

Do Neurodivergent College Students Forge a Disability Identity? A Snapshot and Implications

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Abstract

The neurodiversity paradigm is a social justice concept that reframes neurologically based conditions including autism, ADHD, and learning disabilities, as beneficial forms of diversity. A question arising from this framework is the degree to which people forge neurodiversity identities based in self-acceptance. Little is known about identity formation for groups whose disabilities are impacting yet often hidden. To answer this question, we surveyed 92 college students, who attended a postsecondary institution that exclusively serves individuals with the diagnosis of autism, ADHD, learning disabilities, or a mix of conditions, to determine whether they incorporated neurodivergence into a sense of self. Based on responses to the Disability Identity Development Scale (Gibson, 2006), all participants had developed disability identities. Practical implications for disability services, faculty, staff, and institutions are discussed.

Keywords: neurodiversity, disability identity, autism, ADHD, learning disabilities

Identity research and theory about cultural diversity is plentiful, but less is known about the identity development of neurodivergent people who may think, act, and learn differently due to life-long brain-based factors. The neurodiversity framework, shortened to “neurodiversity” in this article, is a concept that supports thinking about variations in behavior and mental processes similarly to how biodiversity and sociocultural diversity are understood—as valuable elements of natural human experience (Singer, 1999). This concept reframes diagnosable conditions like autism, ADHD, learning disabilities, and OCD as the outcomes of normal variations in the human brain that can be both beneficial and challenging (Armstrong, 2015). The neurodiversity paradigm is the broadest theoretical framework for this research: The research questions investigated, choice of sample, and discussion all arise from a foundational understanding of neurodivergence as a form of cultural diversity that inspires identity and the effort for social justice.

It has been documented that some individuals incorporate their disability into a positive, healthy sense of self, but much of that research has arisen from

participants who have disabilities that may be outwardly noticeable such as forms of multiple sclerosis (Bogart, 2015) and forms of spina bifida and cerebral palsy as well as amputations (Lundberg et al., 2011). This research explores whether college students with semi-hidden disabilities also forge a disability identity. If so, supporting opportunities for disability identity development may lead to better individual experience in college and ultimately greater equity in society.

Writers in scientific and popular literatures have used the concept of neurodiversity to describe autism (Graf et al., 2017; Kapp et al., 2013; Silberman, 2015) and for other neurologically-based phenomena including attention deficit hyperactivity disorder (ADHD) and learning disabilities (LD) (Armstrong, 2015). From the theoretical perspective that disability is a form of diversity and that a positive disability identity is healthy and empowering (Nario-Redmond et al., 2013), this research seeks to understand to what degree neurodivergent college students may choose to forge a disability identity. Unlike more visible forms of disability, neurodivergence can often be hidden giving the person control over whether, how, and

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to whom to disclose difference. For various reasons, some may not to reveal their disabilities. Early research into the phenomenon of camouflaging, which means masking one's disability to pass as a person who does not have a disability, has suggested that efforts to fit in and act "normal" pose a cost to mental health (Hull et al., 2017).

Autism, ADHD, and LD are neurodevelopmental conditions, a diagnostic category that has increased 20% between 2001 and 2011 (Houtrow et al., 2014). Prevalence estimates for the United States suggest that up to 15% of youth reach adolescence living with a neurodevelopmental condition (Centers for Disease Control and Prevention [CDC], 2015), yet identity research on these groups has been minimal. Between 1-2% of children have the diagnosis of an autism spectrum condition (CDC, 2016a); 5-11% ADHD (CDC, 2016b); and 8-10% LD (National Institute of Neurological Disorders and Stroke, 2019). Co-occurrence among these conditions is well-documented (Germano et al., 2010; Mazzone et al., 2012; Shaywitz et al., 1992; Willcutt & Pennington, 2000).

These groups are affected by various forms of ableism that may affect the development of a sense of self. For example, typically-developing students view inclusion with suspicion and hostility (Bates et al., 2015), and reason that it is legitimate to exclude students with autism and/or learning disability in classroom activities that will be graded (Bottema-Beutel et al., 2018). Bullying is higher for students who have autism (Maiano et al., 2016). On a population level, stigma toward ADHD has been found across the lifespan (Lebowitz, 2013). These examples show a relative lack of acceptance for the manifestations of neurodiversity. To the extent that these social messages are internalized, the identity development for neurodivergent people will include coming to terms with stigma.

A significant percentage of school children, adolescents, and adults live with a mental profile that has led to impairment in a major life area and thus may have experienced exclusion like that described above. How individuals make personal meaning of their strengths and challenges can be understood as a process of identity (Kroger & Marcia, 2011). Theoretical analysis suggests that identity processes for individuals with disabilities will be complex due to societal stigma and marginalization (Meyer et al., 2015).

Identity Development Is Linked to Wellness

Decades of research has shown that having a stable identity is linked to wellbeing. In the influential work of James Marcia (Kroger & Marcia, 2011; Marcia, 1966), identity varies along two continua: explo-

ration and commitment, which yield four statuses: diffusion, in which the individual has no strong opinions or desires for the future with regard to identity, foreclosure a premature commitment to an identity based on the opinions of others, moratorium, a delay of commitment in order to explore identity possibilities and achievement coming to a sense of identity after exploration.

A contemporary extension of Marcia's work, the dual cycle model, divides the overarching concepts of exploration and commitment into more detailed subcategories (Luyckx et al., 2006). Exploration can happen widely, sampling different ways of being, or deeply, questioning choices one has made. Similarly, commitments can be initial promises or lived-in choices that have integrated into the self-concept. While the dual cycle model is more complex than Marcia's original work, they share the basic assumption that identity formation is a normative process with excitement and promise but also stress and uncertainty as emerging adults figure out who they are in the world they inhabit.

Identity processes, in the tradition of Marcia, have been linked to wellness variables. Identity exploration has been found to be adaptive in the teen years and early twenties, but increasingly linked to stress in the later twenties (Luyckx et al., 2013). Active identity searching that marks the moratorium status is associated with greater anxiety, stress, and depression (Kidwell et al., 1995). A large-scale study of university students found that autistic traits were associated with lower levels of identity commitment and higher levels of identity distress and existential anxiety (Ratner & Berman, 2015).

Identity commitment mediated by integration, (i.e., a clear self-concept that remains consistent over time), has been linked to better life adjustment (Luyckx et al., 2010). Resolving identity issues is associated with psychological markers of wellness (Hermon & Hazler, 2011). Identity achievement has been linked to greater well-being, fewer internalizing symptoms, less risky health behavior, and better coping strategies (Schwartz et al., 2013). Reaching a status of identity achievement and being a part of an affirming social group provides "identity capital" which can buffer against the uncertainties in the emerging adult period (Luyckx et al., 2011).

Taken together, this research shows that identity is not just an abstract concept of interest to researchers but a mechanism with real world implications for quality of life (Oles, 2015). However, the identity pathways might be different for neurodivergent people and are thus worth considering in the effort to create a more just social environment with less ableism and greater understanding and opportunity for all.

Disability Is a Form of Diversity and Identity

Similar to other marginalized groups, individuals with disabilities develop identity in the context of a majority culture that may not understand or accept their distinct ways of being (Kattari, 2015). Research has shown that people in socially marginalized groups experience commonalities in identity development as members of those groups (Phinney, 1996). Social groups with less advantage, such as African-American compared to White; Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual (LGBTQIA) compared to cisgender and heterosexual; or Muslim compared to Judeo-Christian, are among those who develop identities amidst a broader culture marked by racism, heterosexism, religious intolerance, and other forms of oppression (Goodman, 2015). This dynamic leads to distinctive features of identity development whereby attaining a positive sense of self requires countering negative societal messages.

Anjali Forber-Pratt and Marianne Zape (2017) created a model of disability identity wherein development happens in four statuses on the way toward identity synthesis. "Acceptance status" refers to the period in which the person and family are coming to terms with the difference and learning to accept it. "Relationship status" is marked by the desire to interact with similar others, making friends or joining groups with people with disabilities. In the "adoption status," the person with a disability adopts and internalizes the values of the new group. "Engagement status" refers to the person becoming a model for others and an active member of the disability community. Movement through the statuses is not strictly linear and progress is not necessarily even. People may actively experience several statuses simultaneously, return to previous statuses, and go through a progression more than once.

Jennifer Gibson's *Disability Identity Development Model* (2006) also comes from the social identity development perspective. This model describes a three-step process starting in childhood and continuing to adolescence or adulthood. In stage one, "passive awareness," the individual does not directly identify with the disability. Embarrassment, secrecy and attempts to pass as non-disabled may occur at this stage. Stage two, "realization," typically occurs in adolescence. In the realization stage, the individual is aware of the disability and actively making sense of it. Intense feelings about the disability and over-compensations are common at this stage. Stage three, "acceptance," may occur in adolescence or adulthood. Features of acceptance include embracing one's differences, seeking to be around others who have dis-

abilities, recognizing ableism, and cultivating a solid sense of being "just as good" as someone without a disability. This final stage can also involve becoming a disability advocate.

For individuals with a range of disabilities, identifying with the disability, rather than minimizing or concealing it, was linked to higher self-esteem (Chalk, 2015; Nario-Redmond et al., 2013) and use of coping strategies to benefit the group (Nario-Redmond, & Oleson, 2016). A stronger disability identity was linked to lower depression and anxiety in participants with multiple sclerosis (Bogart, 2015). Disability identity, self-esteem, and self-efficacy were predictive of quality of life for individuals with congenital and acquired disabilities (Bogart, 2014). To gain a positive identity and sense of normalcy, individuals who have spina bifida, cerebral palsy, amputations, and other disabilities had to actively counter social stigma that they faced and internalized (Lundberg et al 2011). In another study (Brownlow & O'Dell, 2006, p. 319), participants suggested that curing autism, hypothetically, would lead to identity loss. Comments included, "I am not broken and I don't need to be fixed or cured. If I were to become NT [neuro-typical], I would not be me anymore and a lot of my good qualities would disappear," In summary, evidence suggests that cultivating a positive disability identity has mental health benefits, and this approach should be favored over approaches that normalize or hide the disability.

For members of some social groups, such as persons with disabilities, creating a healthy identity involves finding pride and community while countering stigma in the environment and internalized. While the importance of identity formation is generally agreed upon, little is known about this process for neurodivergent individuals whose disabilities may not be immediately apparent but are impactful nonetheless. The primary objective of this study is to uncover the extent to which college students who have hidden disabilities identify with a disability label.

Research Questions

1. To what extent have neurodivergent college students created a disability identity?
2. Do autistic college students differ in disability identity compared to other neurodivergent groups?

For the second research question, researchers held two opposing hypotheses of what might be found. First, autistic college students may have more advanced disability identity, as defined by the model,

than individuals with other neurodevelopmental conditions because autism acceptance is currently a theme in popular culture. If more examples of autism pride are readily available, it may encourage identity development among autistic people. We also considered the opposite hypothesis—namely that despite the larger cultural environment, the social aspects of autism would be an impediment to disability identity development. Connection with similar others is an important part of developing identity; therefore, social challenges would likely affect this process.

Methodology

Participants

Ninety-two college students participated in the study. All participants were enrolled in an accredited, private liberal arts college with the mission of serving students who have the diagnosis of autism, ADHD, LD or a combination of these. (See Table 1). The study protocol was reviewed and approved by the Institutional Review Board (IRB), which evaluates all research proposals for adherence with ethical principles.

Recruitment took place in new student orientation sessions, introductory psychology classes, and advanced psychology classes at a private college in the northeastern United States. All participants were over the age of 18. Students were advised that participation was voluntary and there was no penalty for choosing not to participate. To minimize any perceived pressure, the course instructors did not recruit in their own classes. Informed consent was obtained by going over the consent form verbally and providing an opportunity for would-be participants to read, ask questions, and sign the form.

Consenting participants permitted researchers to access their psycho-educational testing to obtain diagnostic information, and they completed a demographic data sheet and the Disability Identity Development Scale (DIDS). Participation took 10-15 minutes per person and was not compensated.

Instruments

Participants completed two forms as a part of this study, a demographic data form and the Disability Identity Development Scale (DIDS). The demographic data form is a short questionnaire asking participant age, gender, and previous college experience. The DIDS is a 12-question survey designed to measure the stage of disability identity in persons with disabilities. The DIDS was chosen because it fits the theoretical framework of this current research project, and its brevity makes the DIDS both accessible

and practical to administer to a sample of this size. To the researchers' knowledge, no published instrument measuring neurodivergent identity development was available at the time of data collection. It is noted that the DIDS is not designed specifically for use in a neurodiverse population; however, the questions are general and thus understood to be applicable to a wide range of disabilities.

The DIDS yields a score indicating one of three stages: passive awareness, realization, or acceptance. The DIDS asks respondents to rate their agreement with statements on a four-point scale from "strongly disagree" to "strongly agree." Statements focus on the individual's comfort, ownership, and positivity about the disability label. Score range between from 12 to 48. Scores from 12-18 correspond with stage one titled "passive awareness;" 19-35 with stage 2 "realization," and 36-48 with stage 3 "acceptance" (Gibson, 2006).

Results

Ninety-two students completed the demographic data form and DIDS and consented to researchers accessing their psychoeducational reports. Sixty-two participants were male; 29 female; and one did not list a gender. Participant ages ranged from 18 to 28 years old. Most participants, 87% were traditionally aged students between 18 and 23 years of age. Previous college experience in the sample ranged from "very little" to "six semesters or more."

Based on a review of psychoeducational testing to which participants permitted access, the data from 92 participants was divided into diagnostic groupings. Twenty-five percent had the sole diagnosis of autism ($n=24$); the remaining participants had diagnoses of ADHD, LD, and various combinations of all three neurodevelopmental conditions. (See Table 1).

DIDS scores were compared categorically in stages one through three and continuously on a scale of 12 to 48. Categorical analysis translates continuous scores into three stages, "passive awareness," "realization," and "acceptance." All participants scored one of the two upper stages, realization and acceptance. No scores corresponded to stage one.

Because age is an independent variable that may affect DIDS scores, a correlation test between age and DIDS scores was performed for all participants regardless of their diagnosis ($n=92$). For these subjects, there was no significant relationship between age and score ($\rho=-0.10055$, $p=0.3397$) Additionally the average age of the groups in the study, autism-only versus all others, was tested with a separate variance t-test. The results indicated that the mean ages of

the two groups can be considered equal. ($t=-1.6477$; $p>0.05$)

As expected, no scores corresponded to stage one because of the age range of the participants, 18 to 28. For these two higher categories a Chi square test for multiple proportions ($d.f.= 6$) showed no significant differences among the various LD groupings. When the autism-only portion of the sample was compared to all others, Chi square analysis revealed a non-statistically significant trend: for the autism-only portion of the sample, 70% scored at stage 2 and 30% at stage 3; For the ADHD, LD, and combined diagnosis portion of the sample, 55% scored at stage 2 and 45% at stage 3.

This trend was verified when the DIDS results were compared on a continuous scale. The autism-only group scored significantly lower on the DIDS compared to all other groups in the sample ($n=92$). When autism-only was singled out and compared to all others, the average score was significantly lower for the autism-only group. Separate-variance t -test yielded a t -score of -2.308 (1 tail lower $p= .013$).

The group with autism-only was analyzed separately from the other groups. The autism-only group scored significantly lower on the DIDS compared to all other groups in the sample ($n=92$), when DIDS scores were analyzed continuously. When autism-only was singled out and compared to all others, the average score was significantly lower for the autism-only group. Separate-variance t -test yielded a t score of -2.308 (1 tail lower $p= .013$).

In categorical analysis, there was a non-statistically significant trend in the direction of the above finding. For the autism-only portion of the sample, 70% scored at stage 2 and 30% at stage 3; For the ADHD, LD, and combined diagnosis portion of the sample, 55% scored at stage 2 and 45% at stage 3.

Discussion

The purpose of the study was to gain insight into the disability identity of neurodivergent college students. There is cultural evidence for autistic identity in a framework of social privilege and oppression (Brown et al., 2017; Straus, 2013), but at the time of this publication, we are unaware of instrument-based research that systematically documents the presence of a disability identity among autistic people or, more broadly, neurodivergent people. While it may be obvious to people familiar with the disability rights movement that neurodivergence is an identity, the upside of social scientific inquiry is that it can inform anecdotal accounts and reach readers outside the advocacy sphere.

The first research question asks if neurodivergent college students form a disability identity, and the results of this study suggest they do. In this sample, all participant scores corresponded with disability identity stages of self-awareness and acceptance. Specifically, in a three-stage model of disability identity development (Gibson, 2006), none of the participants scored at the lowest stage of “passive awareness.” This may be a function of self-selection bias. Our sample was recruited from an institution that exclusively serves students who have autism, ADHD, and learning disabilities; therefore, it is likely that everyone would have overt knowledge of their disability. A plurality of participants scored at the second stage of “realization,” and a substantial percentage, between 30-45%, reached the top stage of “acceptance” regarding disability identity. According to the logic of the Gibson model, this may indicate that the disability was a meaningful, integrated and positive part of the self. This research supports the notion that like other forms of disability, neurodivergence can be an identity, so it is useful to look at it in the context of existing identity literature.

In some disability groups, having a disability identity has been associated with a range of wellness indicators including higher self-esteem, greater use of coping skills, and better mental health (Chalk, 2015; Nario-Redmond & Oleson, 2016; Bogart, 2015). This research suggests that accepting the disability, rather than trying to eliminate it, is linked to better outcomes. Participants in this current study, who have received neurodevelopmental diagnoses, showed signs of working toward self-acceptance and theoretically may be at wellness advantage compared to others who live with but do not disclose a hidden disability. Because disability is a broad concept encompassing a great deal of diversity, the results from one area do not necessarily pertain to another. Additional research is needed to learn if the connection between identity and wellness is similar for neurodivergent groups and disability groups more broadly.

The second research question asks if college students with autism are more, less, or equally likely to develop a disability identity compared to peers who have ADHD, LD, or a mix of features. There were two competing hypotheses about this question. First, based on the cultural movement toward autism rights and acceptance (Gobbo & Shmulsky, 2016), autistic college students may have more advanced disability identity than individuals with other neurodevelopmental conditions that receive less popular attention. An opposing hypothesis was also considered, namely that the social aspects of autism would be a barrier to disability identity development as has been demon-

strated by research linking autistic traits to identity distress and existential anxiety (Ratner & Berman, 2015). Creating a social identity requires referencing oneself with a group and engaging with similar others, and the communication styles of autistic people, which can be unfamiliar to non-autistic people, may mean fewer opportunities for this type of engagement, depending on the setting.

Results showed that participants with the sole diagnosis of autism ($n=23$) scored lower on the DIDS when compared to a combined group of all other diagnoses. Participants who had documentation of learning disabilities, ADHD, and co-occurring diagnoses, including mixes that included autism as one condition among others scored higher on the DIDS than the autism-only group. This finding suggests that the disability identity development for autistic college students may be different than it is for other neurodivergent groups, and this warrants future study given the positive correlates of such an identity.

One explanation for the difference in disability identity scores for the autism-only group versus others is the social opportunity available to each group. People who have ADHD and learning disabilities may have more opportunity to develop solidarity, which supports identity, because the prevalence of these conditions is higher than for autism. Based on statistics alone, autistic students have less occasion to be with other autistic students unless they attend a school with a specialized mission; therefore, they may have less opportunity to reference the self with a similar group. Given the importance of social group referencing in the development of disability identity (Forber-Pratt & Zape, 2017), this may have contributed to between-group differences found in the study.

It is also possible that between-group social skill differences were a contributing factor in the results. If the groups consisting of ADHD, learning disabilities, and combination profiles had more conventional interpersonal skills than the autism-only group, they may have experienced more positive treatment by peers leading to greater self-acceptance. Social treatment is likely to be qualitatively different for autistic people as compared to others who have hidden disabilities, and this would have an impact on the development of identity.

An alternative explanation is that the finding is not inherently meaningful in terms of identity but rather a byproduct of the research process. The small diagnostic groups may have differed from one another in a way that affected the results but is not known. Alternatively, the instrument, which has been used in disability groups but not neurodivergent groups specifically, may not be a valid measure of autism iden-

tity. To better understand autistic identity, it will be necessary to design research with the input of autistic people whose perspective can be used to design instruments and procedures that are valid and appropriate for the community.

There is evidence that forging a disability identity is valuable to people with a wide range of discernible disabilities (Bogart, 2015; Chalk, 2015; Nario-Redmond, et al., 2013), but it is not known whether this holds true for neurodivergence. Variables such as the ability to pass for non-disabled, the level of impairment, and the type of social stigma associated with the disability all may be factors. With the caveat that future research is needed, the following implications are based on prior research linking disability identity to wellness and the current finding that some neurodivergent college students forge a disability identity.

Implications for Postsecondary Education

At the broadest level, the goal of postsecondary disability support is to create equitable opportunity for qualifying students, including those with neurodevelopmental conditions that affect learning. In practice, this means providing academic support, accommodations, and tools so that students can meet their educational goals. For example, the aim of service providers may be for autistic students to engage with instructors and peers effectively, students with ADHD to remain organized and complete work, and students who have dyslexia to access assignments with digital readers, all of which would help them perform in their classes. Providing support to meet these goals can increase equality by reducing gaps among differently abled student groups.

As long as learners present with different challenges, profile-based services to address needs will be essential; however, approaches that focus only on mitigating deficits can imply that success is contingent upon masking neurodivergence. To the extent that students internalize this concept, they may miss the opportunity to incorporate their unique ways of thinking and being into a positive sense of identity. Prior research on the positive correlates of disability identity (Bogart, 2015; Nario-Redmond, et al., 2013) imply that services combined with identity-supportive activity may yield the best outcomes.

For those who work most directly with students, creating a climate of acceptance can facilitate identity exploration. Self-acceptance and acceptance by others are integral in models of disability identity development (Forber-Pratt & Zape, 2017; Gibson, 2006). Initiatives to increase acceptance may include educating faculty, staff, and students about strengths and characteristics of autism, ADHD, and LD, assisting

students in developing self-knowledge and self-advocacy skills, inviting neurodiversity advocates to speak on campus, and encouraging disclosure among faculty and staff who may have been served by special education as children. By signaling that everyone belongs, these measures can increase acceptance.

Strengthening community is another way to support identity development. The importance of finding a community of similar people has been a core feature of previous disability identity research (Forber-Pratt & Zape, 2017). In the context of neurodiversity, which is often invisible, a first step to community is finding one another. College personnel can facilitate connection by organizing voluntary neurodiversity student groups, hosting neurodiversity events, providing information about advocacy organizations and supporting student attendance at neurodiversity-themed local conferences and events.

At the institutional level, colleges and universities can promote social justice by including neurodiversity as an element within diversity and inclusion efforts. Hiring neurodiverse faculty and staff, supporting neurodiversity research, funding disability support offices, recruiting students with a range of profiles including autism, ADHD, and LD, and providing professional development opportunities to faculty and staff are among the institution-level activities that can increase inclusion.

Colleges and universities can also consider the importance of involving neurodivergent people in advisory and decision-making roles in consequential policy, practices, and research. A unique feature of cultural ableism is that generally it is neurotypical leaders who set well-meaning research agendas, spending priorities, and policy goals designed to help neurodivergent people. This can create a gap between well-intentioned plans and the actual needs of the community, which may be lessened if the community is part of discussion. It can also reinforce the very hierarchy that serves to marginalize neurodivergent people. Recognizing the disempowerment inherent in this dynamic, the neurodivergent community is rightly advocating for a voice in decision making, as noted by the slogan, "Nothing about us without us" (Autistic Self Advocacy Network, 2018). In addition, by intentionally involving neurodivergent people in activities about them, colleges and universities are reinforcing notions about the value of all people, including those who may be perceived as different.

Previous research suggests that disability identity is a positive force for good, and this project provides preliminary evidence that neurodivergent college students may develop disability identities. To be useful, research should do more than abstractly theorize

about identity; it should lead to tangible applications that can improve lives (Des Roches Rosa, 2018). We believe that understanding neurodivergence as identity and disability leads to concrete actions that go beyond accommodations, the typical educational and workplace response to a diagnosis.

Future Research

More research is needed to understand the identity processes of neurodivergent individuals, including those who have autism; this is a complex area of investigation considering the social nature of identity, social challenges of autism, and the changing profile of autism in popular culture. The intersection of neurodiversity, race, ethnicity, social class, gender, and sexual orientation can be studied to gain a more complete understanding of identity; work has begun in this area (Jones et al., 2013), but more can be done to explain how these variables interact in the lives of emerging adults. Future research might also explore whether disability identity confers wellness benefits for neurodivergent people, which is in keeping of the ethos in disability communities of prioritizing research that directly improves lives.

Limitations

The DIDS has face validity because it follows the established tradition of social identity models and has been used in therapeutic (Gibson, 2006) and research contexts (Gibson et al., 2018); however, it is not published as a standalone instrument. Without validity, reliability, or normative data, the results cannot be meaningfully compared to an external standard; for this reason, inferences based on the DIDS must be viewed as provisional, opening questions rather than resolutely answering them.

The entire sample is made up of students who have chosen to attend a college dedicated to serving students with diagnoses of autism, ADHD, LD, and other similar profiles. For this reason, it is unlikely that anyone in the sample would have scored in the passive stage of the DIDS, which corresponds to the lowest level of identification with disability. If the study were done at a non-specialized institution, there may have been a broader range of responses to the DIDS, including responses at passive stage. The time of year data were collected may have biased the result in a positive direction. The questionnaires were completed at the beginning of the academic year while optimism is high and negative academic events have not yet occurred. The small subgroup sizes in this study also limit comparisons that can be made among diagnostic groups. Finally, this study did not collect information about race, class, ethnicity, gender, and

sexual orientation, which are factors that are relevant to social identity.

Conclusion

The neurodiversity framework is a social justice concept that views brain-based differences, which may lead to diagnoses, as forms of diversity similar to race, gender, and sexual orientation. From this perspective, disability can be an identity as well as a combination of real challenges and strengths. This current research suggests that neurodivergent college students develop measurable disability identities, many of which reach the level of acceptance. Post-secondary institutions and workplaces have a unique role in promoting social justice for neurodivergent emerging adults and adults by setting examples for inclusion and respect. Promoting the value of neurodiversity may be achieved by actions such as including neurodivergent perspectives in decision-making, creating a culture where it is okay to disclose hidden disabilities, supporting neurodiversity research, funding disability service offices, and recruiting students and employees with a range of profiles including autism, ADHD, and LD. These measures will create a more inclusive society, and they have the potential to benefit the world in unpredictable ways as divergent thinkers bring fresh perspectives to problem-solving and opportunity.

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Table 1

Participant Diagnoses Based on Prior Educational Testing

Diagnosis	<i>N</i>	%
ADHD	10	11
Autism	23	25
LD	12	13
ADHD/Autism	12	13
ADHD/LD	15	16
ASD/LD	9	10
ADHD/Autism/LD	11	12