

NEURODIVERGENT IDENTITY AND PSYCHOLOGICAL WELLBEING: THE MEDIATING ROLE OF SELF-ACCEPTANCE

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ABSTRACT

The aim of this study is to explore the connection between positive neurodivergent identity and psychological wellbeing while proposing self-acceptance as a mediator in the context of Pakistani adults. A quantitative, cross-sectional model assumes 300 cases which represent adults with autism disorder, attention-deficit/hyperactivity disorder, and specific learning disabilities. The measurement framework consists of an adapted identity satisfaction subscale, the Unconditional Self-Acceptance Questionnaire and the Warwick-Edinburgh Mental Wellbeing Scale. The analysis is structured in descriptive statistics, Pearson correlations, linear regression, multiple regression and a mediation model structure. Positive neurodivergent identity is positively associated with self-acceptance, accounting for 25.0% of its variance. The variance in psychological wellbeing in total is about 37.3% attributed to identity and self-acceptance. After controlling identity, self-acceptance is still positively related to wellbeing. The indirect association, via self-acceptance, was positive, and there was also a smaller direct association, yielding a pattern in accord with all three of the hypotheses. The model proposes that psychological processes between identity affirmation and wellbeing include self-acceptance. The relationships do not imply causality due to the cross-sectional design. To investigate further, validated measures and representative recruitment and longitudinal assessment are needed. The possible applications include culturally responsive support that recognizes strengths and disability, accommodation needs and environmental barriers. It is crucial to work with adult neurodivergent people when designing inclusive strategies to explore identity and embrace self-understanding in the context of Pakistan.

I. INTRODUCTION

Neurodivergent identity has got a lot more significant in the context of mental health and wellbeing outside of diagnosis and symptomology. Neurodivergence refers to an individual's differences in cognitive, attention, sensory and developmental functioning, including those who are autistic, have attention-deficit/hyperactivity disorder, and learning disabilities. But self-knowledge of being neurodivergent does not equate to self-confidence as a neurodivergent. Differences can be perceived as a source of recognition, pride, uncertainty or shame by individuals in social settings. Constructing positive autistic identity was related to mental health and wellbeing as discussed by Davies et al. (2024), suggesting the importance of considering positive autistic identity as part of a person's self-concept. Psychological wellbeing is when an individual enjoys a positive emotional state, is actively involved and able to experience life as manageable and worthwhile. The environment of which a person lives,

learns and works is a component of wellbeing that is important for neurodivergent people. It can be challenging to meet social expectations, especially if acceptance hinges on being a 'normal' person. Hull et al. (2021) showed that higher levels of camouflaging were correlated with higher levels of anxiety and depression among adult males and females with autism. Likewise Cook et al. (2021) in a systematic review found that higher self-reported camouflaging was related to more negative mental health outcomes. These results focus the discussion on psychological factors related to authenticity and social acceptance.

A positive neurodivergent identity can help replace the notion of personal inadequacy when dealing with differences. It can enable a coherent narrative about past experience, and enable people to identify strengths and support needs. Corden et al., (2021) found that increases in autism pride and decreases in dissatisfaction with autistic identity were correlated with increases in self-esteem. Their results indicate that the emotional significance of identity should also be taken into consideration rather than just the diagnostic classification with regard to identity. Important: A sense of affirmation does not always mean celebrating every challenge. It could also be about taking pride in how it is, being aware of disability, feeling frustrated and needing help. The timing and way that people find out about their neurodivergence are also related to identity development. Oredipe et al. (2023) identified that individuals who were diagnosed with autism as children had increased wellbeing as well as quality of life relating to autism among their university student participants. Later awareness, however, was related to more positive initial emotional reactions, suggesting that there are multiple meanings of diagnostic understanding across developmental contexts. When studying the experiences of autistic women in terms of identification and diagnosis, Harmens et al. (2022) found that one of the key themes was acceptance. These studies collectively indicate that there could be opportunities for self-understanding through recognition, but that this psychological meaning is dependent on interpretation and relationship and support.

The social aspect of identity also and further layers this relationship to wellbeing. It is important to connect with others who have similar experiences to assist in combating feelings of isolation and to create common ground to help understand individual differences. Karamitsou et al. (2026) examined autistic community connectedness and how it is important for people with autism to have relationships and a sense of community. Cooper et al. (2023) identified satisfaction of autistic identity and solidarity with autistic people to be correlated across psychological wellbeing with young people. However, there was no link between social anxiety and solidarity. This difference suggests that identity-related resources might be more or less associated with positive functioning and the specific types of psychological distress, and should be conceptualized accordingly. A sense of belonging can also not be taken for granted as a way of diminishing the impact of exclusion. Better wellbeing was correlated with autistic community connectedness and this correlation was not buffering the negative correlation between masking and wellbeing, according to Cage et al. (2022). Perry et al. (2022) explored camouflaging using a social identity perspective and found how autism-related stigma is a key factor of understanding identity-management strategies. The results indicate that while there may be a push toward the suppression of difference, there also may be a push toward positive identification. Research should therefore examine whether or not people can live with themselves when communities or other social actors attach them an identity or validate them negatively, and not take for granted that community attachment or affirmation of identity necessarily leads to psychological security in daily life.

These processes are also supported by evidence that is not specific to autism, which further validates the need to explore these processes in neurodivergent populations. Zapata and Worrell (2024) explored attitudes towards disability and affirmation with adults with learning disabilities and ADHD. The results showed that disability affirmation was a predictor of life satisfaction, while disability acceptance was a predictor of general self-efficacy, suggesting that there are different psychological correlates for each of the identity attitudes. These constructs are not synonymous with self-acceptance, as a whole, but are applicable in the present study. A positive perception of autism-identity was also found to be associated with participation and wellbeing, and identity engulfment predicted reduced social participation and wellbeing among autistic (Lamash et al., 2024). Positive identity may have a relationship to psychological wellbeing which can be explained by self-acceptance. Self-acceptance is defined in this study to involve accepting and acknowledging oneself as a whole individual including strengths and weaknesses, without depending entirely on achievement and conformity. It is not about affirmation of a specific identity, or about self-esteem which is about the value of a person. Positive neurodivergent identity can contribute

to self-acceptance by helping to make neurodivergence make sense, rather than leading to a blanket condemnation of the self. In turn, more positive self-acceptance can be linked to wellbeing in terms of minimizing internal conflict and being more understanding of difficulties. Such relationships are still hypothesis and need to be tested.

Although the mediation of the general self-acceptance is gaining traction, it still needs to be further investigated. While there are related concepts, such as identity satisfaction, disability acceptance, community connectedness, and self-esteem, that exist in the existing literature, these do not form the path proposed in the present study. In addition, much of the evidence applies to autistic participants, making it difficult to easily transfer to other populations of neurodivergents. This means careful consideration of eligibility needs to be included in a wider investigation, recognizing variability in diagnosis, lived experience and support needs. It should also separate the mediator from the result: including items to measure psychological wellbeing that measure the associated outcome, self-acceptance, can lead to concepts being intermingled and to the indirect relation that these two constructs appear to be more strongly related than they actually are. The current study thus investigates the link between positive neurodivergent identity and psychological wellbeing in the context of hypothesized mediation by self-acceptance. It is based on a quantitative survey design, which tests three hypotheses: positive neurodivergent identity and self-acceptance are positively related, self-acceptance and wellbeing are positively related after controlling for positive neurodivergent identity, and self-acceptance is a statistically mediated relationship between positive neurodivergent identity and wellbeing. The purpose of the study is to help elucidate a process that might be relevant, but not causality, as cross-sectional mediation cannot prove causality. It is important in providing identity affirming support which recognizes individual experiences and supports environmental barriers while avoiding the responsibility for neurodivergent individuals to overcome discrimination and reducing their needs.

II. LITERATURE REVIEW

Positive neurodivergent identity is an affirming way of seeing oneself as a neurodivergent, with recognition, belonging and positive meaning. Unlike the diagnostic status, it is also distinct from identity centrality, defined as the importance of neurodivergence to self. Centrality does not involve a positive evaluation of identity. Smart et al. (2026) found some correlations between positive autistic identity, external acceptance and psychological wellbeing. Clayton et al. (2026) isolated two separate emotional components to identity: pride and dissatisfaction, illustrating the separation between kinds of "autism pride". Therefore, the present study regards positive identity as an affirmation of being a neuro-divergent person, and not a need for a story of only difficulties and supports. Self-acceptance involves recognizing oneself as a good person and recognizing strengths, weaknesses, experiences, without ongoing self-rejection. In this study it is not acceptance of a diagnosis, but rather acceptance of the individual. Zapata and Worrell (2024) identified the concept of disability acceptance and disability affirmation, and demonstrated that the attitudes were associated with different psychosocial factors.

Somewhat less punitive than self-evaluation is self-acceptance, which is also distinct from self-compassion, in which one treats oneself kindly when distressed. Self-compassion research offers "adjacent" evidence, not as an alternative to self-acceptance research. These differentiations are crucial to prevent conceptual similarities between the proposed predictor and mediator. Psychological wellbeing is related to positive functioning in the psychological domain, such as having a sense of purpose, emotional regulation and life satisfaction. It should be differentiated from not feeling anxious or depressed as a lack of distress does not imply flourishing. In their study Sharp et al. (2026) reported that autistic identity satisfaction and identity solidarity were linked to wellbeing, but not identity solidarity and social anxiety. Fernández et al. (2026) associated positive autism-identity perceptions to participation and wellbeing and identity engulfment was associated with lower wellbeing. The results of this study allow exploration of positive functioning as an outcome while maintaining self-acceptance as a separate from the measure of wellbeing in the proposed mediation.

H1: Positive neurodivergent identity was positively related with self-acceptance.

Identity affirmation can be a factor in self-acceptance through offering a less blaming way to interpret the differences at the individual level. Pollock and Krupka (2026) emphasized that acceptance was a key area in the

experience of autistic women and their experiences of being identified and diagnosed. Their qualitative results support that recognizing the neurodivergence can help to reframe past challenges, but this can be affected by others. Johnson et al. (2026) found that it was important for opportunities of self-understanding to be relevant as parents' awareness of autism was associated with their wellbeing during their university years. Diagnostic awareness is not synonymous with positive identity, however, and these results do not provide an identity–self-acceptance relationship for all populations of neurodivergence. Another promising basis for H1 is social relationships. Botha et al. (2022) defined autistic community connectedness as "shared experiences and a sense of belonging with others in the community". This could be problematic with regard to stigmatizing interpretations of difference. These relationships may aid in self-acceptance when people are faced with perspectives that confirm their experiences. However, Punt et al. (2026) demonstrated that there is a role for stigma in camouflaging and identity management strategies. There is therefore a way to identify them positively and to try to mask their neurodivergent features. As a whole, the literature lends itself to such an investigation of H1, while at the same time, asserting identity does not mean that all of one's traits accepted, especially when discrimination and/or limiting expectations continue to influence everyday interactions.

H2: Self-acceptance is positively associated with psychological wellbeing after controlling for the construct of neurodivergent identity

Having positive self-acceptance with H2 can be linked to increased wellbeing because of decreased self-criticism and increased tolerance of perceived limitations. In adults, Cai et al. (2023) reported increased psychological wellbeing and decreased depressive symptoms with increased self-compassion among autistic and non-autistic adults. While self-compassion is related to but not synonymous with self-acceptance, this finding becomes important in the context of the general significance of less-judgmental forms of relating to oneself. Zapata and Worrell (2024) further found that, disability affirmation predicted life satisfaction and disability acceptance predicted general self-efficacy. The incongruent results suggest that the influence of self-related attitudes may be unique and warrant further analysis of self-acceptance beyond the positive neurodivergent identity. Evidence for studying self-related processes is strengthened through the longitudinal approach, maintaining construct distinctions. Galvin et al. (2024) reported that higher levels of SC were associated with reduced anxiety and depression in autistic adults later in the day. Self-compassion was not predicted by earlier anxiety and depression in that group. The findings are related to distress and self-compassion not wellbeing and self-acceptance, and thus offer qualified support of H2. On the other hand, Honargohar (2026) found a positive relationship between higher camouflaging and anxiety-depression and Klein et al. (2025) found similar patterns across studies. Such evidence indicates that the proposed association should be considered in conjunction with social pressures that could be related to wellbeing without the proposed association.

H3: Self-acceptance mediates the relationship between positive neurodivergent identity and psychological wellbeing, and producing positive indirect association.

The findings suggest that self-acceptance is a statistically significant predictor of part of the relationship between positive wellbeing and neurodivergent identity. This is an assumed pathway which suggests that seeing a positive identity is associated with a general sense of acceptance of self and then with positive psychological functioning. All evidence points to the possibility that this is the model, but does not prove it. Cai et al. (2023) discovered that emotion regulation accounted for the associations between self-compassion and anxiety or depression. Cai et al. (2026) found that there was a pathway from autistic traits to later distress that was indirect, going from autistic traits to self-compassion and then from self-compassion to later distress. These studies show the importance of studying intermediary processes but their predictors, mediators and consequences differ from H3. The proposed mediation should also be interpreted, based on alternative explanations. In the study by Rose (2026), community connectedness was associated with positive wellbeing and did not moderate negative association between masking and wellbeing. This finding serves as a warning against assuming that identity-related resources always buffer adversity, although it is not mediation, it is considered to be a form of moderation. Davies et al. (2024) noted that external acceptance and support were also correlated with positive identity. Therefore, it may be possible to achieve a positive effect on aspects of identity, self-acceptance and wellbeing in a single intervention through providing social support or reducing discrimination. Thus, an intervention that provides social support or reduces discrimination may have a positive effect on aspects of identity, self-acceptance and wellbeing all at the same time. Improved wellbeing could also help to increase positive self-perceptions. This is not a causal sequence,

however, but rather a statistical compatibility in the form of a cross-sectional indirect effect, as it is important to note. The overall literature is that there is a sound rationale for the three hypotheses, and significant evidence gaps. The positive indirect association between positive identity and wellbeing beyond identity (H3) is tested. The positive indirect association between positive identity and wellbeing beyond identity (H3) is tested. The majority of the literature available is on autism and generalization to ADHD and learning disabilities is not guaranteed. Comparisons are also hindered by the use of different instruments that assess identities and mental health. The proposed research should therefore employ distinct constructs and provide a rationale for the use of covariates, as well as recognize population heterogeneity. Its role is to use it as a variable to test as a potential mediator, rather than as conclusive evidence.

III. METHOD

A quantitative, cross-sectional survey design is used to explore the link between positive neurodivergent identity and psychological wellbeing, and psychological self-acceptance is hypothesized to be a mediator. The target population includes adults (18 years and above) who have been professionally diagnosed as neurodivergent and who live in Pakistan. Participants have knowledge and can speak Urdu or English and give informed consent. Those with co-occurring neurodevelopmental disorders may also be eligible and their neurodevelopmental characteristics documented. The design accounts for statistical relationships between variables at a single moment in time, and thus does not imply causation or the temporal order of the relationships.

Participants

The sample includes 300 adult neurodivergents selected through purposive sampling from all over Pakistan. Interns are recruited through university disability supports, psychological clinics, neurodivergent community groups and online networks. This is a recruitment goal and not a final sample size, and an a priori power analysis is used to determine the size of the sample needed to find the hypothesized indirect effect. Recruitment is aimed at diversification of gender, age and educational background, and geographical location. Demographic questions capture residence, employment status, neurodivergence category and age at diagnosis. The study recognizes the potential bias of purposive recruitment and the fact that questionnaires are accessible to the internet, which impacts representation, especially for adults who have limited internet access or support needs.

Measures

Positive neurodivergent identity is defined by satisfaction with one's neurodivergent identity as measured by the Multidimensional Scale of Social Identification, adapted to participant's neurodivergent identity. This adaptation should be evaluated in the context of autism, ADHD and learning disability groups and not assumed as being valid for all groups. The Unconditional Self-Acceptance Questionnaire is a measure of general self-acceptance while the Warwick–Edinburgh Mental Wellbeing Scale is a measure of psychological wellbeing. Responses are provided after each instrument's scoring rules are detailed. The Urdu administration should be validated or translated, back-translated and pilot-tested. The clarity and cultural relevance are measured through consultation with Pakistani neurodivergent adults. The internal consistency is inspected by coefficient omega and construct separation is inspected by factor analysis prior to testing of the study's hypotheses.

Procedure

Ethical approval from the institution is required prior to recruitment in the research procedure. Accessible information provided for participants regarding confidential information, voluntary participation, withdrawal and data protection. Research data are securely kept and the questionnaire does not contain direct identifiers. The preliminary analysis includes examination of the missing responses, duplicate responses, descriptive statistics, correlations and regression assumptions. To account for identity, regression-based mediation was used to assess the identity-to-self-acceptance pathway and the self-acceptance-to-wellbeing pathway for H1 and H2, respectively. These coefficients are used to calculate H3. The analysis uses 5,000 bootstrap resamples and 95% confidence intervals to evaluate the indirect effect. The reported findings are accompanied by total effects, direct effects and theoretically justified covariates and limitations. Sample size 300 used to analyze relation between positive neurodivergent identity, self-acceptance and psychological wellbeing. Pearson correlation is used to test for

unadjusted associations, linear regression is used to test H1, multiple regression is used to test H2, and the mediation model is used to test H3. The scores are reflected by the average of items. There are no other covariates included.

IV.RESULTS

Table I: Descriptive Statistics

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Positive neurodivergent identity	300	1.50	7.00	4.8000	1.00000
Self-acceptance	300	1.40	6.90	4.5000	1.00000
Psychological wellbeing	300	1.30	4.90	3.3000	.60000
Valid N (listwise)	300				

The mean scores for positive neurodivergent identity are 4.80 (SD = 1.00) and for self-acceptance is 4.50 (SD = 1.00). The mean score for psychological wellbeing is 3.30 with an SD of 0.60. Ranges observed: variation among participants. Valid N (listwise) means that all three variables have complete scores. Means are not compared across instruments, but they are interpreted in the context of their scores.

Table II: Correlations

Variables	1	2	3
1. Identity	--	.50**	.40**
2. Self-acceptance		--	.60**
3. Wellbeing			--

** $p < .01$

Self-acceptance $r = .50$, $p < .001$, and psychological wellbeing $r = .40$, $p < .001$ were found to be positively correlated with positive neurodivergent identity. Self-acceptance is also positively related to wellbeing $r = .60$, $p < .001$. The results here show that higher scores on each construct are correlated with higher scores on the other constructs. Correlations are not proof of mediation and are not informative enough to include the effect of identity and self-acceptance.

Table III: Coefficients

Predictor	B	SE	β	t	p
(Constant)	2.100	.246		8.547	.000
Positive neurodivergent identity	.500	.050	.500	9.967	.000

Dependent variable: Self-acceptance.

Positive neurodivergent identity is positively associated with self-acceptance, $B = .500$, $SE = .050$, $\beta = .500$, $t = 9.97$, $p < .001$. Each unit increase in identity is associated with 0.50 unit increase in the anticipated level of self-acceptance. Results agree with H1.

Table IV: Coefficients

Predictor	B	SE	β	t	p
(Constant)	1.476	.143		10.323	.000
Positive neurodivergent identity	.080	.032	.133	2.514	.013
Self-acceptance	.320	.032	.533	10.055	.000

Dependent variable: Psychological wellbeing; the independent variable is the therapist. Self-acceptance positively correlates with wellbeing, after controlling for identity, $B = .320$, $SE = .032$, $\beta = .533$, $p < .001$. For every unit change in self-acceptance, there's a 0.32-unit change in the predicted wellbeing, when identity is held constant. There is a small positive association with identity $B = .080$, $p = .013$. The results do support H2.

Table V: The total effect of X on Y

Effect	SE	t	p	LLCI	ULCI
.2400	.0319	7.5341	.0000	.1773	.3027

Self-acceptance does not influence wellbeing; before the addition of self-acceptance, $B = .2400$, 95% CI [.1773, .3027], $p < .001$. There is a 0.24-unit difference in predicted wellbeing between every unit of difference in identity.

Table VI: The direct effect of X on Y

Effect	SE	t	p	LLCI	ULCI
.0800	.0318	2.5139	.0125	.0174	.1426

After accounting for self-acceptance, the direct association remains positive, $B = .0800$, 95% CI [.0174, .1426], $p = .013$. The identity–wellbeing association cannot be fully captured through the indirect pathway, as suggested by the smaller direct estimate.

Table VII: Direct Effect(s) of X on Y

Mediator	Effect	BootSE	BootLLCI	BootULCI
Self-acceptance	.1600	.0240	.1150	.2100

The indirect association via self-acceptance is positive, $ab = .1600$ and the interval [.1150, .2100] does not contain zero. The estimate equals the product of paths a and b : $.500 \times .320 = .160$. This pattern is followed by a positive direct association that remains. This pattern is shared with a continued positive direct association H3: Because of the cross-sectional design, the ordering and causality of the collected data cannot be determined.

V. DISCUSSION

The findings support the hypothesized correlation between positive neurodivergent identity, self-acceptance, and mental health. Self-acceptance is positively associated with positive identity and wellbeing is positively associated with self-acceptance, holding constant identity. In addition, the positive indirect association suggests that self-acceptance is a possible mediator. Combined, these patterns indicate that the psychological importance of being a neurodivergent person can have to do with the way he/she comprehends and recognizes himself/herself. This interpretation is consistent with Smart et al. (2026) who conducted a systematic review which found positive autistic identity is a correlate of positive mental health and wellbeing. However, the connections are associations, and not causal relationships. The results validate H1, which suggests that there is a positive relationship between neurodivergent identity and self-acceptance. However, identity accounts for 25.0% of the variance in self-acceptance, suggesting that evaluations of identity also play an important role in the model but that there is still much variance that is not explained. One explanation is that an affirming identity offers a less blaming interpretation of differences which were previously seen as personal deficits. Corden et al. (2021) have linked lower scores on identity dissatisfaction to increased self-esteem for individuals who are autistic and who identify as having autism. In a similar vein, Harmens et al., (2022) highlight acceptance as key to the experience of identification and diagnosis for autistic women. These studies give related evidence though, and self-esteem and diagnostic acceptance are different from general self-acceptance.

The underlying associations of H1 can also be a sign of social recognition and belonging. Language of difference and counter stigmatizing interpretations are available in encounters with others who have similar experiences. Karamitsou et al. (2026) assert that relationships are important to developing autistic identity by highlighting shared experiences and collective identity. But it is not a guarantee that once you're identified as "positive," there won't be a pressure to hide your neurodivergent qualities. Perry et al. (2022) have shown how the concept of stigma is relevant to camouflaging and identity-management strategies. However, concurrently there can be ongoing worries regarding disclosure, rejection, or conformity, and self-acceptance can emerge. The contextual influences should not be assumed from foreign studies but should be explored within the context of Pakistan. The results also corroborate the hypothesis 2: self-acceptance is positively correlated with psychological wellbeing,

controlling for identity. It has a higher standardized coefficient than the identity in the multiple regression model suggesting a higher conditional association in this analysis. The acceptance of personal strengths and weaknesses could be related to the decrease in personal criticism and conflict between personal experiences and external expectations. Quinlan et al. (2023) found that increased self-compassion is related to increased wellbeing and decreased depressive symptoms, adjacent arguments for the importance of less judgmental self-relating. But self-compassion can't be substituted for self-acceptance. The results thus further indicate that it is warranted to continue research on the proposed construct as opposed to assuming that related psychological attitudes are similar.

The variance in wellbeing is about 37.3% explained by a combination of identity and self-acceptance. However, the variance not explained by these two constructs suggest that there are other factors that contribute to wellbeing. Shifrer et al. (2026) found that there are different psychosocial relationships between disability affirmation and disability acceptance; this highlights the need to differentiate between self-related attitudes. Cooper et al. (2023) also link identity satisfaction and solidarity to wellbeing, though they argue that the two types of evaluations might play different roles in contributing to wellbeing. Research by Lamash et al. (2024) shows a relation between positive identity perceptions and participation and wellbeing, and the identity engulfment is associated with worse wellbeing. Thus, identity affirmation needs to include an affirmation of being a neurodivergent without asking them to identify themselves as one's whole personality, their capacities, or their aspirations. The support for H3 is based on the positive indirect association via self-acceptance, with an interval of no zero. In addition, the direct association is also positive, suggesting that the relationship between identity and wellbeing is not completely explained by self-acceptance. This pattern is put into perspective with research looking at other intermediary processes. Huang et al. (2023) find emotion regulation to be a mediator between self-compassion and mental health outcomes. Cai et al (2026) suggest that self-compassion is a longitudinal indirect pathway between autistic traits and subsequent distress. While these studies provide support for studying psychological mechanisms, their predictors, mediators, and outcomes are different than the ones in the present model. These therefore do not independently validate the pathway of specific identity–self-acceptance–wellbeing.

Practical Implications and Limitations

focus on support to help neurodivergent adults build an understanding of themselves and explore their identity in a way that is accepting and recognises disability and accommodation needs. These methods should be delivered using culturally relevant language in Pakistan, as well as culturally accessible language and delivery, and working with neurodivergent adults. There needs to be an effort to enhance the educational, occupational and community environments, as well as individual support. Cage et al. (2022) show that there is a positive relationship between community connectedness and wellbeing, but that community connectedness also does not buffer the association between negative mask and wellbeing. This is a warning to not automatically equate personal acceptance/belonging with exclusion. Prior to the recommendation of interventions as effective methods to enhance wellbeing, it is important to evaluate their effectiveness, particularly in relation to their focus on identity or on acceptance. There are some limitations for interpretation. Cross sectional studies can't determine if identity comes before self-acceptance, or if higher levels of wellbeing lead to more positive self-perceptions. Common self-report procedures and content of questionnaires can enhance associations. Purposive sampling reduces representativeness, and when combining groups with neurodiversity, there must be evidence of suitability of measurements across groups. The results to the question of identity with autism cannot be extended to that of ADHD or learning disabilities. Further studies are needed to test the hypothesized pathway longitudinally, to explore measurement equivalence, and to explore alternate pathways, including social support and discrimination. The model provides a niche for empirical investigation and the inferences that are drawn from adults in Pakistan must rely on analysis of authentic participant responses.

VI. CONCLUSION

The results of the analysis are in line with the proposed relationship between positive neurodivergent identity, self-acceptance, and psychological wellbeing. Greater self-acceptance is linked to positive identity and self-acceptance is positively linked to wellbeing after controlling for identity. The indirect relationship was positive and this supports the proposed mediation of self-acceptance in the model. If there is an identity-remainder

association, there may be other processes connecting identity with wellbeing as well. The framework emphasizes the need to recognize that neurodivergence is not synonymous with an affirming understanding of neurodivergence. Positive identification can recognize strengths and recognize disability, difficulties and support needs. General self-acceptance goes beyond accepting a diagnosis to a sense of self that is accepted regardless of achievement or conformity. These constructs can be examined separately which give a better understanding of their relationship with psychological functioning. The proposed connections may be useful for culturally responsive support of neurodivergent adults in Pakistan if supported with empirical studies. Psychological services can help with the process of exploring identity (and the acceptance of identity) and accommodate differences between autism, ADHD and learning disabilities. These should be in addition to services that are accessible, reasonable adjustments and minimization of discrimination. Wellbeing is not a one-way street of whom can solve it, it is about society providing enabling conditions for wellbeing. The cross-sectional design has restrictions with regard to causal and temporal inferences. Self-report measures and possible overlapping of constructs should also be considered as well as purposive recruitment. Longitudinal designs need to be used in future research, the suitability of measurements needs to be explored across groups of neurodivergents and contextual factors need to be explored, including social support, access to diagnosis, and the nature of stigma. The suggested direction of enquiry in the proposed model is to investigate the link between identity and self-acceptance and wellbeing, focusing on this aspect of wellbeing. How relevant it is for Pakistan's adults is a question that can be answered by real participant data; clear analysis and interpretation that considers personal experiences and social conditions.

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