely unchallenged. The relentless cataloguing of Lily's social misery replicates Courtney R. Billet's findings that, in early twenty-first-century YA fiction, "young characters with ADHD encounter stigma directed at them from almost every quarter, including school, social settings, and home" (52), with "[a]lmost all of the characters … experienc[ing] high and unchanging levels of stigma throughout the narratives" (55) through "primarily negative interactions with peers and teachers" (57). As such, *Abelard and Lily* follows the pattern of problem fiction, with young neurodivergent characters such as Lily struggling not simply because of their ADHD, but in large measure because of the ignorance and intolerance surrounding their condition while occupying a neuronormative social context.

This exhaustive portrayal of Lily's marginalisation could provide the perfect opportunity for the novel to explicitly endorse and demonstrate the social model of disability in action by overtly critiquing the inadequate institutions and ignorant or intolerant attitudes that surround her. One of the most telling examples of how a person with ADHD can be disabled by their social context occurs in a scene in which Lily questions her failing grade for an assignment on which she worked extremely hard. Having painstakingly constructed a diorama that was one of the best in the class, Lily is confused when the mark she receives for the project is a zero. When Lily talks with Coach Neuwirth about her assignment, Creedle offers the reader an insight into Lily's ADHD and the associated social and scholastic struggle she faces, in what the ADHD reader will likely recognise as a painfully typical exchange between a student with ADHD and a teacher who is a stickler for procedural exactitude.

The exchange is prefaced with Lily providing a detailed description of how she made the diorama and how much effort she had put into it. The lengthy description of the hard work Lily devoted to the project not only emphasises the aggrieved distress that Lily feels over the failing grade, but also seems to be a deliberate point that Creedle is making about the nature of ADHD: Lily is not lazy or stupid, and contrary to popular belief about the condition, people with ADHD are capable of producing excellent work, particularly when they hyperfocus on an activity with intensity – a commonly observed trait among people with ADHD. Lily's project was so good that Coach Neuwirth chose it to put on display by the office, "alongside five other really good examples. … If [Lily] were being graded for [her] work alone, [she] would have nailed the [assignment]" (Creedle 109). Lily has not been graded on the quality of her work but instead on the level of attention paid to clerical details. In an extended exchange that epitomises one important aspect of the ADHD struggle, Lily pleads her case to an unsympathetic Coach Neuwirth after he acknowledges that her diorama project was one of the best submitted, but that she has been penalised for not including one of the required components:

> "Not all of them … . Where is your rubric?"
>
> This is like asking, *What did you eat for lunch four weeks ago Thursday? What kind of shoes was the guy who died in the first ten minutes of the movie you watched last night wearing?* It's impossible to say.
>
> Mr. Neuwirth sighed, like I was so much trouble for him. "I happen to have a copy of the rubric here. Will you please read what it says on the top line?"
>
> "All students must fill out the self-evaluation form on the back of the rubric. Any project turned in without an attached rubric WILL RECEIVE AN AUTOMATIC 0. No exceptions."
>
> "It's right there, written on the top of the rubric … everyone has to do paperwork. Everyone has to follow instructions. If I let you slide on this, you'll never learn the things you need to know as an adult." (Creedle 109-112)

From Coach Neuwirth's authoritarian perspective, ignorance of the law is no excuse, Lily has committed an offence, and therefore she is guilty.

Coach Neuwirth's classroom functions here as a microcosm of a legalistic and alienating society, the same sort of neuronormative, ADHD-intolerant society that Lily will live in as an adult, or else be destroyed in the unrelenting and impersonal machinery of bureaucracy. There are countless examples of societal inflexibility that disable a person with ADHD – a condition that affects executive functioning – in the same way that the lack of a ramp is a significant creator of disability for a person who uses a wheelchair. The social model of disability is hinted at when Lily's mother mentions Lily's 504 accommodations, which are intended to ensure some level of disability accommodation. Rather than endorse a social model of disability, Lily is reluctant to use the accommodations because they would jeopardise her "dignity" (Creedle 82), which reinforces her deeply negative understanding of ADHD in alignment with the medical model of disability: she sees her ADHD as meaning that she is fundamentally "broken" (Creedle 82). Lily's wording here is important: "Honestly, I'd rather fail" than ask for "help" because "I'm broken … . At least my dignity would still be intact" (Creedle 82). In addition to exposing the stigma and hostility towards ADHD from her social environment, the admission exposes just how much shame Lily has about her ADHD. She has absorbed the self-stigmatising inferiority and unworthiness she associates as intrinsic to ADHD. Creedle has Lily turn the critique inward, blaming and castigating her "broken" neurodivergent self.

What the novel cannot yet envision – but what recent disability and neurodiversity theorists have articulated – is an ethics of accommodation grounded not in pity or bureaucratic obligation, but in **access intimacy**. Coined by Mia Mingus, the term names "that elusive, hard to describe feeling when someone else 'gets' your access needs" without rendering you a burden or exception. Access intimacy reframes support as a kind of *mutual attunement* rather than alienating assistance. In *Abelard and Lily*, this possibility is foreclosed: "help" of the social (rather than medical) sort only isolates Lily, confirming her difference as deviant and shameful. What Lily desires when she rejects her accommodations is *dignity*: to be understood without first having to justify her existence. The diorama episode thus functions as a negative crystallisation of what Catherine Peckinpaugh Vrtis describes as the "balkanized approach to identity, justice, and inclusion" (112), in which access intimacy is transformed into a site of shame.

Lily's humiliation in the classroom scenes enacts the neuronormative equivalent of what Rosemarie Garland-Thomson identifies with regard to physical difference: "Disabled literary characters usually remain … exotic aliens whose bodily configurations operate as spectacles, eliciting responses from other characters or producing rhetorical effects that depend on disability's cultural resonance" (9). The ADHD character becomes a site of uneasy fascination or ridicule for what Garland-Thomson terms the "normate … who, by way of the bodily configurations and cultural capital they assume, can step into positions of authority and wield the power it grants them" (8). In a similar altercation earlier in the novel, Lily is summoned by Coach Neuwirth to the front of the class, "keenly aware that every set of eyes in the room was fixed on [her]" (Creedle 5). "Peals of laughter erupted from behind [her]. Someone muttered, 'Ass-hat,' and the laughter increased" (Creedle 7). Lily's social world is populated by such normates – teachers and classmates – who define "appropriateness" and who, in doing so, render Lily's difference hypervisible and yet illegible. The neuronormative stare variously expresses pity – Mrs. Rogers-Peña "eyed [her] sadly" (Creedle 107) – callous exoticisation – "Dakota Smith hovered nearby … rubberneck[ing] at the scene of [Lily's] own personal accident" (Creedle 110) – and ridicule. Consequently, the collective weight of these instances of neuronormative othering culminate in a devastating form of self-understanding:

> I turned and walked stiffly to my desk, knowing that every eye in the room was on me … Tears congealed in my eyes … People watched me. I wanted them to stop. I didn't want anyone to see me like this. I was an animal thing, all limbic brain, full of rage and the desire to bite anyone who came near me. Frankenstein's monster crawling out from a hiding place and into the light to face the ridicule and contempt. (Creedle 113)

The passage articulates how the neuronormative gaze – initially an external spectacle that renders Lily hypervisible – gradually becomes internalised, transforming into a self-surveilling mechanism of shame. The act of being seen as aberrant gives rise to self-alienation: Lily learns to view herself through the eyes of others, employing the language of monstrosity to describe her own difference.

ADHD as an Academic Death Sentence

Surgery is presented as the only viable solution to Lily's misery, offering her a promising academic and professional future. The novel conveys the message that getting a tertiary education and gaining "respectable" stable employment is a core requirement for being considered a worthy member of society, and ADHD is presented as a direct impediment to attaining either. Lily's ADHD father represents a cautionary tale for Lily: he is a college dropout without steady employment who left Lily's mother and relocated to Portland, where he dabbled in goat farming and has since started a new family. Lily's concern for her future stems in large part from the example of her father: "My father failed at stuff. Like I was going to fail at high school" (Creedle 95). Academic success is equated with personal value, and ADHD is equated with academic failure; therefore, Lily views her father in a similarly negative way to how she views her ADHD self: he is "pathetic" (Creedle 95). The surgeon and Lily discuss the brain surgery explicitly in the context of Lily's academic future:

> "Suppose … you wanted to be a marine biologist because you had an idea worth exploring, but next week you change your major, and you're pulled in another direction entirely because you don't have the focus to pursue any one idea to its conclusion." …
>
> "You're talking about my dad," I said.
>
> "ADHD runs in families," he said. … "So, if you do have this surgery, you … could go to college and have the focus to finish your course work."
>
> …
>
> I hadn't allowed myself to think about college: reading novels with people who actually liked novels, long discussions about music and art and architecture and feminism and …
>
> …
>
> "So, do you want to pursue this? … It's your brain, Lily. You have to make the decision."
>
> College. I could go to college. I could take robotics or be a marine biologist … "Yes," I said. (Creedle 216-218)

The clear implication is that Lily can only achieve academic success if she has the brain surgery to cure her ADHD. The suggestion that ADHD equates to academic struggle is never meaningfully challenged, and as such, sends a disturbing message to young students with ADHD: no matter your level of effort, interest, or ability, ADHD is an educational death sentence.

Although the novel's social spaces do not offer access intimacy, its closest approximation is evident in its medical model framing. The surgeon is not presented as an antagonist or villain. Rather, he is depicted as a humane, empathetic, intelligent person who sincerely wishes the best for Lily. "I liked Dr. Brainguy", Lily remarks, "He was actual human material. … he looked at me like he could actually see me, not as some conduct-disordered kid off her meds, but a real thinking person" (Creedle 209). The surgeon is the embodiment of the medical model of disability: a figure who is the ultimate enabler, the curer of Lily's disability. Any potential solutions to her struggles need not be found in the disabling neuronormative social context; the problem is clear and simple and located singularly within Lily's brain, and the solution comes in the form of a scalpel.

While *Abelard and Lily* concludes with a harmful cure fantasy, Whateley's *Peta Lyre's Rating Normal* eschews that narrative of correction in favour of one of acceptance, akin to gay YA's coming-out resolution. *Rating Normal* likewise relies on narrative prosthesis and explores many of the same tensions as *Abelard and Lily* – self-regulation, shame, and the desire to belong – but ultimately transmutes them through an ethos of acceptance rather than cure.

***Peta Lyre's Rating Normal*, Indirect Problematisation, and Rejection of the Medical Model**

Set in modern-day Brisbane, Whateley's novel follows sixteen-year-old ADHD, Autism Spectrum Disorder (ASD), and Sensory Processing Disorder (SPD) protagonist Peta Lyre on an eventful school excursion. Peta struggles with interpersonal communication but has managed to navigate high school with some success thanks to her understanding best friend, Jeb, and the early intervention of specialist medical training, which is frequently relayed in the form of italicised thoughts: tips and rules that Peta has internalised from her specialist interpersonal communication lessons from her childhood. However, once Peta finds herself away from the familiar realm of high school and is instead immersed in an entirely new social context – a multiple-day sleepover excursion to the snow – she finds herself struggling to navigate uncharted territory, including a first-time same-sex romantic relationship with Sam, a girl who is new to the school, a separation from Jeb, who is staying in the boys' cabin and developing new friendships, and some unwelcome sexual advances. The events of the excursion and subsequent deeply distressing events overwhelm Peta. The novel's climax is Peta's non-fatal attempted suicide by drowning, during which she has an epiphany after considering her options – suicide or self-acceptance – and decides that she wants to live, and that she will have to accept her neurodivergence as something she cannot change and must embrace. Her epiphany is aided by a reflection on some of the key events of the novel, which prompt her realisation that over the course of the excursion her neurodivergence has at times in fact helped her to grow and to demonstrate some heroic qualities. She therefore concludes that she should accept her neurodivergence as an important, even desirable, part of who she is.

Peta receives special accommodations for her neurodiverse conditions, but rather than feeling explicitly ashamed of her neurodivergence, her embarrassment arises in response to the ways other people perceive her:

> 'So this is the amazing Peta?' A woman with a ponytail and furry headband smiles with too-white teeth. I know the tone. It's how my occupational therapist used to talk to me. How my primary school principal talked to me after the diagnosis. She stopped telling me off, asking me why I wasn't 'reaching my potential'. They lean their torso down and talk into my face. Even if I'm the same height, and I can hear perfectly. I don't know why. (Whateley 92)

The difference between the embarrassment that Peta feels when she is patronised because of her neurodiversity and the shame that paralyses Lily from seeking help is that *Rating Normal* directs the implicitly ableist critique at the patronising adults who see Peta only for her "disabilities", while in *Abelard and Lily* the protagonist directs the ableist critique at herself. While *Rating Normal*'s presentation of social model accommodations is far from the non-patronising sort of access intimacy envisioned by Mingus, these differences nonetheless foreshadow the starkly different conclusions of the two novels, in which Peta proudly embraces her neurodiversity, while Lily is so consumed by her shame that she opts to have her ADHD surgically "cured".

Much of the dramatic interest in *Peta Lyre's Rating Normal* stems from Peta's difficulty with interpreting the nuances of routine social situations and navigating her way through typical adolescent experiences as a neurodivergent teenager. These difficulties are partly related to her ADHD, but are primarily related to her ASD. At numerous points in almost every chapter, the reader is made privy to Peta's thoughts, which recite and recall the lessons and instructions that an occupational therapist from

Peta's past has taught her, which Peta applies to almost every social interaction. For example, "*Try not to look out the side of your eyes, people might think you are hiding something*" (Whateley 17, original emphasis), and "*If you like someone, be a mirror for their body language and emotions*. I laugh, watching her face for a clue what to do next" (Whateley 24, original emphasis). Peta draws a connection between these lessons in interpersonal communication and monstrosity when she says, "Frankenstein's monster is made up of all different people, he needs to learn how to be a person by watching. Just like me" (Whateley 45). While the majority of these learnt social norms and cues relate to Peta's ASD, some instances relate to her ADHD, such as when Peta is first meeting Sam's father: "[Sam's] dad's here? I walk next to her, scrambling in my bag for tablets, relieved I have a bottle of water today. *Don't talk too much in the car. Don't jiggle. Don't ask too many questions. Don't* ..." (Whateley 74, original emphasis). Such instances illustrate the constant struggle faced by many young people with ADHD to present as neurotypical.

Peta further identifies her neurodivergent self – and, significantly, her ADHD symptoms – with Frankenstein's monster, when she is studying Mary Shelley's novel at school. For example:

> I can still hear the words of Frankenstein's monster. Sometimes phrases get stuck in my brain.
>
> *It is true, we shall be monsters, cut off from the world …*
>
> My heart races, and my palms sweat. I'm jiggling and I can't stop. *I jiggle so much that the vibrations of my body ease the tension in my chest. I vibrate until the leaves fall off the trees and shower me in red and orange and gold. I lift off the ground and soar into the sky, free to leave this place behind. No longer ill-made.*" (Whateley 37, original emphasis)

Peta's conception of herself as monstrous is informed by the belief that she is somehow "ill-made", broken, solely because she is not neurotypical. While on her way to the snow, Peta worries that her inner ADHD monster – kept mostly at bay with the aid of medication that mitigates her symptoms – will be "found out": "I'm nervous because my meds run out around now … I'll get homesick feelings because my dopamine levels will be out of whack … I won't work right. Sam and Jeb will see just how monstrous I really am. My leg jiggles" (Whateley 81). Peta's worry that she "won't work right" suggests that in a neurotypical world, without her medication, she is defective and wrong; the direct connection with being inherently monstrous reinforces this negative belief.

Adolescents – neurotypical and neurodiverse alike – often feel an acute pressure to appear 'normal'. This desire to fit in and please others by meeting their neurotypical standards and expectations is what motivates Lily to undergo experimental brain surgery. Like neurotypical teenagers, both Peta and Lily want to be accepted by others, even if these protagonists' neurodivergence means that their experiences are unfamiliar to neurotypical teenagers in important ways. However, by framing neurodivergence as aberrant and monstrous, neurotypicality is implicitly coded as being more natural, more normal, and more acceptable.

While *Peta Lyre's Rating Normal* covers much of the same problematic ground as *Abelard and Lily*, including conceptualising neurodivergence as monstrous and having the protagonist consider and attempt self-destruction in the form of suicidal ideation and a suicide attempt, Peta ultimately rejects the neuronormative medical model. She begins to embrace a mindset of neurodiverse acceptance and self-love after attempted suicide, discovering in herself a previously unacknowledged anger:

> I've always been disordered, faulty, lacking. But there's something new mixed in. *Anger*. I'm *angry* with them all. [Psychologist] Fiona, the books, my parents, the doctors. They said I could pass as normal, that I was clever and no one would ever know. They lied. Not about passing. The lie was hidden beneath, in the desire for me to be the same as them. I am extraordinary. They should have helped me soar, be more of me, not less. (Whateley 213)

Peta acknowledges the strengths and different abilities enabled by her neurodivergence when she considers the bravery, quick thinking, and empathy she displayed while helping an injured peer at the snow: "I could be the Alphabet Girl [ADHD, ASD, SPD] who has superpowers. The snow proved I can use my focus; I helped Ginny. I mastered a skill other than control of my facial features and analysing emotion cards" (Whateley 214). Although this framing could be viewed as aligning with the problematic "supercrip" trope in which disabled people are turned into "symbols of inspiration" (Clare 2), Peta's neurodiversity revelation – "The parts of me they fixed might not be broken" (Whateley 214) – implicitly rejects a purely medical model ideology and enables a trajectory of self-empowerment. She resolves to embrace her neurodiversity rather than try to conform to neurotypical standards and expectations. "I can't pretend I'm not different" (Whateley 214), she acknowledges. Rejecting the language of monstrosity, Peta Lyre adopts a liberatory metaphor that affirms her identity: "Lyrebirds don't just mimic … They make their own songs too, and dance to their own beats" (Whateley 214). Peta still takes medications because she claims they can help her "feel balanced" and they "don't make [her] a different person" (Whateley 231), but the final section of the novel sees her firmly rejecting the harmful medical model of disability ideology that has been imposed on her:

> They sewed Frankenstein's wretched *normal* skin on me. I look like a person, assembled of the correct limbs and skin and organs. But their skin doesn't fit, the sutures have failed. The monster's skin sloughs into the ocean. … I need to sew myself back together. *Me.* (Whateley 212-13, original emphasis)

In contrast to the tragic surgical ending to *Abelard and Lily*, *Rating Normal* resolves Peta's "neurodiversity problem" by firmly rejecting the medical model premise that neurodivergence ought to be considered inherently problematic – "I won't miss feeling like a monster. I'm no monster" (Whateley 226) – and instead offers the adolescent reader an affirmation of difference and a message of empowerment.

Conclusion

Both *Peta Lyre's Rating Normal* and *The Love Letters of Abelard and Lily* are contemporary teen problem novels, and they directly and indirectly problematise ADHD, employing it as narrative prosthesis. Both texts are primarily concerned with setting up "the problem" – Lily's and Peta's struggles with being neurodivergent – and then offering "the solution" to the perceived problem. In *The Love Letters of Abelard and Lily*, which sees Lily's "ADHD problem" solved via a surgical procedure to "cure" the ADHD, the conclusion enacts the ideology of the medical model and upholds neuronormativity.

By contrast, in *Peta Lyre's Rating Normal*, the "solution" to Peta's "problem" takes the form of a climactic epiphany in which Peta realises that in order to flourish, she must accept her neurodivergence as an unchangeable part of who she is. *Peta Lyre's Rating Normal* ultimately offers the adolescent reader both acceptance of one's unchangeable neurological orientation and pride in one's neurodiversity, which represents an entirely different ideology for young readers – one which is more affirming, hopeful, and positive about the nature of human diversity.

As the neurodiversity novel remains largely aspirational, queernormative YA fiction offers a useful analogue for imagining what unproblematised neurodivergent representation might look like. Both queer and neurodivergent identities have been historically pathologised, yet queer YA is increasingly moving beyond narratives of suffering, stigma, and the coming-out dilemma. While much queernormative YA fiction finds itself thriving most often in non-realist genres, there is an increasing corpus of more queernormative realist novels – by authors such as Phil Stamper, Adam Silvera, Becky Albertalli, and Adib Khorram – which models what realist neurodiversity YA fiction might achieve. Just as queer YA fiction gradually extends from narratives of shame and survival towards queernormative worlds in which difference need not be explained or overcome, so too might YA fiction embrace more expansive representations of neurodiverse life.

While this article has primarily differentiated neuronormativity novels from neurodiversity novels in ideological terms, it would be valuable for future scholars and creative practitioners to conceptualise the neurodiversity novel not only in terms of what it resists, but to explore the potential of YA neurodiversity fiction in terms of formal and stylistic innovations that help map neurodiverse experience and modes of perception more fully as an aesthetic project.

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