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Unmasking Authenticity: Introducing the Integrative Neuroaffirming Framework for Theory and Practice

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Abstract

Traditional psychological frameworks have largely conceptualized "neurodivergence" through a deficit-based medical model rooted in neuronormative standards. These paradigms often misinterpret cognition, behavior, and perception through their neuronormative lens. In response, we present the integrative neuroaffirming framework (INAF), an identity-affirming framework grounded in first-hand perspectives, Indigenous wisdom, polyvagal theory, and interpersonal neurobiology. INAF critically examines the systemic and historical forces that shape identity development and highlights masking and neuroconformity as protective but costly responses to these pressures. To challenge deficit-based narratives, we propose the term

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MINDS—misunderstood, intersectionally neurodiverse, and silenced—as a more affirming alternative to "neurodivergent." MINDS reflects the dynamic and intersectional nature of neurodiverse experiences—shifting the focus from deviation to diversity. We offer tools for supporting MINDS clients across support and accessibility levels, including the neuroaffirming identity development model (NID), to guide psychologists in fostering authenticity and self-determination. INAF provides a foundation for transforming research, advocacy, training, and clinical care.

Keywords
Neurodiversity, Autism, Attention Deficit/Hyperactivity Disorder (ADHD), Misunderstood, Intersectionally Neurodiverse, and Silenced (MINDS), Neuroaffirming Identity Development Model (NID)

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Significance of the Scholarship to the Public

This paper introduces the integrative neuroaffirming framework (INAF), an identity-affirming, decolonial model that reframes "neurodivergence" as a natural expression of human diversity rather than a disorder. We propose the term MINDS—misunderstood, intersectionally neurodiverse, and silenced—to highlight how misunderstanding, oppression, and cultural silencing shape neurodiverse experiences.

Applicable across support and accessibility needs, INAF includes the neuroaffirming identity development model (NID) and practical tools to help psychologists reduce harm, support identity development, and foster more inclusive, affirming care.

Neurodevelopmental diagnoses, such as attention-deficit/hyperactive disorder (ADHD) and autism spectrum disorder (ASD) are often conceptualized within a medical model framework that emphasizes identifying and treating symptoms to reduce problematic behavior (Botha & Gillespie-Lynch, 2022). The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR), which uses a medical model framework, defines ADHD as a neurodevelopmental disorder characterized by persistent patterns of inattention and/or hyperactivity-impulsivity that interfere with daily functioning or development (American Psychiatric Association [APA], 2022). Autism is defined as a neurodevelopmental disorder marked by persistent deficits in

social communication and social interaction, along with restricted, repetitive patterns of behavior, interests, or activities (APA, 2022).

Although this framework has contributed to advancements in understanding the biological foundations of these conditions and in developing evidence-based interventions, it often fails to consider the internal experiences of individuals within the MINDS community—an acronym for misunderstood, intersectionally neurodiverse, and silenced (see Table 1). Within this deficit-based paradigm, MINDS traits are framed as deviations from a presumed norm rather than valid expressions of human diversity. In response to these pressures, MINDS individuals often engage in *masking*—the conscious or unconscious suppression of natural behaviors. This behavioral suppression is one component of *camouflaging*, a broader set of social strategies that may include mimicking neurotypical speech, scripting conversations, or adapting body language to avoid detection or judgment (Botha & Gillespie-Lynch, 2022; Cage & Troxell-Whitman, 2019; Hull et al., 2017; Miller et al., 2021; van der Putten et al., 2024). Over time, these repeated adaptations can evolve into *neuroconformity*—a deeper, more pervasive process of internalizing neurotypical values, communication styles, and behavioral norms as personal standards. Due to its structural and systemic nature, and the colonial influence on how "value" is defined (Fanon, 1967; Smith, 2012; Young, 1990), neuroconformity can be understood as a form of oppression (Barnett, 2024; Piepzna-Samarasinha, 2018; Walker, 2021). It conditions individuals to reject or suppress parts of themselves in order to avoid marginalization and loss of power—affecting everyone, including those without other marginalized identities, but especially those who hold multiple marginalized identities. Within this context, internalized ableism and pervasive demands for masking or camouflaging profoundly affect authenticity and self-determination (Barnett, 2024; Botha & Frost, 2020; Yergeau, 2018). Neuroconformity extends beyond behavior into identity, shaping how individuals view their worth and influencing their alignment with dominant societal expectations (Botha & Gillespie-Lynch, 2022; Kupferstein, 2018; Thomas, 2024). Although masking and camouflaging are often used interchangeably in the literature, we differentiate them here to clarify their respective behavioral and cognitive dimensions. Understanding these layered adaptations is essential for developing identity-affirming approaches that support authenticity, self-determination, and well-being.

At the heart of our neuroaffirming framework lies a fundamental premise drawn from dysregulation theory (discussed in greater depth in later sections): that a safe and regulated nervous system is the cornerstone of connection, self-determination, and coherence—the harmonious integration of mind, body, and relationships (Champ et al., 2023; Porges, 2011; Ryan & Deci, 2000; Siegel, 2010; Stone et al., 2024). Without a sense of safety, individuals cannot fully

Table 1. Key Terms and Definitions

Term	Definition
Medical model	A framework that views neurodevelopmental differences as deficits or pathologies to be treated or corrected. In contrast, this paper adopts a neuroaffirming, identity-based approach.
Neurodivergent	Describes individuals whose neurological development and functioning differ from dominant norms. Coined by Kassiane Asasumasu, the term was originally used to describe people whose minds function differently from what is considered "neurotypica-l." It encompasses a broad range of experiences, including—but not limited to—autistic[a] people, people with ADHD[b], those with trauma-based neurodiversity, dyslexic individuals, and those with cognitive differences. Although the term has been instrumental in affirming diverse ways of being, it also reinforces a binary between "neurodivergent" and "neurotypical," which may unintentionally obscure the complexity and fluidity of neurological experiences and inadvertently reinforces stigma by positioning one way of being as normative and others as deviations.
MINDS	An acronym that stands for misunderstood, intersectionally neurodiverse, and silenced. It is proposed as a more inclusive alternative to the term neurodivergent, highlighting not only neurobiological differences but also the compounded impact of systemic marginalization due to misunderstanding and the pressure to conform to neuronormative standards (Silenced). The phrase, intersectionally neurodiverse refers to individuals whose cognitive or perceptual differences exist alongside other identities, distinct neurotypes, or co-occurring conditions—creating layered experiences of privilege, exclusion, and identity suppression. By centering those whose identities have been shaped and suppressed by systemic oppression, MINDS seeks to reclaim agency and visibility for those most affected by forced conformity.
Neurotypical	Refers to individuals whose neurological functioning and behaviors align with societal norms. This term reinforces a binary of "normal" vs. "other," which can perpetuate stigma. We propose neuroconforming as a more accurate, socially contextualized alternative.
Neuronormativity	The dominant set of assumptions, values, and standards that privilege certain ways of thinking, behaving, and communicating. In the United States, these are typically aligned with Western, individualistic, and neurotypical norms.

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Table 1. (continued)

Term	Definition
Neuroconformity	The internalization and adoption of neuronormative behaviors, values, and communication styles as personal standards. Neuroconformity involves shaping one's identity, worldview, and behaviors to align with dominant expectations.
Neuroconforming (as behavior)	The behavioral aspect of neuroconformity, involving the presentation of neuronormative traits. Unlike masking, neuroconforming behaviors may become habitual or internalized over time.
Masking	The conscious or unconscious suppression of traits commonly associated with MINDS individuals (e.g., stimming, atypical communication) to appear neurotypical in social or professional settings. Masking is often unconscious or automatic and typically involves moment-to-moment regulation of visible behaviors to avoid stigma, rejection, or harm. It reflects a surface-level attempt to manage social impressions and may be driven by anxiety, internalized stigma, or survival instincts.
Camouflaging	A broader set of conscious or strategic social adaptations that includes masking but also involves more cognitively mediated efforts, such as scripting conversations in advance, mimicking neurotypical body language, rehearsing emotional expressions, or closely monitoring social feedback. Camouflaging reflects a higher-order cognitive process aimed at blending in, gaining social acceptance, or avoiding misunderstanding, and often requires significant executive functioning and emotional labor.
Neurotypism	A system of oppression that favors neurotypical modes of functioning and marginalizes those who diverge from these norms, similar to ableism but specifically targeting neurological differences.
Internalized neurotypism	The internal adoption of negative beliefs about one's own neurotype, resulting in self-stigma, shame, or a desire to suppress or hide traits associated with MINDS individuals to meet neuronormative expectations. Often a consequence of chronic invalidation or exposure to pathologizing frameworks.
Coherence	Coherence reflects optimal integration—when differentiated parts of the mind, body, and relationships are linked in a way that supports stability, creativity, and connection. In this state, the nervous system functions with fluid coordination, allowing individuals to remain open, present, and responsive rather than reactive. Coherence emerges both within the individual (as internal regulation) and between individuals (as relational attunement and co-regulation).

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Table 1. (continued)

Term	Definition
Soul wounding	A form of spiritual and identity-based trauma resulting from cultural oppression, forced assimilation, or systemic invalidation[c]. It reflects the harm of disconnection from one's authentic self.
Neuro -decolonization	A process of resisting and healing from the colonizing effects of neuronormativity. Involves reclaiming MINDS individuals' ways of knowing, relating, and being through cognitive, spiritual, and cultural realignment[d].
Double empathy	Explains that any difficulty in communication and interaction between MINDS individuals and neuroconforming people arises not from deficits within MINDS individuals, but from mutual misunderstanding between groups with differing experiences and worldviews. These challenges reflect a mismatch between what each group considers important in terms of social expectations, communication styles, and life experiences, rather than an individual's shortcomings. In other words, the issue lies in the dynamic between both parties, not within one group alone.
Monotropism	A cognitive theory of attention that offers insight into how autistic—or those within the MINDS community—allocate their mental resources. It suggests that attention is funneled intensely toward a narrow range of highly meaningful interests, allowing for deep focus and immersion in those areas[e]. This focused attention often enhances performance on the primary task but can lead to reduced awareness of other stimuli or tasks outside the current focus. As a result, shifting attention or multitasking may be especially challenging, not due to deficits, but to a fundamentally different—and often highly effective—attentional style.
Parallel engagement	Parallel engagement or *parallel play*, is a form of social interaction in which individuals share space and engage in independent activities with minimal direct interaction. Although traditionally associated with early childhood, we propose the term *parallel engagement* to reflect its relevance across the lifespan, particularly among MINDS individuals. For autistic individuals, it may offer shared presence without social demands, and for those with ADHD, it may accommodate attentional shifts and a preference for flexible, low-pressure interaction. Rather than indicating a social deficit, parallel engagement can be a regulation-supportive, autonomy-affirming mode of connection for MINDS individuals.

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Table 1. (continued)

Term	Definition
Alexithymia	Common in MINDS individuals, alexithymia is a difficulty identifying, recognizing, and/or describing emotions, often due to challenges in interpreting internal bodily signals (interoception). Individuals with alexithymia may struggle to connect physical sensations with emotional meaning, making emotional awareness and expression more difficult.
Interoceptive awareness	The conscious and intuitive ability to notice, interpret, and assign meaning to internal body signals or sensations—such as hunger, heartbeat, or muscle tension. This awareness helps individuals recognize how their body feels in a given moment and supports emotional insight and self-regulation by linking physical sensations to psychological or physiological needs.

[a]We utilize identity-first language to emphasize autism as an integral part of identity rather than a disorder, but acknowledge variations in preference and respect individual autonomy.
[b]We chose to use both person-first and identity-first language for ADHD in this paper, recognizing that preferences vary within the community and that emerging theories—including our own—suggest ADHD may reflect a dynamic interaction between neurobiology and environmental stressors rather than a fixed neurotype.
[c]From Duran (2019).
[d]Adapted from Yellow Bird (2013).
[e]Adapted from Murray et al. (2005).

access their stable sense of self-worth, much less their inherent strengths or gifts (Porges, 2011; Siegel, 2010). This perspective reframes what is often mislabeled as "severe" autism or profound impairment. Many nonspeaking individuals are extraordinarily sensitive and experience a world that feels chaotic or threatening because their environment is not attuned to their perceptual and regulatory needs (Bogdashina, 2016; Glod et al., 2019; Hartman et al., 2023; Owens et al., 2021; Porges, 2011; Stone et al., 2024).

From this view, what is often interpreted as profound impairment may instead reflect the depth of misalignment between an individual's nervous system and the surrounding environment. When the sensory, social, and emotional context consistently overwhelms a person's capacity for regulation, the resulting state of chronic threat or shutdown can appear as intellectual or functional limitation. Yet these expressions are not evidence of diminished capacity, but of protective mechanisms—the nervous system's attempt to preserve safety in the face of unremitting dysregulation. Our theory is that over time, this mismatch can create a feedback loop: the more dysregulated the system becomes, the less access the individual has to their

natural capacities for communication, engagement, and learning, which in turn reinforces assumptions of incapacity.

Importantly, we do not suggest that all individuals possess equivalent abilities across domains or that competence is uniform. Nor are we advocating against giving individuals practical tools for navigating neuronormative spaces. Rather, we highlight the ethical and clinical danger of assuming lack of capacity when observation occurs during states of severe or chronic dysregulation. Until safety and coherence are restored, even the most capable person may be unable to access or demonstrate their abilities for connection, regulation, communication, or learning. This phenomenon is best understood through the lens of co-regulation—a dynamic, reciprocal process by which individuals influence and modulate one another's emotional and physiological states over time (Porges, 2011). As described by Bornstein and Esposito (2023), co-regulation is not a static trait but a multilevel biopsychosocial process that involves behavioral, autonomic, and neural synchrony between partners. Co-regulation underpins the development of self-regulation and relational competence, emerging through contingent and reciprocal exchanges such as gaze, vocal tone, gesture, and touch. Qaiser et al.'s (2023) study, for instance, highlights how co-regulation fluctuates with behavioral signals, emotional context, and partner responsiveness—underscoring that interpersonal coherence is not an inherent skill but a relational and contingent outcome shaped by the quality of each interaction. Interpersonal neuroscience studies offer additional evidence for this theory and affirm that co-regulation and interpersonal coherence is dynamic, relational, and context-dependent—not a fixed individual trait (e.g., Bornstein & Esposito, 2023; Boukarras et al., 2025; Chen et al., 2024; Qaiser et al., 2023; Siegel & Drulis, 2023). In later sections we will discuss how these factors disproportionally impact MINDS individuals due to perceptual differences and nervous system sensitivity.

This has critical implications for the field of psychology: what appears to be a lack of capacity or competence may instead reflect a nervous system in distress or shutdown that is temporarily unable to engage in co-regulation or sustain interpersonal coherence. In such cases, the individual's state often mirrors the energetic tone of their environment. For instance, a tense classroom or emotionally charged conversation can carry patterns of energy and information—such as subtle cues in tone or emotional intensity—that are out of harmony with the person's sense of safety and stability. This mismatch disrupts coherence, prompting the nervous system to mirror the surrounding tension and activate protective responses (Siegel, 2010). Apparent withdrawal or "nonresponsiveness" may therefore represent an adaptive effort to protect the nervous system from further overload when the surrounding environment is incompatible with regulation and relational flow (Siegel,

2010). In such moments, MINDS individuals may rely on alternative forms of connection—such as connecting through touch or using body language and movement for self-expression—that fall outside neuronormative expectations. These forms of communication are often missed or misinterpreted.

Recognizing this distinction calls for humility, patience, and curiosity in our interpretations of behavior. It also invites a paradigm shift: when interventions prioritize regulation and environmental alignment, we often see capacities emerge that were previously unseen—not because they were absent, but because the nervous system did not have the safety required to reveal them (Kapp et al., 2019; Pellicano et al., 2022; Yellow Bird, 2013). Recognizing the cyclical relationship between dysregulation and perceived impairment opens new possibilities for understanding and support. When we prioritize regulation and coherence—creating environments that feel safe to the body and the senses—we often see remarkable shifts in expression, presence, and connection. This reorientation invites psychologists to move beyond managing behavior toward fostering nervous system safety and attunement, trusting that regulation unlocks potential far more effectively than efforts to enforce conformity.

To support clarity throughout this paper, Table 1 presents a glossary of key terms used to describe the sociocultural and psychological dynamics of neurodiversity, identity development, and systemic oppression. These terms reflect both emerging language within the neurodiversity movement and foundational constructs drawn from Indigenous psychology and decolonial theory.

Positionality and Aims of the Paper

As autistic and ADHD (AuDHD) psychology professionals, we bring lived experience alongside our academic, clinical, and research expertise. Our perspectives are shaped by navigating systems that have historically pathologized neurodivergence, and this positionality informs our commitment to developing affirming, identity-centered frameworks. We recognize that our personal experiences of navigating masking, authenticity, and systemic pressures influence the questions we ask and the interpretations we draw. At the same time, we strive to hold reflexive awareness of these influences, engaging critically with our own assumptions while centering the voices and well-being of MINDS communities. Our aim is to reimagine psychological care through decolonized, strengths-based, and inclusive practices that promote authenticity, self-determination, and flourishing.

To move beyond the medical model's restrictive paradigm, this paper proposes the INAF, a neuroaffirming framework that recognizes and values neurological diversity rather than framing it as a deviation from a norm.

Although applicable to a broad range of MINDS experiences—including neurodevelopmental conditions, PTSD, learning differences, and other cognitive and perceptual differences—this framework will be explored through the lens of ADHD and autism, two of the most widely studied neurodevelopmental conditions. We begin by exploring the diverse ways humans experience and engage with the world, setting the stage for a deeper understanding of neurodiversity as a natural expression of human variation. Building on this foundation, we then trace how Western, colonized frameworks have misunderstood and pathologized difference—clarifying how these misconceptions gave rise to deficit-based models of care. From there, we introduce the INAF, a decolonized, identity-affirming approach that centers wholeness, regulation, and self-determination. Finally, we illustrate how this framework can be applied in practice through the neuroaffirming identity development (NID) model and conclude with implications for research, advocacy, and education.

How to Use This Resource

We recognize that this paper is substantial in both scope and length. This paper is designed to be a living resource—something to revisit as questions arise or new contexts emerge.

To support accessibility and integration, the paper is organized into five interconnected parts:

> Part one introduces the richness of human neurological diversity, describing cognitive, sensory, emotional, and attentional differences that underlie the MINDS experience and the conditions that allow these differences to flourish.
> Part two examines how Western medicine and colonial values shaped deficit-based interpretations of neurodiversity, including masking, misdiagnosis, and the rise of neuroconformity, culminating in the introduction of dysregulation theory.
> Part three presents the INAF, outlining its theoretical foundations, core components, and therapeutic focus areas that guide movement from fragmentation toward integration and authenticity.
> Part four introduces the NID model and demonstrates how it operationalizes INAF in clinical practice, illustrating the stages of identity development and healing through both conceptual discussion and an applied case example.

> Part five extends the framework into systems change, highlighting how INAF and the NID model can inform future directions in psychological training, research, and policy to promote inclusion and belonging.

Readers may wish to approach the paper sequentially, or to pause and reflect between sections, allowing time to sit with new insights before moving forward. The parts also stand on their own, making it possible to revisit specific sections as needed. For example, a clinician might focus on part four when exploring the NID model with clients, or a supervisor may assign one part at a time to trainees for deeper reflection. Our hope is that this structure supports both contemplation and practical application—inviting readers to engage not just intellectually, but experientially, with what it means to embrace neurodiversity as a pathway to wholeness.

Part I - The Diversity of the Human Experience

Many MINDS nervous systems can be likened to a high-performance racing engine—powerful, finely tuned, and capable of extraordinary performance when given the right fuel, air, spark, and maintenance. This engine isn't built to navigate stop-and-go traffic; it's designed for the racetrack, where its full capacity for speed, agility, and responsiveness can be expressed without restraint. The racetrack is an environment where the conditions are aligned with the vehicle's strengths: smooth surfaces, open stretches, precision turns. The same is true for the MINDS nervous system: it thrives not in environments that demand suppression, conformity, or constant self-monitoring, but in spaces that honor its design—spaces that allow for authenticity, movement, and sensory alignment.

This metaphor is not meant to suggest that the MINDS nervous system is superior to others—only that it is differently built, and thus requires different conditions to operate at its best. Just as every engine is designed with specific functions and strengths, every nervous system has its own rhythm, needs, and modes of engagement. For MINDS individuals, this means a world that values depth over efficiency, creativity over conformity, and regulation over restriction. When placed in environments that disregard its natural rhythm—filled with sensory overload, rigid expectations, or unrelenting social demands—the MINDS nervous system may stall, shut down, or overheat. But when supported by flexibility, curiosity, and space to move at its own pace, it reveals its full power: attunement, insight, and a radically different way of engaging with the world.

Before we can understand how to support the MINDS nervous system, we need to examine the different ways it processes and responds to the world

around it. Neurodiversity encompasses a wide range of differences in sensory perception, information processing, attention, and emotional regulation (Hartman et al., 2023). These differences shape the ways individuals experience, interpret, and interact with their internal and external environments.

Cognitive and Attentional Processing Differences

MINDS individuals often process information in ways that differ from the more common top-down models of cognition, which prioritize prior knowledge, expectations, and rapid categorization. Instead, many rely more heavily on bottom-up processing, a perceptual style that begins with raw sensory input—such as sound, light, texture, or internal bodily signals—and gradually builds meaning through direct engagement with the environment (Green et al., 2013; Mottron et al., 2006). Rather than quickly filtering stimuli based on relevance or familiarity, bottom-up processors often absorb more unfiltered sensory detail. This immersive style begins with detailed sensory input but extends beyond it, as the brain gradually processes and integrates this information to build meaning from the ground up. For example, in a conversation, a bottom-up processor might not just hear the words being spoken but also register subtle shifts in vocal tone, facial microexpressions, background sounds, and bodily cues. Rather than immediately categorizing the interaction as "friendly" or "awkward" based on prior expectations, they may need time to process all of these cues before arriving at a conclusion about the other person's mood or intentions. This approach allows for nuanced and context-rich interpretations—but it can also be cognitively demanding and slower to produce a definitive assessment, especially in fast-paced or overstimulating environments. In some cases, this processing style may even incorporate information that is not relevant to the situation at hand. For instance, during a conversation with a friend, a bottom-up processor might notice that the friend's hands are unusually fidgety and interpret these details as signs of emotional distress, when they're actually unrelated to the conversation—perhaps the friend is simply cold, distracted, or has had too much caffeine. Although the intent is to make sense of every available cue, this can sometimes result in analyzing neutral or unrelated behaviors, leading to misunderstandings or unnecessary concern. This heightened sensitivity to all available input can lead to more accurate or deeply felt understandings—but also to overprocessing or misattributing meaning where there is none.

Rather than relying on assumptions or preexisting categories (e.g., all furry four-legged creatures that bark are dogs), bottom-up processing favors a slower, more deliberate approach that considers a broader range of cues

before reaching a conclusion. In contrast, top-down processing often depends on mental shortcuts—such as heuristics, expectations, or prior knowledge—to rapidly categorize input and generate quick interpretations. Although efficient, these top-down generalizations can bypass the depth and nuance available through bottom-up engagement, which favors a more deliberate, embodied, and context-rich understanding of experience. While bottom-up processing styles can lead to misinterpretation of social cues, sensory overload, difficulty transitioning between tasks, or challenges with distraction, it also fosters rich perceptual engagement, pattern recognition, and creative insight (Pellicano & Burr, 2012). For instance, an individual might struggle to ignore ambient noise in a classroom or become deeply absorbed in the textures of a visual art project. These behaviors do not reflect a deficit in attention, but rather an alternate mode of meaning-making—rooted in present-moment sensory attunement rather than abstract generalization. Indeed, this very framework emerged through the gifts of bottom-up processing—by noticing recurring patterns across lived experiences, clinical observations, and research findings that might otherwise have appeared unrelated. Rather than beginning with a predetermined theory, the INAF developed inductively, through careful attention to real-world data, embodied experience, and contextual nuance. In this way, the framework exemplifies the creative and integrative potential of bottom-up cognition: the ability to build understanding from the ground up, guided by observation, empathy, and pattern recognition rather than assumption and preexisting theory.

Sensory Processing and Engagement Differences

Differences in cognitive and attentional processing are deeply interconnected with how MINDS individuals experience and respond to sensory input—experiences that are shaped not only by perceptual style, but also by the underlying state of the nervous system. Sensitivity to sensory stimuli varies widely among MINDS individuals, impacting their physiological responses and coping needs (Hartman et al., 2023; Irvine et al., 2024).

Recent research suggests bottom-up processing differences may be linked to differences in sensory gating and modulation—neurophysiological processes that determine how the brain filters, organizes, and responds to incoming sensory information. Sensory gating refers to the brain's ability to inhibit irrelevant or redundant stimuli at early stages of perception (Crasta et al., 2021). Sensory modulation is a twofold process: it begins as a neurophysiological ability of the nervous system to regulate and process sensory input, and it extends to include the individual's behavioral capacity to respond to that input in a graded and adaptive manner (Brown et al., 2019).

Studies indicate that both autistic individuals and those with ADHD often exhibit diminished sensory gating capacity, meaning more stimuli are processed as salient rather than suppressed (Crasta et al., 2021; Micoulaud-Franchi et al., 2019). For example, while a "neurotypical" brain may automatically filter out the hum of a refrigerator—never registering it as conscious input—a person with reduced gating may hear it just as clearly and persistently as the voice of the person they are speaking with, making it more difficult to focus or prioritize attention. This can lead to heightened awareness and richer perceptual intake, but also to distractibility, sensory overload, and difficulty prioritizing attention. These gating and modulation differences appear to reinforce and intensify bottom-up processing tendencies. When fewer stimuli are automatically filtered out, the nervous system processes a broader array of raw input—amplifying both the richness of perception and the cognitive demand required to make sense of it. In this context, behaviors often mislabeled as "distractible" or "overreactive" may reflect an alternate perceptual style rooted in different sensory thresholds, not deficits in function.

These dynamics are further illuminated through models like Winnie Dunn's (2001) Model of Sensory Processing, which translate neurophysiological patterns into observable sensory profiles. Dunn (2001) helps categorize these differences based on two key factors: an individual's neurological threshold (how much input is needed to notice or react) and their self-regulation strategy (passive or active response to that input). When integrated with polyvagal theory (Porges, 2011), we can understand these patterns as *state-dependent*, not static traits—meaning sensory responses may shift depending on whether the nervous system is in a mobilized (fight-or-flight), shutdown (freeze/collapse), or regulated (socially engaged) state. (See Supplemental Table 2). We will discuss these nervous system states in greater depth in a future section.

For example, individuals with sensory avoidant profiles—those with a low threshold who actively try to reduce input—may become overwhelmed by environmental stimuli such as lights, sounds, or textures and attempt to control or escape from these situations (Dunn, 2001). Their nervous systems may be operating from a sympathetic mobilized state, heightening sensory input in an effort to scan for threat and preserve safety. In contrast, sensory seekers—those with a high threshold and active regulation strategies—may actively pursue more intense input to regulate and engage their nervous system (Dunn, 2001). This may include behaviors like fidgeting, humming, seeking movement, or gravitating toward bright or noisy environments. Sensory-seeking behaviors can be adaptive forms of self-regulation, and may reflect a nervous system that is under-aroused or at risk of slipping into a dorsal vagal (shutdown) state, prompting the individual to self-stimulate in order to stay present and alert.

Some individuals present with a low registration profile, meaning they have a high threshold for sensory input but use passive regulation strategies. They may miss or respond slowly to sensory cues, remaining unaware of discomfort or overstimulation until they reach a state of collapse or emotional withdrawal (Dunn, 2001). This profile may be associated with a nervous system in a dorsal vagal state, where perception is dulled as a form of self-protection (Porges, 2011). Finally, individuals with sensory sensitivity (low threshold, passive strategy) may be easily overwhelmed by input but lack the active strategies to avoid or manage it (Dunn, 2001). This can lead to chronic distress and emotional exhaustion, particularly when the nervous system is persistently mobilized without access to regulation or escape (Porges, 2011).

These variances are not always static traits but are often dynamic responses to a nervous system working to manage chronic dysregulation. For example, a nervous system stuck in a mobilized state (fight or flight) may amplify sensory input as a means of scanning for threat, while a system in shutdown or immobilized may dull perception altogether as a protective mechanism (Porges, 2011).

Differences in Physical, Emotional, and Relational Processing

Adding further complexity, many MINDS individuals experience differences in interoceptive awareness—the ability to recognize internal bodily signals like hunger, temperature, or fatigue. Some MINDS individuals may struggle to detect these cues in real time, which can lead to unmet physical or emotional needs (Edelson, 2022). Additionally, alexithymia, the difficulty identifying and describing emotions—also common in MINDS individuals—can further complicate one's ability to respond adaptively to both internal and external stimuli (Hogeveen & Grafman, 2021; Luminet et al., 2021). These combined differences can result in unmet needs, reduced self-awareness, and behaviors that are frequently misunderstood by others as oppositional, inattentive, or disengaged.

A persistent myth—particularly surrounding autism—is that MINDS individuals lack empathy. This misconception stems in part from non-MINDS observers misreading non-normative expressions of empathy or interpreting differences in social communication (e.g., lack of eye contact, seeming "flat" affect, not mirroring expected facial expressions), as signs of emotional detachment. In reality, research increasingly supports that many MINDS individuals experience empathy intensely—sometimes overwhelmingly—and may actually demonstrate heightened emotional reactivity in response to the distress of others (Chillemi, 2025; Hume & Burgess, 2021; Kimber et al., 2024). To

clarify this misunderstanding, it is helpful to distinguish between different forms of empathy:

> Affective empathy refers to the capacity to feel what others are feeling emotionally.
> Cognitive empathy (or theory of mind) involves the ability to understand another person's mental or emotional state.
> Compassionate empathy includes both the understanding and motivation to help.

Although cognitive empathy may present differently in autistic individuals due to differences in the ways they experience the world, affective empathy is often heightened (Dziobek et al., 2008). Similarly, individuals with ADHD may show reduced performance on tasks of cognitive empathy or social perspective-taking—possibly due to attention or impacts of dysregulation—yet still feel a strong emotional resonance with others' distress (Chillemi, 2025; Uekermann et al., 2010). However, much of the existing research on cognitive empathy is biased by the double empathy problem (Murray et al., 2005; see Table 1), which suggests that difficulties in empathy between autistic and nonautistic individuals are mutual and arise from differences in communication and perspective, rather than a unilateral deficit. Traditional measures of cognitive empathy often rely on neuronormative standards and interpretations, failing to account for the fact that autistic individuals may communicate and demonstrate empathy in ways that are not easily recognized by nonautistic observers. As a result, these assessments may pathologize differences rather than reflect actual empathic capacity. In both autism and ADHD, the disconnect between internal emotional resonance and outward expression can lead to significant misinterpretation and underestimation of empathic ability. This reinforces stigma and contributes to inaccurate assumptions about social motivation or interpersonal interest, particularly in clinical and educational settings. Future research must develop neurodiversity-informed methodologies that center first-person accounts and redefine empathy in ways that account for divergent communication and processing styles.

Additionally, many MINDS individuals experience emotions with great intensity. This intensity—often described in ADHD literature as emotional dysregulation (Shaw et al., 2014)—can lead to rapid mood shifts, impulsive emotional reactions, and difficulty recovering from emotional overwhelm. Conversely, emotional intensity in MINDS individuals—often mislabeled as "overreacting"—may actually reflect a highly attuned and empathic response that exceeds their current capacity to regulate (Stone et al., 2024). These

emotional responses—whether expressed with high intensity or marked by withdrawal—are frequently misunderstood. For instance, behaviors such as shutting down, interrupting, avoiding eye contact, or disengaging during conversation are often interpreted as signs of apathy, defiance, or disinterest. In reality, they may reflect internal experiences of intense excitement, overwhelm, emotional flooding, or an effort to self-protect in the face of intense or confusing stimuli.

Research suggests that both autistic and ADHD individuals are more likely to experience disruptions in the regulation of emotional and physiological states, which can affect their ability to stay grounded in high-demand situations or maintain connection to their internal emotional experience (Bellato et al., 2023; Owens et al., 2021). These differences may result in visible responses that fall outside neuronormative expectations—such as becoming suddenly quiet, abruptly leaving a situation, or reacting with strong emotion. We propose that these responses are likely a result of navigating a nervous system that overloads more quickly or recovers more slowly. Rather than indicating a lack of empathy, these expressions reflect the intersection of emotional intensity, sensory processing differences, and nervous system differences.

From an interpersonal neurobiology perspective (Siegel, 2010), all experiences—sensory, emotional, and relational—represent patterns in the flow of energy and information through the nervous system. MINDS individuals often receive more types of information—simultaneously integrating multiple sensory, emotional, and energetic inputs—than neuroconforming individuals typically perceive or prioritize. Because MINDS individuals tend to experience the world through this expanded physical, emotional, and relational lens, their communication is often equally multidimensional. Rather than relying solely on verbal-cognitive channels, many communicate through embodied cues—movement, rhythm, gaze, breath, or silence—that carry affective meaning. For MINDS individuals, whose nervous systems are often more sensitive to energetic incongruence, this embodied communication may feel more authentic and reliable than verbal exchange.

These forms of exchange align closely with Siegel's concept of interpersonal attunement (Siegel, 2012), where two nervous systems interact to co-create shared patterns of energy and information. Co-regulation—the process of achieving physiological and emotional stability through safe connection—is therefore not simply a compensatory strategy for MINDS individuals; it is often their primary relational language. Through tone, pacing, presence, and nervous system synchrony, they transmit and interpret relational meaning. For example, consider a nonspeaking autistic child who begins to experience sensory and emotional overload at the end of a school

day. The fluorescent lights hum, chairs scrape, and voices echo unpredictably. Their body stiffens, breathing quickens, and the nervous system enters a state of fight-or-flight activation. When the parent or teacher responds by rushing to reason or demand verbal explanation, the child's distress intensifies—their system may become flooded by energy without safety. But when the caregiver instead kneels to the child's level, softens their gaze, slows their own breathing, and gently hums in rhythm with the child's movements, a different exchange occurs. The adult's calm nervous system begins to bring the child's into alignment through tone, rhythm, and proximity. Gradually, the child's breathing steadies, muscle tension releases, and eye contact or shared stillness emerges. No words were spoken, yet an intricate conversation has taken place—a flow of energy and information communicated through the body. In this moment, co-regulation functions as a shared physiological language through which safety, understanding, and reconnection are restored.

Reframing these experiences helps challenge deficit-based interpretations and creates space for honoring the emotional depth and relational capacity of MINDS individuals. These dynamics—and their relationship to nervous system states such as mobilization and shutdown—will be explored in greater depth in later sections.

Movement as a Strategy for Processing and Regulation

Because the detailed and immersive processing style of MINDS individuals often entails a higher volume of incoming information, it may require more time and effort to filter, organize, and sustain focus (Irvine et al., 2024; McKavanagh et al., 2015). Movement can play a key role in processing this information, serving as a natural mechanism for sustaining regulation, releasing cognitive load, and enhancing attentional stability (Goldin-Meadow & Wagner, 2005). For many MINDS individuals, cognitive processing is not solely a mental activity but an embodied one—thought is often accessed through motion. Rhythmic or repetitive movements such as pacing, rocking, hand-flapping, or doodling can help modulate sensory input and emotional arousal, allowing the nervous system to remain in a state conducive to learning and engagement (Glod et al., 2019; Hoy et al., 2024; Kapp et al., 2019).

Many MINDS individuals utilize movement-based or nonverbal strategies to support their processing, learning, and communication (Glod et al., 2019; Hoy et al., 2024; Kapp et al., 2019). These strategies—including fidgeting, pacing, stimming, and vocalizations—are not signs of distraction or disruption, but rather embodied tools for maintaining regulation, enhancing attention, and modulating sensory input. As Hoy et al. (2024) emphasize in their reconceptualization of hyperactivity, such behaviors may serve adaptive

cognitive and emotional functions, particularly in environments that demand sustained attention or suppress natural self-regulatory movement. Similarly, Kapp et al. (2019) and Glod et al. (2019) highlight how repetitive or sensorimotor behaviors often help individuals navigate sensory complexity, reduce anxiety, and deepen engagement. Recognizing these behaviors as intentional, state-regulating responses reframes them from pathology to purposeful expressions of neurobiological attunement.

In addition, movement can help externalize and organize thoughts that might otherwise remain fragmented (Goldin-Meadow, 2003; Goldin-Meadow & Wagner, 2005). For example, walking or pacing may support verbal processing or idea generation, while hand motions or physical gestures can act as extensions of thought, aiding in word retrieval or sequencing of ideas. Rather than disrupting concentration, these actions can scaffold cognitive function—providing rhythm, structure, and physical grounding in the face of overwhelming internal or external stimuli. In this way, movement becomes not just a coping mechanism but a vital mode of processing, integration, and expression. Through rhythm, sensory feedback, and embodied engagement, movement can also facilitate coherence—a state in which attention, emotion, and bodily regulation are aligned. Coherence allows individuals to experience a sense of internal organization, where thoughts are accessible, emotions are manageable, and the body feels anchored and safe (Siegel, 2010). For MINDS individuals, especially those who process the world in richly detailed and immersive ways, coherence may emerge not from stillness or silence, but from movement—from rocking that soothes, pacing that clarifies thought, or fidgeting that focuses attention. These are not distractions; they are strategies for returning to the self. We will explore the concept of coherence in greater depth in a later section.

Flow States and Neurobiological Rhythm

When tasks align with an individual's natural attention patterns and are approached with autonomy and minimal interruption, individuals may enter states of deep engagement or "flow"—experiencing immersion, creativity, and joy in their work (Heasman et al., 2024). These moments reflect a kind of neurobiological coherence, in which cognitive focus, emotional regulation, and physiological rhythms come into alignment (Siegel, 2010). Coherence allows energy to be efficiently directed toward meaningful engagement, often bringing a sense of clarity, ease, and wholeness. However, rigid schedules, abrupt transitions, or environments that demand constant task-switching can disrupt this state and result in frustration, disorganization, or self-criticism. To fully affirm MINDS identities, it is essential to move beyond the behaviors typically

pathologized by diagnostic frameworks and consider the felt sense of being—what it means to be deeply attuned and immersed. MINDS experiences are not solely characterized by distress or dysfunction; they are also marked by joy, immersion, and vitality—especially when individuals are supported to live in ways that align with their natural neurobiological rhythms.

For many MINDS individuals, flow arises through access to uninterrupted time, spaciousness, and environmental flexibility (Heasman et al., 2024). In these conditions, cognitive energy is not fragmented but focused, leading to immersive states of deep engagement and creativity. For example, an ADHDer might enter a hyperfocused state when working on a self-chosen project, losing track of time and external demands as their mind synchronizes with the task at hand. An autistic person may experience profound calm and sensory delight while engaging with a familiar interest, especially in a space that allows sensory regulation. These moments are expressions of well-being, joy, and authentic engagement.

Conditions for Flourishing

This sensory and kinetic way of being also facilitates a unique perceptual lens. Although MINDS individuals' bottom-up processing style and reduced sensory gating can make the world feel intense or overwhelming at times, it also enables a kind of vivid aliveness. Colors may appear richer, sounds more layered, emotions more nuanced. The MINDS mind may not filter out the world—it feels the world (McKavanagh et al., 2015), taking in sensory detail with heightened fidelity due in part to neurological differences such as wider cortical minicolumns that support local, unfiltered processing. This heightened attunement can lead to aesthetic sensitivity, emotional depth, and a profound connection to nature, art, or movement. However, processing differences are often misunderstood by others, particularly when viewed through traditional behavioral models that prioritize external performance over internal experience. Unique attention styles, work rhythms, or coping strategies may be pathologized as inattentiveness, inefficiency, or disruptive especially when masked behaviors obscure the underlying neurocognitive needs. Such misinterpretations underscore the importance of shifting from deficit-based assessments toward a more nuanced, affirming understanding of how MINDS individuals process information.

Just as a high-performance engine requires meticulous maintenance and the right kind of high-octane fuel to reach its optimal performance, a MINDS individual thrives when provided with the appropriate support and environment. This engine isn't flawed—it's powerful, efficient, and capable of

incredible feats. When MINDS individuals are not forced to conform to neuronormative demands, they often describe experiences of restfulness, joy, and immersion—states that are restorative to both body and spirit. In these moments, the nervous system does not brace itself—it expands. Safety, connection, and self-trust emerge not through suppression, but through embodiment—that is, by being fully present in and responsive to one's body, sensations, and authentic ways of engaging with the world. These are not isolated experiences of "coping well." They are glimpses into what it means to flourish on one's own terms.

Just as high-performance engines require routine maintenance and care, MINDS individuals thrive when supported by practices that sustain their nervous system over time. This includes not only external accommodations, but also internal strategies—what we call *nervous system hygiene*: daily rhythms, sensory nourishment, movement, rest, and regulation tools that keep the system balanced and resilient. MINDS individuals flourish when their environments are aligned with their sensory, cognitive, and emotional designs. They require environments that don't just "accommodate" but optimize their regulation, perception, and rhythm. But when the environment demands constant recalibration just to appear "typical," the system begins to compensate in ways that come at a cost—often leading MINDS individuals to mask their true needs and capacities in order to navigate roads that were never built for them. Although the diversity of human cognition and perception reflects the beauty of our shared humanity, Western medicine has historically misunderstood these differences as deficits. The following section traces how this misunderstanding emerged—and how it has shaped the lives of MINDS individuals.

Part II - The Origins and Consequences of Misunderstanding Neurodiversity

Masking and Its Consequences for MINDS Individuals

Ableism, a belief system that marginalizes disabled people by viewing them as needing "fixing," is shaped by cultural norms and the exclusion of disabled individuals from decision-making processes (Center for Disability Rights, n.d). This may lead to internalized stigma in MINDS individuals, who may internalize societal prejudices, impacting their self-concept, well-being, and identity development (Porras Pyland et al., 2025). In response, many engage in masking (Cage & Troxell-Whitman, 2019). Over time, this masking may become deeply ingrained, contributing to neuroconformity, where individuals

adopt neurotypical behaviors and values as intrinsic to their identity, often at the expense of their authentic self.

Although masking and neuroconformity may offer short-term safety and acceptance, conforming to societal norms may lead to a range of psychological and neurocognitive challenges. Masking requires substantial energy, can be hard to transition in and out of, and often involves full-body control of behaviors like eye contact and facial expressions (Bradley et al., 2021; Cage & Troxell-Whitman, 2019). Due to the pervasive mismatch between the needs of MINDS individuals and environmental support, this consistent depletion of energy can lead to a range of challenges such as poor mental health outcomes, identity struggles, autistic burnout, and executive function difficulties (Bradley et al., 2021; Hartman et al., 2023; Higgins et al., 2021; Miller et al., 2021). Although autistic burnout has been more widely described in autism research, individuals with ADHD also experience chronic exhaustion due to persistent executive functioning challenges and societal pressures to conform (Hossain & Bain, 2025). Both populations may struggle with masking, which exacerbates the risk of burnout over time (Godfrey-Harris & Shaw, 2023; van der Putten et al., 2024). Further, masking often comes at the cost of diminished self-expression and personal and cultural growth (Bradley et al., 2021; Miller et al., 2021).

Interpreting Prevalence: Why the Numbers Mislead

Importantly, masking and neuroconformity also obscure our broader understanding of autism and ADHD. Because diagnosis is often based on visible functional challenges, many individuals who mask or camouflage their neurodiversity remain unidentified. As a result, data on prevalence are fundamentally skewed. If we understood autism and ADHD as neurotypes—rather than as conditions that must cause functional deficits to be considered valid—and fully accounted for the pervasive effects of masking, we would likely identify far more individuals whose experiences are currently rendered invisible due to social adaptation, access to privilege, or culturally specific expressions of difference.

This has direct implications for how we understand and represent MINDS identities at a population level. Although prevalence statistics are often cited to illustrate how widespread these neurotypes are, we chose not to include specific figures in this paper because such numbers are inherently inaccurate. As Hartman et al. (2023) emphasize, current prevalence estimates rely on diagnostic criteria and research methods that systematically exclude individuals who do not fit a narrow, often stereotyped, presentation of autism or ADHD. These methods fail to account for gender differences, racial and cultural bias in diagnostic pathways, and the profound masking behaviors

adopted by many MINDS individuals. In this way, prevalence numbers may reflect disparities—but those disparities are based on exclusionary definitions and broken systems of recognition.

Furthermore, we are increasingly seeing these statistics weaponized in public discourse, as policymakers and media figures invoke rising diagnostic rates to stoke fear and promote narratives of crisis. This framing diverts attention away from the social and systemic conditions that marginalize MINDS individuals and instead centers on controlling or eradicating difference. What is often left unexamined in these discussions is that rising rates may not indicate an actual increase in prevalence, but rather a breakdown in the ability to mask. As sociopolitical and environmental conditions become increasingly dysregulating—due to rising economic pressures, systemic injustice, climate-related stress, and the growing complexity of modern life—many individuals who previously coped through masking are now finding it harder to suppress their MINDS-related traits. In this light, the so-called "increase" in diagnoses may actually reflect a growing inability to survive in systems that were never designed with MINDS individuals in mind.

Additionally, the increased visibility and rising identification of autism and ADHD can be attributed to the growth of online communities and social media platforms, where autistic and ADHD individuals have shared firsthand accounts that challenge traditional deficit-based definitions. These narratives often extend far beyond the limited and pathologizing criteria found in the DSM, offering rich, nuanced depictions of what it means to live with a MINDS neurotype. As a result, many people who have never seen themselves reflected in clinical descriptions are now recognizing their own experiences in the words of peers. The accessibility of this content—through blogs, videos, TikToks, and forums—has played a critical role in reshaping public understanding and empowering individuals to self-identify in ways that are more affirming, accurate, and aligned with lived reality.

Rather than contributing to fear-based narratives by citing statistics rooted in flawed, pathologizing frameworks, we argue that what is needed is a paradigm shift—one that reframes autism, ADHD, and other MINDS experiences as valuable and diverse expressions of human neurobiology and culture. By recognizing the limitations of current diagnostic tools and the transformative power of community-driven knowledge, we can move toward a more inclusive, affirming understanding of what it means to be MINDS-identified.

The Medical Model and the Rise of Neuroconformity

Throughout this paper, we use the terms Western, colonialism, and postcolonial to refer primarily to European-derived medical and psychological

systems in settler-colonial nations such as the United States. References to Indigenous perspectives focus on Indigenous peoples of North America unless otherwise specified, while recognizing the diversity of Indigenous knowledge systems worldwide. Following the colonization of the territories that would become the United States, Western medicine developed with a focus on economic independence and productivity. This approach fostered a deficit-based perspective in medical and psychological practices that marginalized disabled individuals and promoted an ableist perspective (Nielsen, 2012). One's inability to labor and independently maintain housing, food, and finances due to either physical or mental health reasons was eventually perceived to be an obstacle. This mindset contributed to the establishment of institutions aimed at isolating and 'treating' disabled people to lessen their perceived burden on society. This approach, even adopted by Indigenous communities that built alliances with colonists, such as the Cherokee, became a pivotal development in society, effectively prioritizing the capitalist and ableist values of colonial society as a whole (Dunbar-Ortiz, 2014; Nielsen, 2012).

Similarly, the professionalization of Western medicine, as it emerged in early national history, maintained European and colonial underpinnings, standardizing medical training to include a deficit-based foundation for diagnostic categorization (Nielsen, 2012). The practice of medical diagnosis significantly impacted American society, including U.S. legislation, civil rights, and access to resources. Western research methodologies and modern medicine practices remain heavily influenced by the theoretical underpinnings of this period, including psychiatric and psychological diagnosis (Bhatia, 2020; Held, 2019; Nielsen, 2012).

This system evolved into the Western medical model, which has historically favored standardized forms of knowledeg and classification (Bhatia, 2020). Although not solely a product of colonialism, reductionism often mirrors and reinforces colonial practices (Bhatia, 2020). Reductionism is the practice of reducing complex health problems to simpler components, often focusing on biological or physiological explanations without considering the role of larger, relevant factors (Borsboom et al., 2011). In Western medicine, for instance, physical health is compartmentalized into various specialties, each addressing distinct parts of the body or specific diseases, often overlooking how these parts interconnect (Redvers & Blondin, 2020). This approach often prioritizes empirical evidence and scientifically validated methods, focusing on the diagnosis and treatment of specific ailments primarily through pharmacological treatment and surgery. Its reductionist nature leads to privileging forms of knowledge that can be readily integrated into existing systems (e.g. classifying

differences as "normal"/"abnormal" or "typical"/"atypical"), while overlooking broader belief systems and relational contexts (Reo, 2011). Supplemental Table 3 outline of key colonial values identified in the literature (e.g., Bhatia, 2020; Dunbar-Ortiz, 2014; Nielsen, 2012) and how these beliefs continue to influence contemporary understandings of neurodiversity and the persistence of deficit-based frameworks.

Due to this postcolonization foundation, the field innately excludes holistic Indigenous perspectives on medicine and well-being. The exclusion of spiritual or natural-based conceptualizations reflects the materialistic nature of Western medicine, which systematically dismisses methodologies that are not measurable by typical Western strategies. Notably, these shortcomings of the medical model have been highlighted in contemporary theoretical models of disability, which expand on the critical importance of historical, social, and political contexts in shaping definitions of "normalcy," disability, and, consequently, conformity—concepts that directly impact the fields of psychology and mental health (e.g., Davis, 1995; Hahn, 1985; Nielsen, 2012; Russell, 2019; Schalk, 2018). These models help illuminate how deeply Western psychological frameworks have been shaped by colonial norms that elevate conformity, productivity, and normativity over human diversity. It is within this historical and ideological backdrop that we situate the term *neuroconformity* (see Table 1). By naming this process, we hope to more accurately reflect how systems of oppression are enacted not only structurally but also psychologically, often under the guise of "treatment" or "support."

The limitations of this framework, particularly for autistic and ADHD individuals, are increasingly evident. Primarily, this approach leads to misconceptions, as MINDS-related behaviors are frequently labeled as abnormalities rather than natural cognitive variations, impeding advancements in inclusivity and overshadowing a strengths-based understanding and support for diverse ways of being (Baron-Cohen, 2017). Rooted in neuronormative standards influenced by colonialism, Western approaches focus on symptom reduction and behavior modification to conform with typical standards, often undermining crucial well-being factors such as autonomy, belonging, and identity (Anderson, 2023; Dell et al., 2021).

These influences impact MINDS individuals as they manifest in everyday life through the pressures of social exclusion and the drive to belong, which innately drive masking and neuroconformity. The human need for social connection and the distress caused by exclusion have been extensively studied across various disciplines, including psychology, neuroscience, and evolutionary biology (e.g., Allen et al., 2021; Baumeister & Leary, 1995; Eisenberger et al., 2003; Williams, 2007). These studies consistently show

that striving to meet social norms is rooted in our evolutionary drive to belong. Research on in-group favoritism and out-group discrimination highlights the stakes of being viewed as different (Mei et al., 2020). For MINDS individuals, however, conformity is not simply a matter of willpower; it is often incompatible with their neurocognitive functioning, creating profound psychological strain.

Emerging research highlights the unique vulnerability of MINDS individuals to trauma, particularly those arising from rejection and exclusion. Evidence points to heightened risks of peer difficulties, barriers to inclusion, and relational trauma within this community (e.g., Cage et al., 2018; Grant & Wethers, 2024; Mikami et al., 2019). For many MINDS individuals, the pressure to conform is therefore less about preference than survival. Repeated experiences of rejection, marginalization, or punishment teach that authenticity threatens belonging. Over time, the internalized belief that neuroconformity is necessary for safety and inclusion can erode self-worth, alienate individuals from their innate ways of being, and perpetuate a cycle of suppression reinforced by both social environments and psychological distress.

Misconceptions about Neurodevelopmental Disorders

In this section, we use the term *neurodevelopmental disorders* because of its standardized use in the medical and mental health fields. That said, the term *neurodevelopmental disorders* reflects a deficit-based, medical model classification that may be misleading. Rather than intrinsic pathologies, we argue that these so-called disorders often represent neurotypes experiencing distress due to chronic dysregulation within environments misaligned with their needs. This distinction is discussed in greater detail in the following section. This deficit-based framework, along with prevailing reductionist research methodologies, have reinforced misconceptions, such as viewing autistic individuals as inherently undesiring of relationships (Deckers et al., 2014) or autism as primarily a cisgender male condition (Cruz et al., 2024). These biases obscure the experiences of girls, women, and other gender minorities who often mask traits to conform to societal expectations, leading to underdiagnosis and perpetuating narrow understandings of autism (APA, 2022).

It was also once believed that ADHD was a childhood disorder that individuals outgrew. However, recent studies indicate that this assumption is largely inaccurate; rather than disappearing, the presentation of ADHD often changes over time (Di Lorenzo et al., 2021). Although some individuals may exhibit fewer overt behaviors characteristic of ADHD, such as hyperactivity,

they often continue to struggle with substance and alcohol use, anxiety, depression, and difficulties with executive function (Gordon & Hinshaw, 2020; Katzman et al., 2017). This shift in symptomatology can mask the persistence of ADHD, leading to under-identification and inadequate support for adults. The misconception that ADHD is "outgrown" reflects a deficit-focused paradigm that primarily attends to behaviors seen as disruptive or problematic rather than understanding ADHD as a form of neurodiversity that manifests in diverse ways across different stages of life.

Dysregulation Theory: A New Framework for Understanding MINDS Individuals

Emerging interdisciplinary research—including neuroscience, trauma studies, gut-brain science, and polyvagal theory—suggests that many behaviors traditionally pathologized in MINDS individuals (e.g., stimming, hyperactivity, task paralysis, meltdowns) may instead reflect chronic nervous system dysregulation (Dell'Osso et al., 2023; Makris et al., 2022; Porges, 2011; Taniya et al., 2022). Although dysregulation has been studied most extensively in autism, evidence indicates similar physiological patterns across neurotypes, such as ADHD (Bellato et al., 2023; Champ et al., 2023), dyslexia (Irvine et al., 2024), mood disorders (Mansoor, 2024), and trauma-based divergence (Boodoo et al., 2022; Mansoor, 2024).

Polyvagal theory, developed by Dr. Stephen Porges, emphasizes autonomic nervous system (ANS) regulation in emotional and social responses, proposing that heightened autonomic reactivity in MINDS individuals shapes many of their internal experiences and behaviors (Mansoor, 2024). This heightened reactivity reflects previously discussed processing differences, including a tendency toward bottom-up processing—where raw sensory input is experienced more directly, with less filtering through predictive models compared to more neuroconforming individuals (McKavanagh et al., 2015). Structural differences such as increased cortical minicolumn density in autistic individuals may contribute to this heightened perceptual sensitivity, leading to greater awareness of—and susceptibility to—environmental stimuli (McKavanagh et al., 2015).

Rather than automatically filtering out irrelevant stimuli, many MINDS individuals experience the world in high resolution—feeling, sensing, and absorbing the environment in ways that can be enriching but also overwhelming. This sensory flooding places sustained demands on the nervous system and, over time, may lead to chronic states of dysregulation if adequate support, recovery time, or environmental alignment is not provided. The tendency to experience, rather than filter, the world may underlie difficulties

with transitions, overstimulation, and the need for self-regulatory behaviors such as stimming or retreating from social interaction. These expressions, though frequently misinterpreted as maladaptive, are often neurobiologically grounded strategies to restore a sense of safety and coherence in an unpredictable world. Dysregulation theory challenges the assumption that many MINDS-related behaviors are fixed traits by reframing them as state-dependent expressions of a system under stress. This perspective distinguishes between the neurotype itself and the physiological state that emerges when that neurotype is unsupported. Research has shown that chronic exposure to invalidating environments can sensitize the nervous system, leading to persistent ANS activation or collapse (Makris et al., 2022; Porges, 2011). When the ANS perceives environmental stimuli as overwhelming or unsafe, it triggers fight-flight-or-freeze responses, leading to increased heart rate, hypervigilance, and defensive behaviors (Porges, 2011; Siegel, 2010). These states may manifest as attention difficulties, emotional dysregulation, or behavioral shutdown—symptoms often misattributed to static neurological impairments in deficit-based frameworks. For example, the hyperactivity of an ADHDer may reflect a mobilized sympathetic state, while task paralysis may signal dorsal vagal shutdown (Porges, 2011). Similarly, alexithymia or flat affect in autistic individuals may result from sensory suppression due to chronic masking, emotional overwhelm, or ANS dysregulation rather than inherent emotional deficits. Further, for autistic individuals, social withdrawal may be an adaptive response to regulate the nervous system when they feel overwhelmed by sensory input.

For some, increased levels of physical activity or repetitive movements are natural strategies for coping with overwhelming activation of the ANS. When the ANS cannot sustain prolonged activation in this state, individuals may enter a shutdown (e.g. "task paralysis") or dissociative response as a protective mechanism, disengaging socially to conserve energy and reduce distress (Porges, 2011). These physiological responses are often misinterpreted as behavioral issues rather than regulatory adaptations to an overstimulating world. As a result, MINDS individuals may internalize messages from others that they are "anti-social," "lazy," "too much," or lacking in social skills, which negatively impacts their ability to develop an accurate self-concept. This pressure forces them to mask and to conform, leading to an unhelpful cycle of overstimulation, masking, internalization of a negative self-concept, and increased masking (Cage & Troxell-Whitman, 2019; Glod et al., 2019; Miller et al., 2021). Over time, this cycle contributes to chronic stress, burnout, and difficulties in forming authentic relationships, further exacerbating autonomic dysregulation. From this perspective, neuroconformity may lead to chronic autonomic dysregulation, where repeated masking contributes to prolonged stress or shutdown states.

This theory explains autonomic dysfunction noted in many autistic individuals (Owens et al., 2021) and people with ADHD (Bellato et al., 2023) as primarily a manifestation of unsupported sensory and nervous system needs. It also offers an explanatory model for phenomena like autistic burnout, ADHD-related fatigue, or shutdown in dyslexic individuals faced with high cognitive demand (Irvine et al., 2024). From this perspective, many so-called "co-occurring" conditions, such as anxiety, gastrointestinal issues, or sleep disturbances, are not separate diagnoses but rather expressions of dysregulation resulting from the ongoing mismatch between a MINDS neurotype and environments designed around neuronormative expectations. Recent research by Alacreu-Crespo et al. (2024) further supports this model by demonstrating that social isolation and chronic stress are consistently associated with autonomic imbalance (i.e., increased sympathetic and reduced parasympathetic activity) in individuals at risk for suicide. These findings reinforce the central role of ANS dysregulation in mediating the psychological and physiological impacts of environmental stress, underscoring how relational and social dynamics can alter state-based functioning in vulnerable populations.

Although Alacreu-Crespo et al.'s are concerning across populations, they may be especially consequential for MINDS individuals, who often enter adulthood with a history of social rejection, bullying, interpersonal trauma, or soul wounding. For individuals with a history of repeated invalidation or misattunement to their authentic selves, social isolation constitutes not merely a lack of connection, but a compounding psychological and physiological threat that reinforces prior relational trauma and maintains a dysregulated nervous system. This threat is not only internalized but biologically embedded. Neuroception—the brain's automatic, unconscious ability to sense safety or danger—may interpret social isolation or rejection as a threat (Porges, 2011). This can activate defensive nervous system responses, which are often harder to regulate for MINDS individuals who already experience heightened autonomic reactivity. In this context, the nervous system may become locked in a prolonged state of sympathetic arousal or dorsal vagal collapse, leading to emotional numbness, cognitive fatigue, or shutdown. Over time, these physiological responses feed into a self-reinforcing feedback loop: dysregulation leads to behaviors (e.g., withdrawal, shutdown, emotional outbursts) that may be misinterpreted or socially penalized, further increasing exclusion, reinforcing internalized shame, and deepening the sense of disconnection. Thus, relational and social dynamics do not just influence emotional well-being—they actively shape autonomic state and identity development.

Earlier foundational work by Cole et al. (2003) similarly showed that socially inhibited individuals exhibit elevated autonomic reactivity, which

significantly predicts worsened health outcomes in HIV-positive populations. The mediating role of ANS function in translating psychological distress into physiological decline illustrates how chronic social stress and withdrawal can become biologically embedded, further validating the mechanisms proposed in dysregulation theory. Therefore, rather than viewing emotional or somatic symptoms as secondary or unrelated, dysregulation theory positions them as central to understanding the lived experience of a differently wired nervous system.

This framework shifts our approach from behavioral management to regulation-centered support—emphasizing inner body awareness, relational safety, sensory integration, self-determination, and nervous system hygiene as foundations for thriving. By viewing MINDS-related traits through the lens of state-based regulation rather than fixed deficits, dysregulation theory provides a more compassionate, scientifically grounded framework that validates diverse ways of being while identifying clear avenues for support and healing.

Treatment Approaches in Deficit-Based Frameworks

Although research and advocacy increasingly promote a strengths-based understanding of neurodiversity (Baron-Cohen, 2017; Champ et al., 2023; Chapman & Botha, 2022; Pellicano et al., 2022), the prevailing medical model prioritizes treatments that seek to change behaviors considered atypical to conform to neuronormative standards, reinforcing the idea of neurotypicality as superior (APA, 2022). This view frames differences in cognitive processing, social skills, sensory preferences, and adaptability as impairments (APA, 2022), driving treatments like applied behavioral analysis (ABA) that use reinforcement and extinction techniques to target behaviors such as stimming, repetitive behaviors, and restrictive eating (Lydon et al., 2017; Matson et al., 2012). ABA is widely used and has been regarded as an evidence-based practice for improving functional behaviors and skills in autistic individuals. Although ABA is primarily associated with autism, its emphasis on behavior modification reflects a broader trend in psychological interventions that prioritize neuronormative behavior. Similar approaches have been applied to ADHD treatment, such as token-based reinforcement systems, raising parallel concerns about identity suppression and neuroconformity (Champ et al., 2023; Ryan & Deci, 2000).

Consequences for MINDS Individuals. Although proponents argue that ABA improves functional behaviors and increases independence (Gitimoghaddam et al., 2022), such benefits should be weighed against potential negative

impacts on identity, autonomy, and emotional well-being (Esposito et al., 2023; Lydon et al., 2017; Matson et al., 2012). This approach fails to consider that so-called "problematic" behaviors may be adaptive for managing nervous system dysregulation, including anxiety, sensory overload, or emotional dysregulation (Glod et al., 2019; Kapp et al., 2019; Pellicano et al., 2022). Restrictive eating, for instance, may stem from sensory processing differences and reducing these behaviors without addressing its underlying cause can increase distress, dysfunction, and shutdown (Esposito et al., 2023).

A dysregulation framework highlights that some MINDS-related traits often emerge as byproducts of a nervous system attempting to adapt to an environment that overwhelms or invalidates it. Reducing behaviors that regulate arousal or provide a sense of control—such as stimming, pacing, or selective communication—not only strips individuals of essential coping mechanisms but can intensify dysregulation or lead to *faux regulation* (Chua, 2023). In such cases, individuals appear regulated externally but remain internally overwhelmed, disconnected from interoceptive cues, or dissociated from their needs. This state is unsustainable and often results in burnout, shutdown, or long-term psychological harm.

Moreover, interventions that prioritize neuronormative behavior over individual regulation and authenticity frequently undermine self-determination. Treatments that ignore intrinsic motives and context can erode autonomy, contributing to internalized stigma, identity confusion, and psychological distress (Anderson, 2023; Champ et al., 2023). These treatment approaches are frequently experienced as traumatic (Kupferstein, 2018, 2020) and unethical by MINDS individuals, leading to feelings of humiliation and loss of control, as they do not center intrinsic needs and personal identity (Anderson, 2023). Rather, these approaches prioritize others' comfort over MINDS individuals' authenticity and well-being, reinforcing neuronormative standards rooted in colonial ideologies. Common examples of this include suppressing the urge to pace or vocalize when stressed or overwhelmed and instead forcing oneself to sit quietly during a work meeting. Yet behaviors like pacing and vocalizing are often instinctive attempts to regulate the nervous system. These actions can stimulate the vagus nerve, which plays a central role in calming the body's stress response (Porges, 2011). Rhythmic movement, such as pacing, and vocalizations like humming or softly speaking, activate the parasympathetic branch of the autonomic nervous system—specifically the ventral vagal pathway—helping to restore a sense of safety and physiological balance. Suppressing these natural regulatory strategies disrupts this process, making it harder for MINDS individuals to return to a state of calm and engagement. Although needing to suppress the urge to pace or vocalize when stressed are universal experiences, MINDS people face these decisions regularly due to

sensory and perceptual differences (Glod et al., 2019), making this type of suppression more consequential (Pellicano et al., 2022).

Forcing MINDS individuals to suppress their nervous system needs in service of others' comfort perpetuates the same conditions of chronic dysregulation and identity fragmentation that colonization imposed on Indigenous peoples—severing individuals from their core selves, their communities, and the natural rhythms that once guided well-being. Efforts to eliminate adaptive behaviors without understanding their function risk increasing nervous system dysregulation, impairing long-term outcomes, and reinforcing internalized ableism, neurotypism, and soul wounding.

Although psychology has historically reinforced the medical model by emphasizing deficit-based interventions, it has also played a role in challenging this paradigm. The neurodiversity movement and emerging research in self-determination theory, polyvagal-informed care, critical psychology, and participatory approaches to neurodiversity advocate for interventions that affirm identity, respect autonomy, and promote regulation over compliance (Champ et al., 2023; Dwyer, 2022; Pellicano et al., 2022; Porges, 2011; Thomas, 2024). It is essential to recognize psychology's evolving role—not only in reinforcing deficit-based perspectives but also in advancing more affirming frameworks.

Part III - From Deficit to Wholeness

Advancing Neurodiversity in Therapeutic Practice

One of the most powerful ways psychology can contribute to this broader social justice imperative is by integrating neurodiversity-informed approaches into the therapeutic context. Although systemic advocacy and research reform are essential, meaningful change begins in the therapy room, where psychologists have a direct opportunity to challenge neuronormative assumptions and support clients in reclaiming their identity, agency, and well-being.

Incorporating neurodiversity into therapeutic practice means moving beyond symptom reduction and behavior modification toward approaches that honor sensory, cognitive, and emotional differences as valid expressions of identity. Therapists must consider how masking, chronic dysregulation, neuroconformity, and internalized neurotypism shape the presenting concerns of MINDS clients—often disguised as anxiety, depression, executive dysfunction, or self-esteem issues. By reframing these challenges through a neuroaffirming lens, psychologists can help clients understand their experiences not as personal deficits, but as understandable responses to environmental mismatch, misattunement, and

marginalization. Further, psychologists must reflect critically on their own internalized neuronormativity and the ways clinical training may have reinforced deficit-based perspectives. Engaging in ongoing education, collaborating with MINDS colleagues and clients, and practicing cultural humility are essential steps in aligning therapeutic practice with a neurodiversity-affirming ethic. By doing so, psychology can move from perpetuating harm to becoming a source of healing, empowerment, and transformation for MINDS individuals.

Table 2 outlines common neuronormative expectations often embedded in educational, social, and therapeutic environments. These assumptions, though often unspoken, shape what is considered "appropriate" behavior, communication, and engagement—frequently at the expense of individual neurobiological and cultural differences. In contrast, MINDS-aligned (neuroaffirming) engagement honors regulation, authenticity, sensory and cognitive diversity, and relational consent. This reframing supports therapists, educators, and allies in recognizing implicit biases and creating environments where MINDS individuals can thrive without masking.

Given these distinctions, we next illustrate how revising our framework reshapes therapeutic practice. Table 3 contrasts conventional intervention goals with strategies aligned with the INAF guiding principles. While we recognize that behavior-based treatment modalities have evolved in their approaches to treatment, many remain compliance based. Further, we emphasize that these MINDS-aligned strategies are applicable to the diverse range of MINDS individuals, including those more "profoundly" impacted by their neurotype (e.g., nonspeakers, individuals with significant sensory-motor or communication differences). From an identity-affirming stance, we reject assumptions of incapacity and instead presume competence, honor diverse modes of communication and embodiment, and prioritize relational safety, co-regulation, and environmental adaptation. We recognize that societal definitions of "ability" are shaped by colonial and capitalist values that equate worth with productivity, independence, and verbal articulation. Such norms obscure forms of intelligence and contribution that may be nonverbal, energetic, or relational in nature. As Bogdashina (2016) and other phenomenological scholars (e.g., Happé & Frith, 2009) have observed, individuals whose ways of perceiving and engaging with the world differ from neuronormative expectations often access and express meaning through channels that transcend language. Their sensory attunement, rhythmicity, and presence can offer profound opportunities for co-regulation and emotional healing within relational spaces. When we broaden our cultural imagination and suspend the impulse to interpret difference through a deficit lens, we begin to perceive the beauty and wisdom that such individuals

Table 2. Recognizing and Reframing Neuronormative Expectations

Neuronormative expectation	MINDS-aligned engagement
Sit still and make eye contact during conversations.	Allow movement, fidgeting, and looking away as valid ways of engaging and self-regulating.
Use eye contact and facial expression to judge presence or respect.	Value consent-based connection and accept alternative ways of showing engagement or care.
Speak fluently and respond quickly.	Respect pauses, scripting, silence, or written communication as valid ways of expressing thoughts.
Communicate feelings through standard emotional labels.	Embrace diverse emotional expression—through movement, metaphor, visuals, or simply "not knowing".
Use sarcasm, idioms, or indirect language as a default.	Prioritize clear, direct, or literal communication styles when preferred, without assuming they lack nuance or depth.
Conversational turn-taking should be evenly balanced and immediate.	Allow for unique rhythms in dialogue, including info-dumping, delayed replies, or "parallel play" style conversation.
Form relationships gradually, maintain emotional moderation, and avoid being "too intense".	Recognize that emotional intensity, frequent connection, and deep attachment may reflect authenticity, hyperempathy, and a need for consistency and safety—not dysfunction or obsession. This relational intensity often arises from a lifetime of feeling misunderstood or rejected, so when connection *does* feel safe, it may be pursued with great enthusiasm, vulnerability, and depth.
Small talk and casual chatting as a social prerequisite.	Respect preferences for meaningful, deep conversation or quiet coexistence as valid forms of connection.
Interpret silence or minimal expression as disinterest or rudeness.	Recognize that silence may reflect comfort, overwhelm, or deep processing—not disengagement or lack of care.
Social success means being extroverted, outgoing, and constantly available.	Honor cycles of social energy—allow space for solitude and decompression as part of healthy social engagement.

(continued)

Table 2. (continued)

Neuronormative expectation	MINDS-aligned engagement
Expect shared interests or conventional rapport to build connection.	Value authenticity over sameness—connection can emerge through respect, shared values, or parallel experience.
Suppress repetitive behaviors (e.g., stimming).	Recognize repetitive movements as helpful for focus, regulation, or expression—and support their use when needed.
Adhere to rigid productivity models and schedules.	Support interest-driven or energy-based task pacing, with space for rest and shifting rhythms.
Assume multitasking and rapid transitions are universally manageable.	Recognize the need to stay focused on one interest or task at a time, and avoid sudden or arbitrary shifts.
Minimize or "toughen up" around sensory sensitivities.	Validate sensory needs, support modifications, and honor sensory preferences as part of well-being.
View "task avoidance" as laziness or defiance.	Understand that avoidance may reflect overwhelm, anxiety, or nervous system distress—and meet it with compassion.
Expect clear self-awareness or personal insight on demand.	Allow identity exploration to unfold over time, in each person's own language, pace, and way of knowing.
Equate intelligence with fast thinking or verbal fluency.	Understand that depth of thought is not always fast or verbal—and that insight may emerge in nonlinear or quiet ways.
Assume masking or "fitting in" is necessary for belonging.	Encourage authenticity over conformity, and value environments where people can show up as they are.

embody—their capacity to sense, harmonize, and bring coherence to environments and relationships.

Moving Beyond the Binary: Dismantling Norms in Neurodiversity Discourse

Another critical step in advancing the neurodiversity movement as a social justice effort is to move beyond dichotomous thinking that positions one neurotype as superior. By continuing to divide individuals into categories of "neurotypical" and "neurodivergent," we risk upholding the very hierarchies the movement seeks to dismantle. Emerging in response to the medical model's

Table 3. Contrasting Current Interventions with MINDS-Aligned Strategies

Typical goals in conventional approaches	Neuronormative assumptions	MINDS-aligned strategy	INAF guiding principle
Increase verbal speech and decrease reliance on AAC. Reduce/ eliminate echolalia, scripting, or atypical prosody.	Spoken, linear communication along with outward markers of engagement (e.g. eye-contact) is the "correct" or most valuable form of expression.	Support multimodal communication (e.g., AAC, scripting, visual supports, movement-based expression) and validate echolalia as purposeful.	Authenticity in expression.
Eliminate aggression, "tantrums," or " noncompliance" through extinction protocols.	Behaviors like hitting are signs of aggression to be extinguished; compliance equals success.	Interpret behaviors as communication of unmet needs or distress; prioritize co-regulation, environmental adjustments, and balancing safe expression without silencing communication.	Behavior as communication; relational safety (e.g., increasing sense of safety through co-regulation).
Suppression of stimming (e.g., hand flapping, rocking, or repetitive sounds).	Stimming is disruptive, abnormal, or socially unacceptable; reduction increases "functionality."	Recognize stimming as a natural regulation and self-expression strategy; help clients develop safe contexts and expand coping repertoires.	Movement and repetition as regulation; Regulation as resilience.

(continued)

Table 3. (continued)

Typical goals in conventional approaches	Neuronormative assumptions	MINDS-aligned strategy	INAF guiding principle
Increase adaptive skills (e.g., training for "independence" in daily living).	Independence is defined by self-sufficiency according to neuronormative standards (e.g., living alone, full-time employment); support must fade.	Increase agency. Scaffold autonomy with environmental design and accommodations tailored to sensory and executive needs. Redefine "adaptive living" to include interdependence, communal supports, and contributions beyond neuronormative standards (e.g., sensory wisdom, pattern recognition, relational presence).	Interdependence and self-determination.
Social skills training (e.g., increasing eye contact, conversational turn-taking).	Social success = conforming to neurotypical interaction norms (e.g., eye contact, small talk).	Foster authentic relationship-building by validating diverse interaction styles and teaching consent-based social negotiation.	Belonging without rigid conformity.

(continued)

Table 3. (continued)

Typical goals in conventional approaches	Neuronormative assumptions	MINDS-aligned strategy	INAF guiding principle
Increase functioning in individuals with "profound" autism.	"Profound" = incapable of self-determination; therapy should prioritize compliance and caregiver goals.	Presume competence and honor diverse forms of agency. Adapt supports to sensory, motor, and communication needs, and involve individuals in decision-making whenever possible.	Radical self-determination and reimagined flourishing; affirming purpose and meaning beyond neuronormative benchmarks.
Decrease task avoidance (e.g., centering persistence, reinforcement schedules for task completion).	Avoidance reflects laziness, opposition, or lack of motivation; persistence equals success.	Understand avoidance as a signal of overwhelm, executive functioning limits, or demand sensitivity; offer scaffolding, pacing, and choice. Increase self-awareness to identify and address early signs of overwhelm.	Respecting nervous system limits; self-understanding and regulation leads to empowerment.

(continued)

Table 3. (continued)

Typical goals in conventional approaches	Neuronormative assumptions	MINDS-aligned strategy	INAF guiding principle
Decrease impulsivity (e.g., through rigid behavioral control systems).	Impulsivity reflects poor self-control that must be suppressed to align with productivity and safety norms.	Recognize impulsivity as a manifestation of sympathetic nervous system activation—an attempt to discharge energy or respond quickly to perceived demands/needs. Support regulation through co-regulation, sensory/movement outlets, and channeling energy into safe, creative, or purposeful action.	Regulation through honoring nervous system states.
Reduce risk-taking (e.g., through behavioral contracts, heavy monitoring, consequences).	Risk-taking is inherently maladaptive and dangerous; safety requires elimination of risk.	Understand risk-taking as an adaptive response to under-stimulation or a need for novelty and intensity. Guide individuals toward safe, stimulating outlets (e.g., creative challenges, movement, exploration, advocacy) that meet sensory and regulatory needs without unnecessary harm.	Stimulation as nourishment for regulation and growth.

Note. MINDS = An acronym for misunderstood, intersectionally neurodiverse, and silenced. A proposed alternative to the term neurodivergent. INAF = integrative neuroaffirming framework. AAC = augmentative and alternative communication.

limitations, the neurodiversity movement emphasizes the strengths and unique gifts of diverse neurological experiences, shifting psychology toward more holistic and empathetic practices (Dyck & Russell, 2020). However, the movement remains constrained by the inherent "othering" that comes from categorizing neurological functioning as either neurotypical or neurodivergent (Dwyer et al., 2024). This binary approach, rooted in societal standards shaped by colonialism, reinforces stigma and fails to capture the full spectrum of neurodiversity. Therefore, we suggest replacing the term neurotypical with *neuroconforming*. Many individuals labeled as neurotypical may, in fact, be MINDS individuals but have internalized the need to suppress or mask aspects of their natural cognitive and sensory experiences in order to conform. When we consider that a significant number of people do not align with rigid definitions of neurotypicality, it becomes possible to reframe neurodiversity as a more universal and dimensional human experience.

Further, the concept of neuroconformity more accurately captures the pressures to adapt behaviors and self-concepts to align with societal norms that historically exclude the values and experiences of marginalized groups, including Indigenous and disabled communities (Duran, 2019; Yellow Bird, 2013). This aligns with Duran's (2019) assertion that forced adaptation to dominant cultural norms results in spiritual disconnection and identity fragmentation—a form of *soul wounding* (see Table 1) that mirrors the psychological toll of neuroconformity. Similarly, Yellow Bird (2013) argues that colonization shapes not only behavior but also neural architecture, calling for a process of neurodecolonization to undo the internalized oppression and restore cognitive, emotional, and spiritual balance.

Centering Identity and Culture: A Decolonized Approach to Healing

Neuroconformity sustains a framework that marginalizes non-Western perspectives, sidelining Indigenous, inclusive, and holistic viewpoints that embrace diverse expressions of identity. Indigenous perspectives, in contrast, often emphasize interconnectedness, valuing each individual's unique contributions to community and environment. In response, we advocate for therapeutic models that foster an equal, reciprocal relationship between psychologists and clients. This decolonized approach encourages therapists to engage as companions or guides rather than "experts," helping to prevent retraumatization—particularly for those historically excluded, such as MINDS individuals—while amplifying their first-person voice and insights in the healing process (Duran, 2019; Mullan, 2023).

Central to this process is trusting the client's interpretation and perception of their lived experiences. Conventional psychological paradigms—often

grounded in textbook examples shaped by neuronormative and colonialist assumptions—frequently fail to capture the nuance and richness of MINDS-related realities. Therefore, honoring the client's internal wisdom and meaning-making is a radical act of decolonization. At the same time, we recognize that clients' narratives are often filtered through colonial legacies, internalized neurotypism, and soul wounding—subtle yet powerful forces that can distort self-perception and limit self-trust. A decolonized therapeutic stance holds space for these complexities by beginning from a place of trust and attunement. Rather than challenging or interpreting clients' experiences through a clinical lens, therapists are invited to explore meaning collaboratively, with humility and curiosity, always centering the client's lead. This orientation restores dignity, empowers autonomy, and supports the reclamation of identity on the client's own terms.

This framework adopts a more holistic, inclusive approach, recognizing both the differences and shared aspects within neurological experiences to support a decolonized and more dimensional view of identity development and neurodiversity (Yellow Bird, 2013). To address the colonial foundations embedded in existing frameworks, Dr. Michael Yellow Bird (2013) advocates for neurodecolonization, combining neuroscience with decolonization to counter colonial impacts on Indigenous mental health. His approach encourages reclaiming Indigenous perspectives and building pride and resilience by examining and resisting colonial narratives. This approach aligns with research specifically investigating Indigenous perspectives and the lived experiences of MINDS individuals within Indigenous communities (Bruno et al., 2024; Mohatarem, 2021).

Yellow Bird proposes a cognitive decolonization process, involving critically examining and challenging the values, beliefs, and narratives imposed by colonial powers to reclaim Indigenous worldviews (Yellow Bird, 2013). These imposed beliefs often include ideals such as hyper-independence, emotional suppression, and productivity as a measure of personal worth. For instance, a MINDS person may internalize the notion that they must suppress stimming behaviors, work without rest, or communicate in neuronormative ways to be seen as competent or valuable. Over time, they learn to adapt to a world in which being their authentic self is unsafe. Such internalized demands result in chronic nervous system dysregulation, as individuals are forced to override their body's natural regulatory strategies in the interest of masking for safety. This disconnect between the body's needs and societal expectations creates trauma at the level of the nervous system—what Duran (2019) describes as "soul wounding." Because these wounds are not merely individual but rooted in systems of colonization, the path to healing must also be collective.

Through cognitive decolonization, individuals can begin to question beliefs like "I must hide my needs to be accepted" or "rest is laziness," recognizing these as colonial impositions rather than inherent truths. Reclaiming holistic and Indigenous perspectives—where intuition, interdependence, and alternative ways of sensing and being are honored—becomes a path toward restoring cognitive, emotional, and spiritual sovereignty. Expanding on Yellow Bird's cognitive decolonization process, we propose a decolonized framework that acknowledges the physical, mental, emotional, and spiritual wounds inflicted by enforced conformity, supporting a more affirming, inclusive understanding of neurological diversity.

Conceptualizing Neurodiversity through a Decolonized Identity-Affirming Framework. Adopting an identity and neurodiverse affirming framework can help reframe the way we conceptualize neurodiversity by shifting the focus from pathologizing differences to recognizing and valuing them as integral parts of human diversity (Chapman & Botha, 2022). Further, this framework encourages viewing neurodiversity as evolving and multifaceted, shaped by individual experiences, social contexts, and cultural backgrounds. Rather than encouraging conformity to normative standards, the framework promotes understanding how MINDS individuals construct and navigate their identities in authentic and empowering ways.

We recognize that identity negotiation may be complicated by lack of supportive environments that affirm differences (Crane et al., 2020). Further, individuals already holding other marginalized identities (i.e., BIPOC, LGBTQ+ people) experience the effect of multiplied systems of discrimination (Botha & Frost, 2020; Botha & Gillespie-Lynch, 2022; Porras Pyland et al., 2025). For instance, a Black autistic individual may experience unique challenges in understanding and embracing their identity due to stereotypes and biases related to both race and neurotype (Miller et al., 2023). Therefore, understanding a MINDS neurotype as an intersecting marginalized identity helps decrease stigma, decolonizes Western research methodology, and promotes growth, resilience, and self-concept.

When MINDS individuals are supported to regulate their nervous systems and live in alignment with their natural neurobiological rhythms, many of the traits often pathologized in deficit-based models reveal themselves as profound capacities. These include enhanced pattern recognition, heightened sensitivity to subtle cues such as microexpressions or shifts in tone, and the ability to detect inconsistencies or unseen connections across complex systems. Many MINDS individuals experience the world more vividly and intensely—both emotionally and sensorially—which, when safely regulated, can translate into rich creativity, imaginative thinking, and deep presence.

This intensity of perception also underlies hyperempathy, or a deep capacity to sense and attune to others' emotional states—an often-unacknowledged strength that may be masked or misinterpreted when coexisting with social overwhelm or dysregulation. Emotional experiences, though sometimes overwhelming, can also be deeply meaningful, fueling artistic expression, moral conviction, and relational depth. In this context, these differences represent not a limitation, but a source of human potential—one that is most fully realized in environments that affirm authenticity, honor sensory and processing differences, and support nervous system regulation.

Introduction to the Integrative Neuroaffirming Framework (INAF)

Drawing on an extensive review of the literature and clinical experience, this identity affirming framework applies the social-relational model of disability, viewing a MINDS neurotype as an embodied difference shaped by societal barriers rather than as a personal deficit (Dwyer, 2022; Dwyer et al., 2024). INAF also integrates insights from the neurodiversity paradigm (e.g., Botha & Frost, 2020; Botha & Gillespie-Lynch, 2022; Chapman & Botha, 2022; Pellicano et al., 2022), positive psychology (e.g., Seligman, 2011; Seligman & Csikszentmihalyi, 2000), Jungian psychology (e.g., Jung, 1961, 1968, 2002, 2006) neuroscience (e.g., Siegel, 2010, 2018) and Indigenous psychology, which frames wellness as a holistic balance between self, community, and environment (e.g., Duran, 2019; Yellow Bird, 2013).

We acknowledge that many of the scholars cited here—though largely White and situated within Western academic institutions—have thoughtfully engaged with and elevated concepts rooted in non-Western and Indigenous wisdom traditions. We cite their work in part because of their efforts to bridge these knowledge systems with mainstream psychological discourse. However, it is important to recognize that the foundational principles they highlight—such as mind-body integration, interconnectedness, and relational healing—have long been central to Indigenous (e.g., Anzaldúa, 1987; León-Portilla, 1963; López Austin, 1988), Eastern (e.g., Ñāṇamoli & Bodhi(Trans.)., 1995; Thera, 1962), and other historically marginalized epistemologies (e.g., Linklater, 2014; Mullan, 2023). These traditions have often gone unrecognized, uncredited, or appropriated in academic psychology. By drawing from these sources, we aim to honor the deeper origins of these insights and to contribute to the ongoing effort to center voices that have too often been overlooked (Linklater, 2014; Mullan, 2023).

INAF emphasizes that MINDS-related identity does not develop in isolation but is shaped by the ongoing influence of societal norms, cultural pressures, and systemic biases (Dwyer et al., 2024; Thomas, 2024).

Core Components of Integrative Neuroaffirming Framework. Building on these interdisciplinary foundations, our model offers more than a critique of deficit-based frameworks—it provides a path toward wholeness. Rather than defining healing by external achievements, symptom reduction, or the degree to which one conforms to social norms, this framework reimagines well-being as a return to one's Core Self—a state of inner coherence, authentic connection, and embodied worth that is cultivated through relational, ecological, and identity-affirming integration.

We represent our framework using a six-petaled flower (see Figure 1), with the *Core Self* at the center and each petal representing a dynamic domain of internal factors (e.g., coherence, mindsight, heart wisdom), which will be

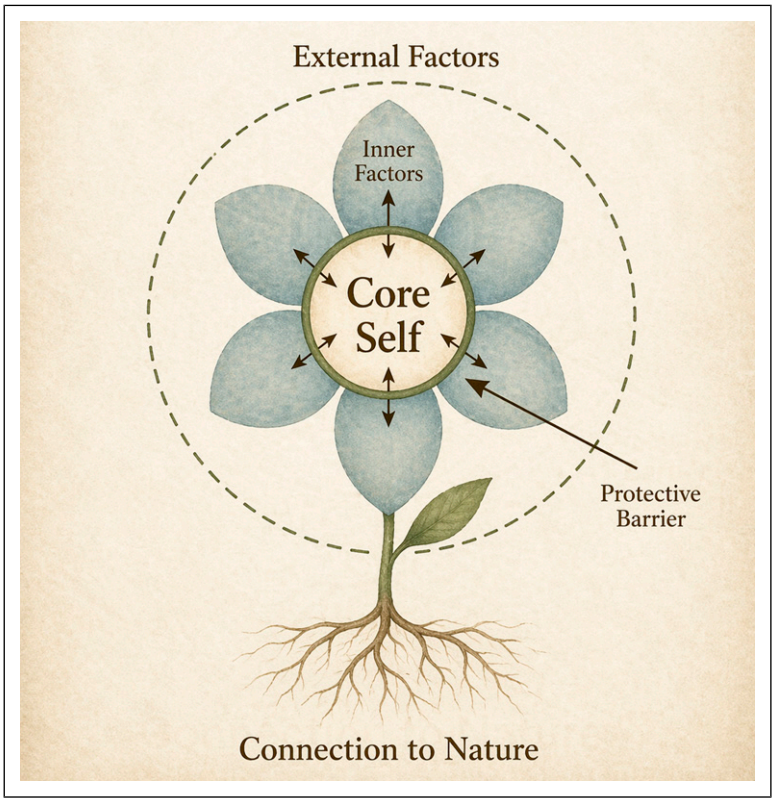


Figure 1. The path to wholeness: A visual representation of the integrative neuroaffirming framework

explained in a later section. These internal processes interact continuously with external forces such as relational, institutional, and cultural influences, which are depicted outside the surrounding dashed circle. This image reflects the nonlinear, relational, and ecologically embedded nature of identity development and healing.

The Core Self. At the center of the model lies the *Core Self*, symbolizing one's innate worth, soul identity, and internal wisdom. Over time, in response to chronic invalidation or pressures to conform, individuals—especially those experiencing marginalization due to their neurotype—may develop a protective barrier around the Core Self. This barrier, while adaptive, often limits access to internal guidance, leaving individuals overly reliant on external validation or control.

Internal Factors. Each of the six petals represents a core domain of internal influence, with each petal composed of a combination of multiple internal factors that shape how a person experiences, interprets, and navigates the world (see Table 4).

These petals are not static traits, nor are they intended to be universally defined across individuals. Rather, they reflect dynamic internal processes that can shift over time, especially as a person moves through the stages of identity development, as discussed in later sections.

External Factors. Surrounding the flower is a circular boundary, symbolizing the threshold between the internal world of the individual and the external world that surrounds and impacts them. External factors lie beyond this circle (see Table 5).

The Stem: Our Link to Nature. The stem of the flower represents the channel through which we access the soul nourishing nutrients essential to our growth, resilience, and sense of identity. In many Indigenous worldviews, identity is not housed in the mind alone, but exists in relationship with land, ancestors, community, and spirit. Although the term "spirit" may carry spiritual or metaphysical meaning for some, it can also be understood more broadly as one's core essence, sense of purpose, or felt connection to something greater—whether that be nature, humanity, or life itself.

The stem of the flower represents our energetic, ancestral, and ecological root system—our relationship to Earth and nature. Through this connection, we draw nourishment, grounding, and purpose (Au-Yeung, 2025; Coventry et al., 2021; Naor & Mayseless, 2020). Carl Jung similarly recognized that reconnection with nature is essential to psychological and spiritual

Table 4. Internal Factors

Theme	Description	Examples/Factors
Core self	Authentic, sacred essence of the person—intuitive, unconditioned selfhood.	Felt sense of "I am," ancestral identity, spiritual center, inner truth, soul identity, and higher self.
Coherence	Harmonious integration of thoughts, emotions, body, and spirit; inner alignment.	Mind-body congruence, balanced states, vitality, alignment across roles and time.
Mindsight	Attuned, reflective awareness of one's internal world and others' experiences.	Self-observation, witnessing thoughts/emotions, perspective-taking, body awareness, alexithymia, and interoceptive awareness.
Self-concept	The evolving narrative, language, and labels through which one defines self.	Personal identity labels, role navigation, intersectional identity awareness, and internalized identity narratives.
Biology & neurotype	Innate neurological and physiological patterns influencing experience.	Sensory profile, energetic rhythms, executive functioning, baseline interoceptive sensitivity, and vagal tone.
Heart wisdom (emotional landscape)	A person's capacity for emotional awareness, expression, regulation, and integration.	Emotional intelligence, trauma processing, capacity to sit with difficult emotions, and grief/joy navigation.
Internalized beliefs & meaning systems	Belief frameworks and meaning-making shaped by family, culture, intersecting identities and lived experience.	Internalized ableism or neurotypism, spiritual teachings, beliefs about self-worth, decolonizing beliefs, and sacred worldviews.

wholeness. He viewed natural elements—such as rivers, trees, and mountains—not merely as scenery but as archetypal symbols arising from the collective unconscious, offering pathways to deeper self-understanding and transformation. Jung warned that modern society's disconnection from the natural world severs us from instinctual wisdom and contributes to emotional and spiritual malaise, writing that "natural life is the nourishing soil of the soul" (Jung, 2002, p. 67). Within our framework, nature

Table 5. External Factors

Theme	Description	Examples/Factors
Socio-cultural-political forces	Systemic structures, ideologies, and collective narratives that shape experience.	Colonialism, capitalism, media, ableism, and intergenerational disconnection.
Relational influences	Relationships that impact sense of belonging, safety, and identity.	Family systems, community acceptance, peer feedback, spiritual elders, social support or isolation.
Institutional & social demands	Expectations and systems that define "normal" or "success."	Schools, workplaces, healthcare barriers, productivity pressures, and masking demands.
Life experiences & personal history	Individual and ancestral experiences that inform development.	Trauma, migration, religious upbringing, rites of passage, resilience, and healing traditions.
Environmental & energetic influences	Nonhuman forces that affect physiology and consciousness.	Toxins, electromagnetic fields (EMFs), food quality, light exposure, connection with nature, air quality, and ancestral dissonance.
Cultural perceptions of identities	How intersecting identities are recognized, celebrated, or suppressed by the collective.	Stereotyping, dehumanization, representation, cultural erasure, tokenism, and sacred naming.

represents both a literal and symbolic stem—an energetic conduit through which we access grounding, coherence, and spiritual insight. Like Indigenous perspectives that view identity in relationship with land, ancestors, and spirit, Jung's work affirms that our vitality depends on restoring this sacred connection. Nature is not merely a backdrop to the human experience but a living relational field that nourishes our sense of purpose, self, and belonging.

As Duran (2019) explains, when one experiences soul wounding through colonization, trauma, or historical oppression, the sacred connection between self and nature becomes fragmented. This fragmentation results in disconnection—not only from land and lineage, but from the *felt sense* of wholeness, from the wisdom of the body, and from the intrinsic knowing of who we are. Further, just as Western development has perpetuated the

pathologization of diversity and the marginalization of disabled individuals, the prioritization of Western medicine over natural and earth-based or holistic practices has also reinforced a fragmentation of the core self—separating us from our connection to nature.

Daniel Siegel (2010) refers to this loss of integration as a disruption of mindsight—our capacity to perceive the mind within ourselves and others, to maintain coherence, and to feel belonging within a larger whole. When this coherence is lost, the nervous system becomes dysregulated, our identity fragmented, and we lose our grounding in who we are and where we belong. For MINDS individuals, the loss of understanding diverse neurological experiences through an affirming and nonpathologizing lens has disrupted coherence, preventing the development of an affirming and authentic neurodiverse identity.

The Barrier: A Protective Wall Formed by Disconnection. Over time, many people—especially MINDS individuals or those who carry intergenerational trauma—build a protective barrier around the Core Self. This barrier is not pathology; it is survival. It is valid. It forms in response to colonization, cultural erasure, ableism, and environments that demand conformity over authenticity. Polyvagal theory helps us understand this as a state-dependent adaptation: the ANS constricts access to vulnerable, expressive states when it perceives a lack of safety (Porges, 2011). In a chronically unsafe world, this results in long-term disconnection from the Core Self and the environment alike. In protecting us, this barrier also cuts us off from our natural sources of nourishment. We begin to rely on external definitions of worth—diagnostic labels, performance-based identities, societal roles—rather than our intuitive, relational, and ancestral truths.

Healing Through Remembrance. Healing, then, is not simply about peeling back pathology or eliminating symptoms—it is about remembering that we are already connected. The Core Self has never been separate from nature; rather, the disconnection lies in the barriers we have built, often out of necessity, to survive in a world that denies our natural ways of being (Anzaldúa, 1987; Duran, 2019; León-Portilla, 1963; López Austin, 1988). For MINDS individuals in particular, these barriers often include pressure to conform to unnatural sensory environments, to suppress instinctive regulatory behaviors like stimming, and to adopt modes of communication and interaction that conflict with one's authentic rhythms (Cage & Troxell-Whitman, 2019; Champ et al., 2023; Hartman et al., 2023; van der Putten et al., 2024). Many MINDS people possess heightened sensory capacities that once attuned us deeply to nature's rhythms, patterns, and elements (Duran,

2019; Hartman et al., 2023; Irvine et al., 2024; Porges, 2011; Yellow Bird, 2013). What is now labeled as 'overreactivity' may once have been a vital sensitivity—an evolutionary strength that enabled resonance with sound, texture, temperature, movement, and vibration in ways that fostered deep interconnection.

In this framework, the Earth is more than a source of physical grounding—it represents our inherent relationship with land, with ancestors, and with the larger spiritual ecosystem that has always held us. Natural elements—such as the rhythm of water, the rustle of leaves, the warmth of sunlight, or the feeling of soil underfoot—can act as co-regulators, mirroring and supporting nervous system shifts (Au-Yeung, 2025; Bratman et al., 2015; Naor & Mayseless, 2020; Porges, 2011). These elements may serve as extensions of stimming, providing rhythmic, sensory input that facilitates regulation. Nature, in this sense, becomes both a witness and a collaborator in the healing process, restoring a relational rhythm long disrupted by neuroconformity. When we allow ourselves to be fully present with these experiences—feeling the breeze on our skin, listening to birds sing, or watching sunlight flicker through leaves—we enter into a state of synchrony with the natural world. This attunement supports not only nervous system regulation but a deeper remembering: that we are not separate from nature, but of it.

Jung similarly viewed healing as a return—not to pathology or analysis alone—but to the wisdom already embedded within the psyche and the natural world. He described nature as the symbolic language of the unconscious, a mirror for the soul's rhythms and a portal to self-integration. Jung warned that modern disconnection from nature fragments the psyche and disconnects us from our natural instincts. In this light, the process of healing becomes an act of sacred remembrance: not constructing a new self, but uncovering the primordial wholeness that has always existed in relationship with the natural world. The same rhythms that pulse through the Earth pulse through us. Healing therefore involves softening the barrier between the self and this deeper relational field, allowing us to receive the wisdom, regulation, and restoration that come through that connection. It is not a process of becoming something new, but of returning to who we have always been.

Indigenous psychology, particularly Duran's work, emphasizes the necessity of returning to balance—not only within the self, but also with these broader relational forces. This balance is especially vital for MINDS individuals, whose regulation depends not only on internal coherence but on external environments that honor natural sensory needs and rhythms. Practices that restore this connection—such as ceremony, nature-based mindfulness, storytelling, ancestral healing, and collective rituals—support

nervous system regulation and help soften the protective barrier around the Core Self. These practices reestablish the flow of life energy between the Core Self and the petals of internal identity, inviting greater integration and vitality.

Applying Integrative Neuroaffirming Framework to the Therapeutic Context

To provide affirming and empowering care for MINDS individuals, it is essential to integrate foundational well-being factors into the core of therapeutic support. A truly inclusive, equitable, and holistic understanding of well-being begins by centering the individual's wholeness through inner integration. Our approach begins with creating conditions of safety—both in the external environment and within the individual's own body. By supporting individuals to learn to regulate their nervous systems and by honoring their unique ways of perceiving and interacting with the world, we create conditions for coherence and calm to naturally emerge. From this foundation of safety, each person's genuine voice and form of connection can unfold—whether through words, movement, energy, or presence—without pressure to conform to neuronormative standards. This approach is especially vital for those whose ways of being and sensing diverge most from neuronormative expectations, including MINDS individuals often described as having high support needs, whose unique expressions and contributions are too often overlooked rather than understood. This approach supports them to authentically inhabit their own way of being, fully accessing their strengths and finding their place in the world. Key neurodiversity-informed domains within INAF that shape well-being and identity development include mindsight, coherence, empowerment, purpose and meaning, and radical self-acceptance.

Therapeutic Focus Areas

Mindsight. Mindsight is the ability to perceive and reflect on one's own inner experience—to notice thoughts, emotions, sensations, and intentions. Mindsight is more than self-awareness—it involves insight, integration, and the ability to relate to oneself and others with empathy and understanding (Siegel, 2010). It helps individuals distinguish between their authentic traits and the roles or adaptations developed in response to societal expectations. Strengthening mindsight allows MINDS individuals to better understand the impact of masking, identify what is true for them, and navigate life from a place of insight and self-compassion (Chapman & Botha, 2022; Crane et al., 2020; Siegel, 2010).

A foundational skill within mindsight is balanced attention—the capacity to focus and shift attention in a flexible and intentional way. Balanced

attention supports individuals in noticing subtle sensory, emotional, and cognitive experiences without becoming overwhelmed or disconnected. For MINDS people, cultivating balanced attention may involve sensory accommodations, attentional retraining, or mindfulness practices tailored to their processing style (Siegel, 2010; Yellow Bird, 2013).

Coherence. Coherence refers to the sense of internal alignment among thoughts, feelings, actions, and physiological states. It involves both brain coherence—the regulation and integration of cognitive and attentional processes such as balanced, selective, and sustained attention—and heart-brain coherence (a state of harmony between emotional and physiological rhythms). Coherence supports adaptability, resilience, and well-being by enabling individuals to function in a way that feels internally consistent and self-directed. For MINDS individuals, cultivating coherence can help reduce the distress caused by internal fragmentation—when behaviors are disconnected from needs or identity due to masking or chronic stress.

As Siegel (2010) notes, integration—the linkage of differentiated parts—is the foundation of mental health. This is not limited to cognitive or emotional states; it includes interpersonal and ecological integration. When we reconnect with nature and with others who see us authentically, coherence is restored. Rhythmic movement serves as a powerful tool for fostering this integration. Whether through dancing, rocking, or repetitive gestures like knitting or drumming, rhythmic motion engages the body's sensory and motor systems in predictable patterns that support nervous system regulation. These movements stimulate the vestibular and proprioceptive systems, sending signals of safety to the brain and facilitating a shift from dysregulation to calm (Porges, 2011). Many Indigenous traditions have long embodied this wisdom through outdoor ceremonial practices that integrate singing, dancing, and drumming in community. Ceremonies such as the powwow, round dance, and Sun Dance among various North American tribes use rhythm and movement to restore balance within individuals and the collective. The drumbeat, often described as the heartbeat of Mother Earth, anchors participants in a shared rhythm, while circular dances mirror the cycles of nature and reinforce relational and ecological harmony. These gatherings are not simply cultural artifacts—they are somatic technologies for coherence, aligning mind, body, community, and land (Duran, 2019; Redvers & Blondin, 2020; Yellow Bird, 2013). Through these practices, people regulate their nervous systems, grieve and heal together, and reconnect with ancestral and spiritual ways of knowing.

As healing unfolds, a deeper sense of heart-brain resonance begins to emerge. This refers to a state of physiological and emotional coherence in

which the rhythms of the heart and the activity of the brain become synchronized. Research from the HeartMath Institute and others (e.g., McCraty et al., 2009) shows that when we experience sustained feelings of safety, compassion, or gratitude, the heart sends harmonious signals to the brain, fostering emotional regulation, cognitive clarity, and a sense of calm presence. This state of internal alignment supports integration across mind, body, and emotion.

From a neurobiological perspective, this coherence is supported by what Dr. Porges calls the social engagement system, a network of cranial nerves—including the vagus nerve—that enables us to connect, communicate, and regulate through safe, attuned relationships. When this system is activated, the body shifts from defense to connection. This shift allows for greater access to the Core Self—that intuitive, wise, and unmasked part of the person that exists beneath layers of adaptation and protection. In this state of resonance, the Core Self begins to inform and harmonize the internal system, influencing how we think, feel, sense, relate, and act. Rather than being driven solely by fear, vigilance, or external expectations, our behavior becomes rooted in authenticity, interconnection, and embodied truth. This heart-brain alignment does not just regulate—it restores. Common examples of intuitively connecting to rhythmic healing include rocking, humming, or vocalizing, which stimulate the vagus nerve and restore harmony to the body. It reconnects the individual with a deeper rhythm that is both ancient and deeply personal, reawakening inner wisdom long silenced by trauma, neuroconformity, or societal marginalization.

Practices that promote coherence, such as interoceptive awareness, sensory regulation, Indigenous healing ceremonies, somatic-based therapies, and values-based living, can help individuals feel more grounded, whole, and connected to themselves and others (Siegel, 2010; Yellow Bird, 2013).

Empowerment. Empowerment includes encouraging individuals to take ownership of their actions and identity by learning to advocate for their needs, assert boundaries, and make decisions aligned with their values and strengths (Champ et al., 2023). This process is deeply tied to the principle of self-determination—the belief that individuals have the right and capacity to direct their own lives (Ryan & Deci, 2000). Fostering self-determination involves more than encouraging autonomy; it requires creating environments where MINDS individuals are supported in recognizing and honoring their internal cues, preferences, and goals. Building a sense of mastery beginning with small actions along the way to a purpose driven life can help MINDS people reclaim agency and rebuild trust in

themselves. This is particularly important for those who have spent much of their lives adapting to neuronormative standards, often at the expense of their authentic selves.

By increasing opportunities for choice and control, individuals begin to unlearn internalized neuroconformity and cultivate a stronger connection to their intrinsic motivations. This internal empowerment helps strengthen initiative and promotes confidence in navigating the world on their own terms. Ultimately, empowerment and self-determination together form a foundation for purpose-driven living, where identity is affirmed, personal growth is embraced, and external validation is no longer required for self-worth.

Purpose and Meaning. Psychologists should assist clients in discovering purpose and meaning in ways that align with their MINDS identity (Seligman, 2011). For many MINDS individuals, reclaiming purpose requires undoing internalized narratives of deficiency and instead embracing their identity as inherently valuable. Tools that center the person's authentic voice—such as visioning exercises, values clarification, and narrative practices—create space for reimagining one's life path on one's own terms. These practices empower self-determination in daily life by aligning action with intrinsic motivation rather than external expectation.

Our model draws from Indigenous perspectives, which emphasize a holistic and relational understanding of purpose. In many Indigenous worldviews, purpose is not an isolated, individual pursuit, but a reflection of one's role within a larger web of relationships—including with community, ancestors, the natural world, and the spirit realm (Duran, 2019; Yellow Bird, 2013). Healing involves softening the protective barriers that have formed around the Core Self. When those barriers begin to fall away, clients can reconnect with the core truths they have always carried—gifts that often go unrecognized or suppressed in neuronormative systems.

This reclamation process is not simply cognitive—it is spiritual, embodied, and ecological. It involves remembering one's place in the natural order and recognizing that the Earth, too, has always spoken in rhythms, textures, and patterns that align with the perception of MINDS individuals. Many MINDS individuals find deep resonance with Earth-based ways of knowing—intuitive, cyclical, nonlinear—and rediscovering this alignment can be a profound source of direction and resilience. Purpose-driven activities, including advocacy, creative expression, or stewardship of land and community, help anchor a positive sense of self and foster resistance to oppressive norms by speaking truth to systemic injustice (Duran, 2019).

Jung offered a similar perspective, describing meaning as something that arises when the individual listens inward—beyond the noise of societal expectations—and reclaims connection to the deeper Self. He believed that the experience of purpose is not something we manufacture through rational thought, but something we uncover by attuning to our dreams, instincts, and the symbolic language of the unconscious (Jung, 1961). The process of remembering one's purpose is an act of reuniting with one's inner truth. This framing echoes Indigenous understandings of purpose as relational and cyclical, suggesting that healing emerges when individuals are supported in reclaiming their rightful place within both their internal world and the larger living system that holds them.

When therapy supports this reconnection to nature, community, and self, it becomes a decolonial and affirming act. In this way, purpose is not something to be found but something to be remembered and reclaimed. It is the natural outgrowth of a reawakened connection to the gifts we have always held—gifts that emerge most clearly when we are safe enough to be fully ourselves. In this way, MINDS individuals can also begin to reclaim their place in our society after historical marginalization.

Radical Self-Acceptance. Radical self-acceptance involves cultivating unconditional acceptance of one's MINDS identity, resisting neuronormative pressures, and embracing self-compassion without judgment (Brach, 2004; Neff, 2011). This form of acceptance is not passive—it is an active, embodied practice of reclaiming parts of oneself that have been silenced, shamed, or split off in the pursuit of belonging within a system that demands conformity. This journey is rarely linear or easy. The work of unmasking and accepting what lies beneath often brings up layers of grief, trauma, and old protective strategies that once ensured survival. Pacing is essential—healing unfolds only when the nervous system is ready to feel what was once too overwhelming to face. Often, the path back to the self is marked not by achievement, but by descent—into shadow, into silence, into forgotten spaces of the psyche. As Jung is often paraphrased, "one does not become enlightened by imagining figures of light, but by making the darkness conscious" (see Jung, 1968 for related discussion on the shadow aspects of transformation). For MINDS people, this will likely include letting go of internalized neurotypism and belief systems that equate worthiness with productivity, sociability, or behavioral compliance. Instead, radical self-acceptance offers a lens of common humanity and deep affirmation that MINDS-related experiences are valid and valuable.

This process is deeply tied to a return to the Core Self. Beneath the protective layers of masking, self-criticism, and adaptation lies a self that has

always been worthy. Radical self-acceptance allows for a softening of the barrier around this self, inviting it to come forward not through force, but through safety, curiosity, and compassion. This return involves reconnection with ancestral ways of knowing, with the body's truth, and with the rhythms of nature that mirror the ways that many MINDS people experience the world. In Indigenous teachings, healing often begins with remembering who we are in relation to all things: the land, our communities, and the wisdom within. This remembering is a return to a state of inner coherence and wholeness that honors difference as sacred.

Radical self-acceptance in this context becomes a decolonial act: a refusal to internalize dominant narratives of brokenness, and an affirmation that we were never broken to begin with. It is a homecoming to our true selves, where self-love is not earned through normalization, but revealed through unmasking, through presence, and through the quiet remembering that we have always belonged.

General Therapeutic Goals and Interventions. Therapeutic goals within INAF are designed to honor and support clients' neurocognitive needs, exploring how a MINDS neurotype shapes their coping strategies and overall well-being. Specific interventions include identity exploration and validation, exploration of sensory needs, somatic therapy interventions, self-advocacy training, narrative therapy, facilitating peer support, and encouraging community connection (Chapman & Botha, 2022; Pellicano et al., 2022). Further, therapists should facilitate mindful awareness exercises and relational connections to enhance neuroplasticity and improve mental health and life satisfaction for MINDS clients (Siegel, 2010). Psychologists should become familiar with sensory and perceptual differences by directly engaging with MINDS voices—through client interactions, community engagement, and personal accounts—to supplement scientific literature that often relies on neuronormative frameworks.

Psychologists should also be mindful that clients adopting colonized viewpoints may struggle to see themselves and their diagnoses in identity affirming ways. Many individuals have spent their entire lives identifying as neurotypical, unaware that their ability to "fit in" was not an expression of innate neurotypicality but the result of chronic neuroconformity. For these individuals, coming to terms with a MINDS identity may challenge long-held beliefs about who they are, their capabilities, and their place in the world. This shift in self-concept can bring grief, confusion, or resistance, especially if their sense of self-worth has been built around high performance, adaptability, or invisibility. In these cases, the goal is not to impose a label, but to support clients in becoming reacquainted with their Core Self—the parts of

them that existed before the pressure to conform took hold. Psychologists should approach this process with compassion, helping clients differentiate between authentic traits and those shaped by survival strategies, and support them in gently re-integrating the parts of themselves they may have rejected or never fully known. Further, discussing a MINDS neurotype has the potential to trigger explicit and implicit traumatic memories. Therapists are encouraged to use neurodiversity-affirming and trauma-informed methods that address the subtle and overt effects of trauma while distinguishing between neurological differences and the distress caused by incompatible societal expectations (Boodoo et al., 2022; Chapman & Botha, 2022; Stone et al., 2024). For instance, in a neurodiversity-affirming context, disorder and disability are seen as challenges arising when neurological functioning deviates from neuronormative standards, often exacerbated by societal structures designed around a 'typical' neurotype (Dwyer, 2022; Hartman et al., 2023; Thomas, 2024). A neurodiversity-affirming approach focuses on creating supportive spaces that reduce this mismatch.

Although INAF is strengths-based, we acknowledge that MINDS individuals often have significant challenges that warrant consideration. Living in a neuronormative world can be disabling for MINDS individuals (Dwyer, 2022). It is important to validate the lived experiences of clients who face significant difficulties and to provide targeted interventions in these cases. Notably, therapists must begin to distinguish between challenges that arise from ANS dysregulation (e.g., meltdowns during transitions, social withdrawal, restrictive eating) and those directly related to their unique neurotype (e.g., need for longer processing time due to bottom-up processing, limited eye contact to allow for increased focused attention on verbal communication, need for repetitive movements to release stuck energy and reconnect to nature's natural rhythm). This distinction will inform how to best support clients moving forward, either focusing on ANS regulation or additional environmental supports (e.g. accommodations). Our framework incorporates evidence-based practices, such as affirming and strengths-based cognitive behavioral therapy (CBT) or occupational therapy, to manage specific symptoms, while simultaneously supporting a holistic view of the individual's well-being. By integrating traditional therapeutic approaches within a culturally responsive and neuroaffirming framework, psychologists can address both the strengths of and the challenges experienced by MINDS clients.

A central component of healing within INAF involves taking a developmental approach to gain understanding of the impact of social marginalization on identity development and validate unique experiences of MINDS individuals, allowing for greater self-awareness, self-acceptance, and an

improved self-concept. A developmental model of identity formation will be introduced next to further operationalize these concepts in clinical practice.

Part IV- the Neuroaffirming Identity Development Model: Healing Pathways and Clinical Applications

Understanding the Model

To bring this paradigm into practice, we introduce the NID model—a developmental map conceived by the primary author for understanding how MINDS individuals navigate identity formation in a world that perpetuates neuroconformity. Rooted in years of research and clinical experience, the model emphasizes the profound impact of neuronormativity on identity development. The model emphasizes how MINDS individuals may progress through stages of Pre-Awareness, Developing Self-Worth Through Neuroconformity, Revelation, Negotiating Nonconformity, Identity Realignment, and Transcendence.

This developmental process is visually represented as a six-petaled flower, with the Core Self at the center and each petal symbolizing a set of internal factors (see Figure 2). The stages of identity development are not housed within the petals, but rather unfold in the relational spaces between them—illustrating how growth emerges through the dynamic interplay of internal characteristics and experiences and external factors.

The six stages of MINDS identity development are woven into the visual metaphor of the flower, not as sequential steps, but as dynamic processes that unfold between the petals. Just as each petal represents a vital domain of internal experience (e.g., coherence, mindsight, heart wisdom), the spaces between them represent developmental transitions—the shifting terrain through which individuals move as they deepen their self-awareness, confront internalized oppression, and reorient toward authenticity. Each stage of identity development emerges in the interplay between these internal domains, influenced by both the individual's neurobiological wiring and their lived experience of external conditions.

This spatial arrangement highlights the developmental nature of identity as something fluid, relational, and continuously influenced by one's evolving relationship to each domain of the self. Different petals may take on greater or lesser significance depending on the challenges, tasks, and transitions associated with each stage. For example, early stages like Pre-Awareness may rely more heavily on coherence and interoceptive attunement, as individuals begin to recognize and make sense of their differences. In contrast, navigating the Negotiating Nonconformity stage may require a strong self-concept and a

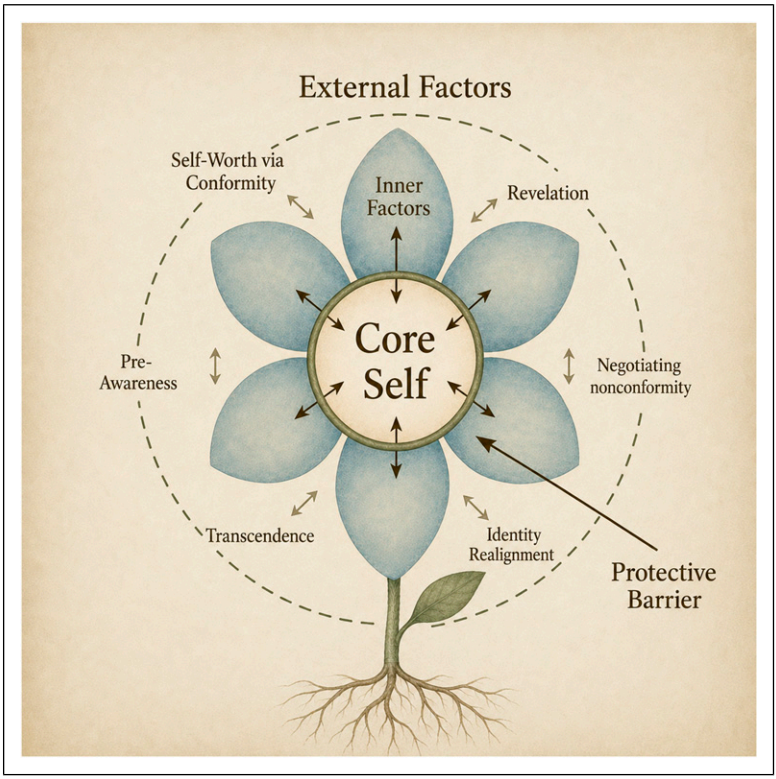


Figure 2. Mapping the stages of identity development within the integrative neuroaffirming framework

resilient connection to heart wisdom, as individuals decide when and how to unmask and face external pressures to conform. In the later stages of Re-alignment and Transcendence, the healing or reframing of internalized beliefs and meaning systems becomes essential for sustaining self-acceptance and living in alignment with personal values.

In addition to the internal processes represented by the petals and stages, the surrounding environment exerts a continuous influence, shaping how and when individuals are able to move through each phase of identity development. These external influences may either support or hinder the individual's progression through the stages of identity development by interacting with the petals and affecting the readiness or safety to grow, unmask, or heal.

Ultimately, the flower metaphor underscores the beauty and complexity of MINDS identity development. Each person's petals will be shaped uniquely, colored by lived experience, and responsive to both inner and outer conditions. Growth is nonlinear, and healing is relational—including our relationships with others, with nature, and with the broader environment that holds and shapes us. The bidirectional arrows connecting Pre-Awareness and Transcendence reflect this deeper truth. In many ways, the Pre-Awareness stage is the closest to Transcendence, not in terms of knowledge or mastery, but in its purity and openness. The Pre-Awareness stage represents a state of innocence and intuitive self-trust—a time before external expectations, diagnostic labels, or social conditioning distort one's self-concept.

In Pre-Awareness, individuals may not yet recognize their MINDS neurotype, but they often feel deeply connected to their inner world, led by instinct, curiosity, and creative flow. They are unburdened by the pressure to mask, explain, or justify their way of being. This internal freedom, though vulnerable to disruption, mirrors many of the qualities found in Transcendence—the final stage in which individuals reclaim their authentic identity with clarity, self-compassion, and conscious alignment with their values.

The connection between these two stages underscores the model's emphasis on returning to the Core Self. Transcendence is not about becoming someone new, but rather about remembering and reintegrating who we have always been beneath the layers of adaptation and self-protection. Relationally, to others, it may appear that the MINDS person is becoming someone new as they reconnect to their Core Self; however, the remembering is that of the inner experience that has often been hidden, rejected or masked from others. Along the path to Transcendence, MINDS individuals may begin to remember moments in childhood or earlier in life in which parts of their authentic self are shown through, likely prior to learning to mask that part. There may be glimmers of joy or intuition that resonate with the Core Self, though these moments are fragmented or isolated (Dana, 2018). Healing, in this sense, becomes a process of coming full circle—back to the intuitive wholeness that existed before disconnection took root. We present the following case example to illustrate the application of the NID model.

Case Example. Consider the case of Maria, a 28-year-old cisgender third-generation Latina woman who received ADHD and ASD diagnoses as a child and has spent most of her life in therapy programs aimed at minimizing "problem" behaviors. Throughout her childhood and adolescence, Maria felt pressured to conform to neuronormative standards, suppressing behaviors

like stimming or avoiding eye contact, which she learned in therapy were 'disruptive' and not 'normal'.

She self-identifies as 'weird' and 'socially awkward' and indicates that she experienced bullying in grade school, prior to attending therapy. She indicates that therapy helped her understand why other kids did not want to be her friend. She denies that her ADHD and autism are currently impacting her, indicating instead that 'unbearable anxiety' and depression are bringing her into therapy. Maria avoids outings, finding even quick grocery trips dreadful. While she is unable to articulate exactly why she dislikes outings, she acknowledges she doesn't mind going early on Saturday mornings when it's quiet. Maria expresses a desire to be more social and less fearful of going out with friends but notes that she often lacks the energy and motivation to do so, adding that her limited social interactions are too draining. She presents to therapy as quiet and shy, frequently responding with 'I don't know', particularly when asked how she feels about herself and her life. She appears to have a poor self-concept and limited self-awareness.

After reviewing the case described above, we encourage readers to consider the following questions: Where is Maria in her understanding of her neurological functioning and how it might be affecting her daily life? How might autism and ADHD be impacting her social avoidance, depression, and anxiety? What other factors might be helpful to understand to better help Maria?

Stages of Identity Development. The following section outlines each stage of the NID model, along with therapeutic guidance to support clients in navigating and progressing through each phase of their identity journey. Supplemental Table 8 illustrate how the NID model can be applied in clinical practice by mapping Maria's experiences across each developmental stage. The supplemental table outlines anticipated challenges, contextualized through her intersecting identities, and provides targeted healing factors that guide the psychologist's therapeutic approach. This case-informed application demonstrates how the model can support identity integration, nervous system regulation, and authentic self-expression in MINDS clients.

Pre-Awareness. In the Pre-Awareness stage, individuals typically feel different from their peers but lack a framework to understand or label these differences. There may be a general sense of uniqueness or isolation without explicit recognition of a MINDS neurotype. This stage often features stable self-acceptance and limited self-consciousness regarding differences based on neurotype. Although one may notice their experiences or responses differ

from others, there is no language or identity-based framework to contextualize these feelings.

Without a clear understanding of their experiences, individuals may experience confusion or curiosity, particularly when their natural behaviors or perceptions do not align with societal norms (Pellicano et al., 2022). Supportive caregivers and safe, affirming environments where differences are celebrated can foster resilience and positive self-regard.

Healing Factors. Clinicians may not always recognize MINDS clients at this stage, so creating an inclusive environment that respects diverse communication and sensory needs is essential. Exploring client preferences and adjusting for softer lighting, reduced noise, fidget tools, or flexible seating can help make sessions more comfortable for those sensitive to environmental factors (Dmyterko, 2025). Modeling this kind of exploration may also support clients in beginning to build self-awareness through observation of the body. Clinicians can support clients in exploring feelings of difference by asking open-ended, reflective questions like, "When do you feel most comfortable in social settings?" This approach encourages self-awareness without imposing labels. In addition, therapists can incorporate tools such as Siegel's (2018) Wheel of Awareness to promote mindful attention to internal and external stimuli, which may support clients in developing greater insight into their sensory and emotional experiences. Supplementing this with brief, neuroaffirming self-assessments focused on interoceptive awareness or alexithymia can further guide clients in understanding their internal landscape and enhance emotional literacy in accessible, nonjudgmental ways.

To foster a validating environment, clinicians should reflect on their own internalized ableism and neuronormative biases, avoid assumptions about typical social norms, and offer language that embraces diverse responses. For example, rather than assuming that a client's lack of eye contact indicates avoidance or disengagement, a clinician might explore what eye contact means to the client and whether it causes discomfort or impacts communication. The therapist could say, "I've noticed you tend to look away during our conversations—that's totally okay. Some people find eye contact overwhelming or distracting. Do you want to talk about how you experience it?" This approach normalizes MINDS-related behaviors as valid communication styles rather than pathologizing them, and it invites the client into a dialogue about their preferences, fostering safety and authenticity. For MINDS therapists, self-reflection may also involve examining how internalized neuronormativity influences their professional behavior. This can include feeling pressured to suppress natural traits—like stimming, avoiding eye contact, or using assistive tools—in order to align with conventional ideas

of what a "professional" therapist should look like. It is important to distinguish between ethical standards that truly support effective clinical practice and unspoken norms that simply reinforce societal expectations of conformity. Therapists can ask themselves: "Does this expectation enhance my ability to support my clients, or am I adjusting myself to meet arbitrary standards of professionalism rooted in neuronormative bias?" Consulting with neurodiversity-affirming supervisors, adopting alternative therapeutic styles, and advocating for accommodations can help therapists practice authentically. Embracing their own MINDS neurotype also models self-acceptance, reinforcing that effective therapy is about attunement (Dmyterko, 2025), not conformity.

Furthermore, integrating decolonized and Indigenous-based practices—such as fostering a reciprocal relationship to strengthen the therapeutic connection and sharing appropriate self-disclosures—can model healing interventions rooted in inclusivity and mutual presence. These interventions may be particularly relevant when working with BIPOC individuals or those with intersecting identities (Duran, 2019; Mullan, 2023). When clients express feeling "different," clinicians can validate these experiences as common and legitimate, reassuring them with statements such as, "Many people experience the world in unique ways."

Developing Self-Worth through Neuroconformity. In this stage, individuals experience a pivotal shift in self-perception. They often gradually transition from self-acceptance to self-rejection as they sense a gap between their authentic selves and societal expectations. Increased awareness of others' responses to their MINDS-aligned traits can lead to confusion, shame, and a loss of trust in one's intuition as they misinterpret these reactions as personal failings rather than differences. Bullying and exclusion often intensify feelings of being "othered," pushing individuals to suppress their authentic selves to fit neuronormative standards, which can result in identity conflict and isolation. As they repeatedly experience rejection, criticism, or misunderstanding, they may gradually shift from feeling secure in their uniqueness to questioning their own worth. This ultimately fosters a sense of self-rejection as they struggle to reconcile their authentic identity with the expectations of those around them (Botha & Frost, 2020; Botha & Gillespie-Lynch, 2022; Hartman et al., 2023; Pellicano et al., 2022). To navigate this sense of disconnection, individuals often internalize neuroconformity and begin masking in an attempt to blend in and gain social acceptance (Cage & Troxell-Whitman, 2019; Miller et al., 2021). For example, they may prioritize efficiency over creativity or adopt verbal communication styles that feel unnatural. Subtle yet pervasive pressures from family, peers, and society

reinforce the belief that adapting to neuronormative standards is required for acceptance. Without a clear framework to understand their MINDS identity, they may interpret these adjustments as necessary for "fitting in."

A strong, affirming support network is essential at this stage. Friends, family, and community groups that celebrate unique communication or sensory sensitivities provide emotional refuge and rebuild self-worth. Social support, in particular, creates a safe foundation, allowing individuals to explore their identity without fear of rejection. When caregivers embrace MINDS-aligned traits, they foster resilience and encourage authenticity, empowering individuals to unmask confidently in wider social contexts (Botha & Gillespie-Lynch, 2022; Crane et al., 2020; Dell et al., 2021; Pellicano et al., 2022).

Healing Factors. Therapists can facilitate discussions about MINDS neurotypes, helping individuals reflect on their masking behaviors (Cage & Troxell-Whitman, 2019). A key area for exploration is the *rejected parts of self*—traits or behaviors the client may have suppressed or disowned due to societal expectations or past criticisms. These could include natural communication styles, sensory preferences, or unique ways of processing information. Shadow work is a therapeutic approach that encourages individuals to acknowledge and integrate these hidden or disowned parts of themselves (Johnson, 1994). Alongside practices focused on sensory processing differences (Hartman et al., 2023) and fostering self-compassion (Neff, 2011), shadow work can increase self-awareness and reinforce a positive, integrated self-concept.

This stage is also an ideal time to introduce Indigenous practices that emphasize reconnection and wholeness. Rather than focusing on pathology or symptom reduction, these approaches seek to restore balance between the mental, emotional, physical, and spiritual aspects of the self (Duran, 2019). Therapists can incorporate elements such as guided visualization, connection with nature, mindfulness, and narrative practices that frame healing as a return to the Core Self. These interventions help clients recognize that their suffering may be the result of living in disconnection—from self, community, ancestry, or land—rather than from something inherently broken within them. Therapists might invite clients to reflect on questions such as, "When do you feel most like yourself?" or "What practices help you feel grounded and whole?"

It is equally important for therapists to consciously balance power dynamics during this stage. Many MINDS individuals have experienced silencing or invalidation in educational, medical, or familial contexts (Dmyterko, 2025). Therapists should create space for clients to question

norms, define their truth, and explore their identity on their own terms. This can be supported by explicitly inviting feedback, validating the client's perspective, and encouraging them to shape the direction of therapy. Phrases like, "Does this feel helpful for you?" or "What do you want from our time together today?" help model collaboration over hierarchy.

Encouraging clients to use their voice in therapy—in whatever form that may take—is crucial. For some, this might mean verbal processing, while others may prefer drawing, scripting, movement, or silence. Therapists should affirm all forms of expression as valid and avoid reinforcing neuronormative expectations around communication. Over time, clients can begin to internalize the message that their way of being is not only acceptable, but valuable. Further, somatic techniques may be used to facilitate embodied experience of emotions that arise, building familiarity and self-awareness.

Together, these interventions—shadow work, sensory awareness, Indigenous healing practices, and collaborative dialogue—invite clients to move from internalized self-rejection toward identity integration. By anchoring therapy in authenticity, mutual respect, and a return to wholeness, clinicians support clients in rebuilding a self-concept rooted in connection rather than conformity.

Revelation. The Revelation stage marks a transformative period in which individuals recognize their MINDS neurotype as a part of their experience, often through a self-realization process or a formal diagnosis. This realization brings clarity to previously unexplained experiences, offering a framework for understanding difficulties that may have previously felt confusing or isolating. For example, one may have previously understood daily challenges primarily through a mood-based lens but can now understand difficulties with depression or anxiety as secondary to unsupported dysregulation. During this stage, individuals not only grapple with identifying as MINDS but also begin to consider how to incorporate this new understanding into their evolving self-concept.

For some, this integration means embracing their neurotype as a core part of their identity and viewing it as a lens through which they experience the world, fostering self-acceptance and authenticity. Others may take a more cautious approach, exploring how it fits into their life without fully embracing it as central to who they are. This cautious approach may stem from lingering neuronormative expectations, social stigma, or fear of judgment (Botha & Gillespie-Lynch, 2022). Individuals tend to fall along a spectrum between internalizing their MINDS neurotype—seeing it as a core trait—and externalizing it—viewing it as a condition they "have" rather than a defining identity. Internalization promotes a resilient,

integrated self-concept, reducing the desire and need to mask. Externalizing their MINDS neurotype helps individuals distance themselves from societal stigma but can frame it as something to manage rather than embrace, making self-advocacy and forming a cohesive identity more challenging (Porras Pyland et al., 2025).

This stage can be marked by stereotype threat, identity distress, and self-esteem issues, especially if the individual holds negative beliefs about their neurotype. A previously established non-MINDS identity may complicate the integration process, as they may experience conflict between their past and "emerging" identity (Botha & Gillespie-Lynch, 2022). For many, this revelation can act as a gateway to surfacing past trauma that had gone unrecognized or misattributed. These are often not discrete or overtly remembered events, but rather cumulative, implicit wounds rooted in years of social rejection, masking, invalidation, and internalized neurotypism. These experiences can be described as soul wounds—a disconnection from one's essence caused by persistent misalignment with one's environment (Duran, 2019). As such, the revelation of a MINDS identity may paradoxically initially heighten feelings of self-rejection. Individuals may struggle with regret, grief, or anger upon realizing the extent to which they masked or were invalidated. Trauma-informed care is essential during this stage to help individuals process these complex reactions with compassion and safety. Protective factors include connections with other MINDS individuals or supportive communities that provide role models and foster a sense of belonging. Being part of affirming spaces where they can openly discuss their experiences and feelings around being a MINDS individual allows individuals to gain self-understanding and develop a positive MINDS identity (Dyck & Russell, 2020; Pellicano et al., 2022). Safe, nonjudgmental environments further enable them to explore and accept their MINDS-aligned traits without fear of rejection, fostering a sense of common humanity and self-compassion.

Healing Factors. Integrating a MINDS neurotype into one's identity is a gradual process that overlaps with the next stage. As a result, therapeutic interventions used in this stage will also be beneficial in the next stage, and vice versa. Clinicians should offer psychoeducation on clients' neurotypes and neurodiversity as a whole to help clients understand their experiences within a broader, strengths-based context. Providing examples of MINDS public figures or encouraging clients to reframe past successes with integration of MINDS traits can help revise personal narratives and understanding of how strengths have been present and valuable throughout their life.

Therapists must practice from a trauma-informed lens, recognizing that the revelation of a MINDS neurotype can activate both explicit and implicit trauma. Such trauma may not always be verbalized, but instead may surface through emotional numbing, somatic distress, or heightened reactivity. In this context, clinicians should incorporate a pacing approach that honors the client's readiness and tolerance for engaging in this deep identity work. Frequent check-ins to assess the client's somatic and emotional experience are critical, especially when revisiting memories or revising core beliefs. Helping clients tune into bodily cues—such as tension, collapse, or fight/flight activation—can support co-regulation, prevent retraumatization, and help clients stay within their window of tolerance. Therapists may also track shifts in posture, vocal tone, or affect to gauge readiness for deeper identity exploration. For example, if a client's breath becomes shallow or they begin to fidget more intensely when discussing past experiences of exclusion, the therapist might pause to guide a grounding technique before continuing. Therapeutic approaches should emphasize nervous system safety, encourage self-compassion, and affirm the client's right to move at their own pace toward integration.

Somatic interventions such as grounding or orienting (e.g., looking around the room to re-anchor in the present), hand-over-heart breathing, or co-regulated rhythmic movement can help clients process emotions nonverbally and foster a sense of safety in their bodies. Shadow work or inner child exercises may also be appropriate to compassionately explore parts of the self that were suppressed or rejected. Throughout this process, therapists should model attunement, affirm the validity of the client's experiences, and provide language that normalizes their reactions as understandable responses to a nonaffirming world.

Facilitating identity exploration and strengths or values assessments can encourage clients to recognize and value their unique abilities and perspectives (Seligman, 2011). Simultaneously, sensory awareness exercises help them understand and manage sensory sensitivities. Discussions on self-disclosure are also crucial and should include the client's sense of safety, readiness, and autonomy. By helping clients develop scripts for when and how to disclose their identity, and by role-playing potential scenarios, therapists can empower clients to navigate external reactions with confidence and intention. This stage is foundational for building internal coherence and reclaiming agency, ultimately supporting clients in cultivating a resilient, integrated sense of self.

Negotiating Nonconformity. In this stage, individuals decide how to relate to their MINDS neurotype, often through one of two responses: the

"double-down" or "rush-in" approach. The double-down response involves distancing oneself from their neurotype by emphasizing neuroconformity and masking MINDS-related traits to fit societal expectations. Although this approach may provide social acceptance, it can lead to emotional strain and burnout from sustained masking and internalized self-rejection. Conversely, the rush-in response represents a full embrace of their MINDS neurotype as a core part of identity. Individuals immerse themselves in information and communities aligning with their neurotype, fostering validation and a sense of belonging. This commitment to authenticity often prioritizes personal integrity over societal conformity, though it may involve navigating societal stigma and potential rejection in neuronormative environments.

Both the double-down and rush-in responses involve critical decisions about when, where, and how to mask. The double-down approach may lead individuals to mask frequently, while the rush-in approach might involve selective masking, where individuals choose to mask only when absolutely necessary for safety or comfort, but otherwise prioritize unmasked, authentic interactions (Cage & Troxell-Whitman, 2019; Miller et al., 2021).

The mere experience of navigating the world as a more authentic self will likely require a time of adjustment, which, for many, will include the potential for overwhelm. With approaching people and situations more authentically, MINDS individuals will likely encounter new sensory and emotional experiences. For some, rejection sensitivity and the need for societal acceptance can complicate this phase, with individuals feeling pressured to conform while struggling to maintain an authentic sense of self (Sandland, 2025). Navigating this stage can be particularly challenging for individuals with other marginalized identities, such as those related to race, gender, or sexual orientation. These intersecting identities can compound the pressures to conform to neuronormative standards, as individuals may face additional biases, discrimination, and limited understanding from those around them. Similarly, co-occurring conditions add complexity to nonconformity by intensifying challenges in self-regulation, executive functioning, and sensory processing (Barkley, 2015; Champ et al., 2023; Pellicano et al., 2022). Co-occurring conditions can also shape how MINDS individuals are perceived and supported, with some aspects of their MINDS neurotype being more accepted than others. For example, while social acceptance and compassion have grown for depression and anxiety, the stigma around autism remains substantial and often focused on finding a "cure." Thus, selective masking, where individuals feel pressured to downplay certain traits while emphasizing others for social acceptance, may further complicate identity development. Notably, this period of experiential trial and error is crucial for clients to

embody the emotional, energetic, and behavioral changes in living authentically. Improved attunement to the Core Self while interacting with external factors strengthens the connection to one's body and builds coherence.

Secure attachment, supportive MINDS communities, and affirming relationships provide stability and encouragement for individuals to explore nonconformity. Supportive relationships may serve as a model for developing new connections authentically (Chapman & Botha, 2022). Some clients may benefit from therapist support in becoming more transparent and unmasking, even in supportive relationships. Extending use of their authentic voice beyond the therapy setting may require intention and the client's sense of safety is priority.

Healing Factors. Therapists can help clients navigate this stage by exploring deeply held beliefs about themselves and neuroconformity, encouraging non-neuronormative "reality testing," and providing safe spaces for unmasking. Therapists can use the therapeutic relationship to help clients explore their experience of unmasking in therapy. By incorporating somatic techniques, therapists can guide clients in understanding how unmasking affects their stress responses (Stone et al., 2024). Therapists should help clients explore how intersecting identities and co-occurring conditions shape how their neurotype is expressed, how they experience self-acceptance, and the role masking plays in their lives. Understanding these layered identities can reveal additional pressures to conform, as individuals may navigate multiple forms of marginalization that intensify the need to suppress aspects of themselves for safety or acceptance.

Consideration of trauma is vital as clients begin living more authentically and the impact of both previous and ongoing oppression or marginalization may cause increased distress or anxiety (Stone et al., 2024). Interventions from previous stages, such as self-compassion and self-reflection practices, may be used alongside decolonized psychology methods that facilitate connection to MINDS culture and communities to counter oppressive social views of MINDS neurotypes and promote healing (Bryant, 2024). Developing new self-definitions of MINDS neurotypes, incorporating collectivism into identity, and using visioning exercises to empower wishes for a less oppressive sociopolitical reality may empower neuroaffirming self-views to replace internalized ableist views (Duran, 2019). For example, therapists may support clients in articulating what their MINDS neurotype means to them, how it impacts how they relate to the world, and how they would like to live their life to impact the world around them. Exploration of how to incorporate personal values into daily choices and actions can increase self-determination and self-trust. Therapists should explore preferred communication styles and

methods (e.g., verbal versus written) and identify social scripts for authentically expressing needs, setting interpersonal boundaries, and self-advocacy (e.g., seeking academic and work accommodations, if applicable).

Identity Realignment. In the Identity Realignment stage, individuals redefine their self-concept by rejecting neuronormative ideals and embracing their MINDS neurotype as an integral part of their identity, often expressed through identity-first language like "autistic person" or "ADHDer" (Hartman et al., 2023). They confront internalized neurotypism, self-stigma based on their neurotype, and reflect on how societal pressures, such as discrimination and misunderstanding, led to masking. These reflections empower them to critically evaluate social norms, choose when to unmask, and set boundaries to protect their well-being (Botha & Gillespie-Lynch, 2022). This stage involves restructuring their lives to support MINDS-related needs—integrating sensory breaks, fostering safe relationships, and seeking inclusive environments—reducing the strain of masking and avoiding burnout.

Many individuals face challenges that can impede progress through this stage, making it difficult to fully internalize and sustain their more empowered sense of identity, leading to only partial acceptance of their MINDS identity (Botha & Gillespie-Lynch, 2022; Cage & Troxell-Whitman, 2019). Neuronormative standards often remain deeply ingrained and exert pressure to conform, reinforcing outdated views of MINDS neurotypes as a weakness or obstacle rather than a valid, valuable way of being. This societal bias can create internal conflicts, as individuals may feel torn between their desire for self-acceptance and environmental demands. Additionally, barriers to total self-acceptance often arise from structural and relational factors, such as family expectations and workplace policies, that perpetuate neuronormative expectations. Therefore, at this stage, full acceptance may not yet be achieved, with continued moments of vacillation between self-rejection and acceptance.

Progressing past this stage requires more than internal change; it often depends on cultivating supportive environments and relationships that affirm a MINDS identity and recognize its contributions (Botha & Frost, 2020; Champ et al., 2023; Pellicano et al., 2022; Thomas, 2024). Without these affirmations, the journey may stall, leaving individuals in a cycle of partial acceptance shaped by external barriers to complete self-empowerment and authenticity.

Healing Factors. Therapists should focus on reinforcing self-worth, exploring neuroaffirming career options, and fostering practical life

adjustments. An essential part of this support includes challenging internalized stigma, such as neurotypism, and helping individuals identify limiting beliefs tied to neuronormative standards. Self-compassion, reflection on past masking, and vocational counseling are critical for achieving stability and resilience. Intentionally seeking out examples of positive MINDS identities through narrative therapy interventions and in MINDS communities may bolster self-worth and acceptance. Psychologists may encourage self-exploration through shadow work and inner child work, helping clients re-integrate rejected aspects of themselves. At this stage it is crucial for psychologists to use affirming language and validate MINDS-related experiences, modeling acceptance and inclusivity. Additionally, if applicable, psychologists can foster authenticity by sharing MINDS-affirming perspectives and modeling unmasked behaviors during sessions. Therapeutic interventions from previous stages focused on communication, strength-based identity development, and exploration of the impact of intersectionality on masking and identity remain valuable in this stage and moving forward.

Given that the Identity Realignment stage extends beyond individual change and requires broader societal transformation, therapists must also advocate for systemic shifts that create environments where MINDS individuals can fully thrive (Thomas, 2024). This includes educating stakeholders, supporting legal protections, fostering MINDS peer networks, addressing intersecting forms of oppression, and advocating for a shift away from the deficit-based medical model toward strength-based, inclusive frameworks.

Transcendence: Thriving and Authentic Value-Based Living. The final stage, Transcendence, represents a full integration of the MINDS identity with self-acceptance and resilience. Individuals have developed the ability to navigate both MINDS and neuronormative spaces intentionally, choosing when to conform based on personal values. With a secure sense of identity, they can fully thrive in personal, social, and professional environments, embracing authenticity and advocating for their needs and the needs of other MINDS individuals.

Navigating neuronormative spaces without compromising authenticity remains a challenge, as does processing past experiences of rejection. Healing personal wounds of past traumas takes time and, when combined with intersecting identities or facing continued social injustices, occasional re-traumatizations or triggers will arise. Safe, neuroaffirming environments and secure relationships enable individuals to maintain authenticity and resilience (Stone et al., 2024). Involvement in social advocacy and incorporating acts of

resistance into daily life may foster a sense of purpose that impacts the world at large.

At this stage, individuals also develop increased empathy for highly neuroconforming MINDS individuals who, due to systemic barriers, are unable to safely explore their MINDS-related traits. Recognizing the impact of intersectional oppression, they understand that nonconformity is not always a choice but a privilege shaped by access to safety, support, and community. Further, many who, during earlier stages of healing, felt a sense of separation or even frustration toward non-MINDS individuals—particularly after experiencing marginalization rooted in neurotypism—may now begin to feel a deeper connection to other non-MINDS individuals. With healing comes the capacity to perceive shared humanity in others, allowing for compassion not only across neurotypes, but also within the diverse spectrum of MINDS-related experiences. Transcendence fosters the ability to hold complexity—acknowledging both difference and commonality—as individuals come to see themselves as part of a broader movement toward liberation, authenticity, and collective well-being.

Healing Factors. At this stage, therapy may include values-based living exercises, advocacy support, and opportunities for social activism. Along with utilizing intervention strategies from previous stages, therapists can guide clients in aligning their actions with core values, connecting them with advocacy networks, and reinforcing the importance of living authentically. When appropriate, clinicians may encourage clients to advocate for themselves and others, fostering a sense of social responsibility while ensuring their well-being remains a priority (Botha & Gillespie-Lynch, 2022; Duran, 2019; Ryan & Deci, 2000). Psychologists should also model social justice work by actively engaging in advocacy efforts and challenging systemic barriers that impact MINDS individuals. Additionally, therapists should support clients in maintaining balance by incorporating self-care strategies, helping them navigate the emotional demands of advocacy without compromising their own mental and emotional health.

The Integrative Neuroaffirming Framework in Practice: Applying the Neuroaffirming Identity Development Model

This section illustrates how our holistic, neurodiverse-affirming framework can support Maria's identity development. This model emphasizes a sensitive, individualized therapeutic approach, recognizing Maria may have found previous therapy as traumatic or invalidating due to previous therapists' internalized ableism and neurotypism. To provide affirming care, Maria's

therapist should first engage in self-reflection to identify neuronormative biases, such as favoring linear, verbal processing or interpreting eye contact as markers of engagement. These biases may lead to misconceptions or neuronormative expectations, such as viewing associative thinking as disorganized or expecting clients to express emotions by labeling rather than processing emotions through movement, scripting, or artistic expression. The therapist may keep a reflective journal, noting moments where they may have interpreted MINDS-aligned communication through a neuronormative lens. Understanding diverse cognitive styles helps therapists avoid retraumatization, such as misinterpreting Maria's frequent 'I don't know' responses, which may stem from anxiety, alexithymia, sensory overload, or past invalidation.

Assessing Identity Development Stage. An initial step in working with Maria would be to assess her position in the MINDS identity development process. Although Maria has entered the Revelation stage due to her early diagnoses of ADHD and autism, her understanding of how they impact her life and self-concept remains limited. This highlights an important feature of our model: progression through identity development is not linear. Despite having been formally identified as neurodivergent during childhood, Maria appears to remain largely rooted in the Developing Self-Worth Through Conformity stage, indicating that early diagnosis alone does not equate to self-awareness, self-acceptance, or identity integration (Porras Pyland et al., 2025). In fact, due to the stigmatizing and deficit-based nature of many traditional diagnostic and treatment paradigms—especially those that prioritize behavioral normalization over identity affirmation—individuals diagnosed early in life may internalize messages that reinforce shame, masking, and neuroconformity. As a result, they may remain in early stages of the developmental process or cycle between stages over time, depending on life circumstances and support systems.

Maria's current presentation suggests that her past therapeutic experiences emphasized behavioral conformity and problem reduction rather than cultivating self-understanding and empowerment. This is evidenced by her tendency to minimize the relevance of her diagnoses, her self-critical language, and her limited insight into how her MINDS-related traits influence her experiences with anxiety, sensory overwhelm, and social avoidance. Such patterns are common in individuals who have learned to associate their MINDS-traits with social rejection and dysfunction. Therefore, while she possesses diagnostic knowledge, she has not yet fully integrated that knowledge into an affirming and coherent self-narrative.

With the support of a neuroaffirming psychologist, she has the opportunity to transition more fully into the Revelation stage as she gains deeper awareness of her MINDS neurotype. This process includes revisiting the significance of her diagnoses through a strength-based, nonpathologizing lens that invites curiosity and self-compassion. Sharing relevant information about the stages of neuroaffirming identity development and engaging Maria as an active participant in the discussion is paramount in supporting autonomy and self-determination (Duran, 2019; Mullan, 2023). It is crucial to introduce these concepts gently, with sensitivity to Maria's readiness and unique internal and external factors (see Tables 6 and 7). Given her ambivalence toward her diagnostic labels, clinicians should attune to both verbal and nonverbal cues to assess how strongly she currently identifies with her MINDS neurotype and whether it feels safe for her to do so.

Flexibility in language and framing is essential. For example, the clinician may opt to use person-first language (e.g., "person with autism") if Maria seems hesitant to use identity-first language (e.g., "autistic person"), always following her lead while gently exploring the implications of language on identity development. Additionally, integrating an intersectional approach that acknowledges how Maria's MINDS-related experiences intersect with her gender, cultural background, and socioeconomic status will further support the therapeutic process. For instance, given her identity as a cis-Latina woman, cultural expectations around gender roles, familial obligations, and societal norms may shape how she perceives and internalizes her MINDS neurotype. For instance, if Maria was raised with expectations of being highly responsible, organized, and self-sufficient, she might view executive functioning challenges related to ADHD as personal failings rather than aspects of her MINDS neurotype. Additionally, if resilience and self-sacrifice are valued in her family, she may feel pressure to suppress distress, making self-advocacy more difficult. For someone like Maria these cultural expectations may have created internal conflict, fostering shame or guilt around seeking help and reinforcing the belief that she must suppress her needs to avoid burdening others or being perceived as weak. This kind of stigma can lead to prolonged suffering in silence, reinforcing the need to "mask" distress and align with neuronormative standards, which further erodes self-awareness and emotional expression. Stigma functions as a powerful deterrent to adaptive identity integration—especially for those who have internalized messages that pathologize difference (Porras Pyland et al., 2025).

Within Latinx cultures, the concept of *familismo*—a strong identification with and loyalty to family—can serve as both a source of pressure and a potential catalyst for healing and authenticity (Piña-Watson et al., 2019;

Ponce Vega et al., 2023). On one hand, familismo may deepen the urge to conform if an individual fears that their MINDS neurotype will bring shame or hardship to the family. On the other hand, this deeply rooted value of collective well-being may empower individuals like Maria to break free from conformity if they begin to see that embracing their authentic identity ultimately enhances their capacity to contribute meaningfully to their family and community. If Maria can reframe her self-advocacy and healing not as selfish acts but as ways to strengthen her relationships and model authenticity for younger generations, familismo could become a culturally congruent motivator for MINDS pride and self-acceptance.

Exploring cultural influences can help Maria reframe her experiences in a way that affirms her identity rather than conflicts with it and strengthen her practice of mindsight. Finally, addressing internalized stigma Maria may carry from past, nonaffirming therapeutic experiences is essential to building a positive self-concept. Through a balanced self-concept, she can increase coherence.

Mindsight: Cultivating Self-Awareness and Identity Insight. Understanding how chronic stress and trauma affect the nervous system and emotional regulation is essential (Stone et al., 2024), with Dysregulation and polyvagal theories offering insights into how safety, co-regulation, and connection contribute to a well-functioning nervous system (Porges, 2011). Assessing Maria's sensory experiences will be important, especially in understanding how she responds to both over- and under-stimulation. For instance, if Maria is highly sensitive to sensory input (a sensory avoider), she may feel easily overwhelmed by stimuli such as loud noises or bright lights and benefit from strategies that reduce environmental intensity and support self-regulation. Alternatively, if she is a sensory seeker, she may actively engage with intense sensory input—such as loud music, movement, or bright lights—as a way to stimulate her nervous system. Still, another possibility is that Maria may experience sensory overload without realizing it. In such cases, she might remain in overstimulating environments without recognizing their impact until she feels inexplicably anxious, fatigued, or withdrawn later. If Maria has low interoceptive awareness or difficulty connecting sensory input to emotional states, therapy can support her development of conscious awareness around nervous system cues and offer tools for identifying and managing sensory-related dysregulation (Hartman et al., 2023; Irvine et al., 2024).

Maria's experiences of social rejection, therapy-induced masking, and avoidance of overstimulating environments suggest significant nervous system dysregulation (Stone et al., 2024). Chronic masking, especially suppression of natural self-regulatory behaviors such as stimming and

avoiding eye contact, may have led to persistent autonomic arousal, keeping Maria in a heightened state of fight-or-flight (Bellato et al., 2023; Owens et al., 2021; Porges, 2011). This could contribute to the 'unbearable anxiety' she describes, as her ANS remains hypervigilant to potential social threats due to past experiences of invalidation and bullying. Her avoidance of outings, despite her desire for social interaction, may be rooted in ANS dysregulation rather than a lack of motivation. Thus, these difficulties may have led her to adopt labels such as "introvert" as part of her identity, perpetuating a misunderstanding of her current needs. Her preference for quiet outings suggests that she may be highly sensitive to environmental stimuli, such as noise, crowds, and unpredictable interactions. Yet, her understanding of the experience may be a preference to "avoid people." This aligns with an overactive ANS response, wherein even routine social outings trigger a stress response, leading to exhaustion and withdrawal (Stone et al., 2024). Therapists may also explore areas of her life where Maria feels stagnant or "stuck", as this may be a reflection of a freeze stress response due to overwhelm.

Maria's difficulty identifying why she dislikes outings and her limited self-awareness may reflect interoceptive challenges commonly associated with MINDS neurotypes. She may struggle to interpret bodily signals indicating dysregulation, making it harder for her to recognize and articulate her discomfort. Evaluating her interoceptive awareness and understanding conditions like alexithymia or pervasive drive for autonomy (PDA; Pathological Demand Avoidance [PDA] Society, n.d.) can provide insight into her behaviors, particularly her avoidance responses. PDA can manifest as verbal negotiation, distraction, withdrawal, or emotional dysregulation when overwhelmed by demands, whether these are direct, implied, or even self-imposed. Individuals with alexithymia may find it hard to label or communicate emotions, impacting their ability to manage stress effectively.

The psychologist can provide Maria with psychoeducation on maintaining a healthy nervous system by increasing awareness of sensory triggers and other stimuli that may activate her ANS (Bellato et al., 2023; Owens et al., 2021; Porges, 2011). Exploration of new sensory experiences and methods of communication (i.e., experimenting with how a variety of sensory stimuli impacts her and finding comfortable ways of self-expression) may facilitate insights about her natural preferences and develop greater awareness of her body's needs. By recognizing patterns of autonomic activation, Maria can begin to identify early signs of dysregulation and apply targeted self-regulation strategies. If PDA is a factor, psychoeducation can help Maria see her avoidance as an adaptive response rooted in anxiety (PDA Society, n.d.), helping Maria recognize that her avoidance behaviors are adaptive

responses to overwhelming demands and need for greater self-determination. The psychologist can help Maria manage PDA by reframing how she perceives demands, using neutral or empowering language (e.g., viewing 'demands' as 'opportunities' or 'personal goals'). Breaking tasks down and offering choices can further increase her sense of control.

Introducing mindfulness techniques, such as grounding exercises, meditation, and breathwork, can help her manage sensory overload and autonomic reactivity. Notably, the psychologist is encouraged to help Maria process her experiences with guided meditation exercises and discuss how to adapt these tools to meet her sensory or processing preferences. Nurturing neurological needs to support ANS regulation will improve mind-body coherence. These sessions may include the psychologist's active engagement in the meditation exercise with Maria or using co-regulation to model the adaptations. Teaching polyvagal-informed strategies, such as engaging in slow, rhythmic breathing or activating the social engagement system through safe social interactions, can assist Maria in transitioning out of fight-or-flight responses and maintaining a regulated central nervous system (Porges, 2011). Developing a personalized nervous system hygiene routine—including tracking physiological cues, identifying sensory triggers, and engaging in self-regulation strategies—can support long-term emotional and physiological balance. These approaches will empower Maria to cultivate self-awareness and resilience, reinforcing a holistic, neuroaffirming approach to well-being.

Coherence: Reconnecting Body and Mind. In therapy, supporting Maria in reconnecting with her body through movement can be a powerful pathway back to regulation and self-awareness. Because the nervous system is attuned to patterns of motion, repetition, and tempo, somatic interventions that engage the body's natural rhythm can help restore a sense of internal coherence. For some individuals, this might mean stimming, rocking, pacing, or vocalizing; for others, it may be dancing, swinging, walking in nature, or simply breathing in sync with ambient sound. Therapists can collaborate with Maria to identify movements that feel soothing or grounding, helping her discover her unique expression. She may benefit from guided body-awareness exercises, rhythmic drumming or tapping, breathwork, or gentle stretching sequences that are intentionally slow and attuned to her pace. The goal is not to impose regulation, but to invite her back into rhythm with herself.

Nature-based interventions can also be a meaningful complement. The natural world operates in cycles and rhythms, like the sunrise and sunset, and spending time in natural environments can offer a form of external co-regulation. For example, walking barefoot on grass, sitting near running

water, or listening to natural sounds can support vagal tone and help cue safety in the body. Therapists might encourage Maria to spend mindful time outdoors while tuning into the sensory qualities that feel good: warm sun, cool air, the smell of trees, the feel of movement. Over time, integrating these rhythms—internal and external—can help Maria rebuild trust in her body and deepen her interoceptive awareness.

Radical Self-Acceptance: Integrating the Authentic Self. To address internalized ableism and neurotypism, the psychologist can consider how Maria's sensory and communication needs may contribute to self-rejection, social avoidance, depression, and anxiety. As mentioned previously, MINDS individuals are at increased risk of interpersonal traumas, particularly those stemming from social exclusion (Pellicano et al., 2022). To avoid rejection, MINDS individuals may find themselves internalizing neuronormativity, leading to neuroconformity and chronic self-suppression. This forced adaptation to dominant cultural norms can result in soul wounding (Duran, 2019). This disconnection from one's authentic self impairs genuine engagement and prevents individuals from fully utilizing their unique strengths, reinforcing cycles of marginalization and psychological distress.

To support healing, the psychologist can help Maria reconnect with her authentic self by fostering self-compassion, validating her lived experiences, and creating a therapeutic space that affirms MINDS-related ways of processing, communicating, and engaging with the world. The affirming integration of her authentic MINDS-aligned traits into her self-concept may help bring her emotional awareness and understanding of past experiences into alignment, increasing heart wisdom. Through acceptance and inner compassion, she may be able to grieve past traumas and move toward increased moments of joy related to her self-concept. To counter self-criticism, self-compassion exercises such as writing a compassionate letter or practicing affirmations ("It's okay to need different things") can help Maria foster a supportive internal dialogue and boost self-worth.

Purpose and Meaning: Building a Coherent Self-Narrative. As Maria begins to reconstruct her self-narrative outside the deficit-based framework of her early therapeutic experiences, the psychologist can help her explore how relationships and community involvement contribute to purpose and belonging—not as a social expectation, but as a personally meaningful expression of identity. Drawing from Jungian psychology, the journey toward becoming one's true self—requires not only inward reflection but also outward integration (Jung, 2006). For MINDS individuals, this process may involve

reclaiming traits that were previously masked or misunderstood and discovering authentic forms of engagement that honor their inner truth.

Maria's healing and identity development will be supported by opportunities to safely express her MINDS neurotype within a social context that mirrors her values, communication style, and sensory preferences. However, unlike mainstream therapeutic approaches that may inadvertently prioritize social conformity, a neuroaffirming framework supports her in connecting with others *without abandoning herself*. This distinction is critical. MINDS individuals often experience relational trauma not because they are disconnected from others, but because relational contexts have demanded inauthenticity as the price of acceptance. Thus, community engagement should never be presented as a therapeutic goal in and of itself, but rather as a potential source of meaning—one that must be approached with care, flexibility, and respect for individual pacing.

The psychologist can support Maria in developing ways to engage socially that honor her natural, non-neuronormative social skills rather than replacing them. By practicing authentic interactions through role-playing and personalized social scripts, Maria can increase her confidence without feeling the need to mask, which is likely draining her energy. For example, role-playing common challenging social scenarios, such as starting a conversation at a social event or asserting boundaries in uncomfortable situations, can help Maria manage social anxiety in a safe space. Use of regulation tools while exploring how her unique social style can facilitate meaningful connections. Social scripts tailored to specific experiences—such as managing sensory discomfort in meetings by saying, "I need a moment to think," "Can I get back to you on this?" or "It helps me to move while I talk." Rather than imposing generic social expectations, these affirm Maria's autonomy and offer her tools to navigate discomfort with self-compassion.

To help Maria deepen her sense of purpose and connection, the psychologist might also explore avenues for peer-based community involvement, such as MINDS-led forums, support groups, or affinity spaces rooted in shared identity. These settings allow for resonance and mutual validation—what Jung might have labeled "mirroring archetypes"—where Maria may see herself reflected in others' experiences and begin to construct a narrative of belonging that transcends pathology. Importantly, the psychologist should not push or idealize participation in such groups. Instead, they should facilitate exploration with curiosity and consent, preparing Maria through discussion, co-regulation, and planning. For example, the psychologist could help her role-play initiating conversation, navigating overstimulation, or asserting her needs in group settings.

Because traditional social scripts may feel alien or unsafe, it is vital to co-create new relational scripts that reflect Maria's true ways of connecting—whether that means deep one-on-one conversations, parallel engagement (see Table 1), shared special interests, or quiet presence. These may differ significantly from neuronormative models of socializing but are no less valid or meaningful. Purpose arises not from compliance with external norms, but from alignment with internal values and authentic self-expression.

Finally, as Maria begins to integrate this sense of purpose and meaning into her life, the psychologist can invite reflection on how her healing might ripple outward. For example, how might Maria's authenticity support others in her family or community? How might her story challenge stigma or pave the way for others to unmask? Jung viewed the individual psyche as inherently connected to the collective, and Maria's healing—when grounded in authenticity—can become a form of quiet activism, reinforcing that difference is not disorder but diversity.

Fostering Self-Determination and Empowerment. To promote self-determination, psychologists might use tools like the acceptance and commitment therapy (ACT) values worksheet (Hayes et al., 2012) or the Values in Action Inventory of Strengths (VIA-IS; Peterson & Seligman, 2004) to help Maria identify her core values and align her daily activities with these, such as setting boundaries at work to allow more time for fulfilling activities. Psychoeducation can help Maria understand how ADHD and autism influence her life, reframing behaviors like masking as adaptive responses and supporting her in actively deciding how she prefers to manage stress moving forward. The psychologist might explain that, while masking has helped her fit in, it can lead to burnout, exhaustion, and diminished self-worth, whereas behaviors like stimming or social withdrawal are valid self-soothing strategies (Cage & Troxell-Whitman, 2019).

Skill-building in self-advocacy and boundary-setting can aid Maria in managing sensory and social overload. Developing coping strategies might involve creating a sensory profile to identify triggers and preferences, leading to a personalized *sensory diet* (e.g., noise-canceling headphones, fidget tools). Environmental adjustments at home and work may also be explored to reduce sensory stressors. Importantly, all of the previously outlined therapeutic guidance—from cultivating mindsight and coherence to exploring purpose and connection—is intended to support Maria in reclaiming her agency, trusting her inner wisdom, and defining her path forward on her own terms. Each step of the process is rooted in honoring Maria's autonomy, affirming her lived experience, and empowering her to make choices that align with her values, strengths, and authentic identity.

Part V - Implications for Practice, Advocacy, Education and Training, and Research

Practice

Although INAF aims to begin shifting the perspective on MINDS neurotypes away from pathologization and othering, this framework should not be used as an instruction manual on providing neuroaffirming care. Psychologists are encouraged to actively begin engaging in professional discussions about this framework in order to expand understanding and application of neuroaffirming care.

Generally, psychologists are encouraged to adopt a strengths-based, identity-affirming approach that embraces nonconformity and prioritizes self-determination and well-being (Champ et al., 2023; Pellicano et al., 2022). Therapy will be more effective when it reduces pressures to mask (Cage & Troxell-Whitman, 2019; Hartman et al., 2023), validates diverse communication and sensory needs (Glod et al., 2019), and incorporates culturally responsive practices that consider intersectionality, including decolonized or Indigenous healing approaches (Duran, 2019; Yellow Bird, 2013). Psychologists may consider how diagnostic language and interventions shape MINDS identity, shifting the focus from symptom reduction to enhancing self-determination and quality of life (Anderson, 2023; Botha & Gillespie-Lynch, 2022). Specifically, we encourage psychologists, researchers, and advocates to recognize the impact of colonization on diagnostic practices and how deficit-based approaches harm self-perception and promote self-rejection (Duran, 2019). Recognizing neurodiversity as a form of diversity rather than a deficit emphasizes strengths and flourishing. A neurodiversity-affirming approach focuses on creating environments that recognize and support differences, reducing distress, and promoting optimal functioning (Dwyer et al., 2024).

Additionally, psychologists should consider how supporting healthy ANS development can enhance MINDS well-being (Porges, 2011). Integrating interventions that promote ANS regulation may offer valuable tools for reducing the physiological impacts of chronic stress and masking. Teaching clients about nervous system hygiene can further empower them to develop self-regulation strategies that foster resilience, self-acceptance, and overall well-being.

Advocacy

Systemic change requires moving beyond accommodations to promote meaningful inclusion (Thomas, 2024). Psychologists have an opportunity to

support policy reforms in education, employment, and healthcare that challenge neuronormative biases (Nielsen, 2012). This includes advocating for universal design principles, trauma-informed environments, and neurodiversity-affirming policies that center safety, accessibility, and dignity for MINDS individuals. This means proactively creating environments and systems that are accessible and supportive of diverse ways of processing, communicating, and engaging—without requiring individuals to request special accommodations.

Advocacy must also be informed and led by those with lived experience. Collaborating with MINDS-led organizations and community members ensures that efforts remain grounded, relational, and responsive to the needs of those most affected (Shannon et al., 2021). Psychologists and institutions must approach this collaboration with structural humility—recognizing the historic and ongoing harms caused by gatekeeping, paternalism, and deficit-based frameworks—and work toward redistributing power through shared leadership, consultation, and co-production.

Advocacy must also include a critical examination of how neuronormative values shape our institutions, research agendas, funding structures, and definitions of progress. Too often, interventions deemed "evidence-based" reflect goals of normalization rather than well-being—privileging compliance over autonomy, and conformity over authenticity. This is especially evident in the continued prioritization of behavioral treatments like ABA, which many MINDS individuals experience as traumatic and dehumanizing (Anderson, 2023; Kupferstein, 2018). Advocacy requires psychologists to challenge these assumptions and push for outcomes that prioritize well-being, self-determination, and dignity.

Although this paper addresses research implications separately, advocacy is directly tied to how knowledge is produced and applied. Participatory and community-led research not only ensures relevance and accountability, but also challenges the power imbalance embedded in traditional academic structures. We must push for funding models and institutional practices that elevate co-production, qualitative insights, and neuroaffirming frameworks rather than pathologizing paradigms. Psychologists must also be vigilant of stakeholder bias—particularly in education and corporate sectors where funding and programming are often influenced by organizations or decision-makers whose priorities conflict with the needs of MINDS communities. Advocacy includes providing consultation and psychoeducation in these systems to increase awareness, offer alternative funding strategies, and promote identity-affirming, trauma-informed supports that prioritize well-being over performance.

Parents are among the most powerful advocates for systemic change—and they deserve our partnership and support. Many parents are unknowingly steered toward deficit-based interventions, not because they lack care, but because more affirming alternatives are rarely presented or covered by insurance. Current systems overwhelmingly favor compliance-focused "gold standard" therapies that promise observable change, while failing to address internal regulation, identity development, or long-term well-being. Advocacy must include providing accessible, affordable, and affirming resources to parents—tools that help them understand the difference between compliance-based therapies and those that cultivate self-awareness and self-determination. By helping parents recognize how dysregulation impacts functioning and offering practical strategies like nervous system hygiene, we empower them to support their children in thriving—not just surviving. Equipped with this knowledge, parents can advocate for themselves and their children more effectively, disrupting cycles of internalized rejection and laying the foundation for lifelong authenticity, confidence, and connection.

Finally, advocacy must be grounded in a decolonial and liberation-focused lens. Neuronormativity is not a neutral standard—it is rooted in colonial histories that have pathologized differences and erased Indigenous, relational, and holistic ways of knowing (Bhatia, 2020; Yellow Bird, 2013). A truly inclusive future requires challenging these legacies and supporting systemic changes that allow MINDS individuals not only to participate, but to lead. Advocacy must go beyond accommodation to build environments—educational, clinical, organizational, and political—that are designed *with* and *by* MINDS individuals. Access is not the end goal; shared power is.

Education and Training

Graduate programs can further this shift by integrating coursework on neurodiversity, Indigenous psychology, and the historical impact of colonialism on diagnostic models (Bhatia, 2020). Curriculum should include case studies that reflect a spectrum of MINDS experiences, illustrating the role of identity development, intersecting identities, sensory processing differences, variations in ANS functioning, and alternative communication styles. These case studies should not be limited to "problem-solving," but should emphasize strengths, culture, and self-determination as central to ethical care.

In clinical supervision, trainees can be encouraged to decolonize therapy practices, by critically examining the assumptions underlying common interventions. Training should include explicit attention to how internalized ableism, neurotypism, and behaviorist paradigms may unconsciously shape therapeutic goals. Supervisors can model and encourage identity-affirming,

curiosity-driven work that resists pathologization and centers relational safety. Trainees should be supported in moving beyond compliance-based, symptom-reduction approaches toward holistic, trauma-informed practices that support regulation, autonomy, and authentic self-expression (Champ et al., 2023; Kupferstein, 2018).

Finally, continuing education is essential for practicing psychologists. Neuroaffirming and trauma-informed CE offerings—especially those co-developed or co-facilitated by MINDS individuals—can help practitioners update their frameworks and engage in ongoing self-reflection. Programs should include training on the polyvagal-informed understanding of behavior, which views behavior not as a set of choices or symptoms to control, but as nervous system responses to perceived safety or threat—shaped by experiences of trauma, sensory input, and relational context (Porges, 2011). Additional training should address the impact of chronic masking and provide systemic strategies to support belonging and well-being (Stone et al., 2024; Yellow Bird, 2013).

Some trainees may wonder how this framework applies to working with children who exhibit significant behavioral challenges. Rather than relying on compliance-based interventions, trainees can be taught to help parents and caregivers recognize dysregulation as the root of many behaviors commonly labeled as "problematic." Training should emphasize how to identify signs of nervous system distress in children, reduce environmental and relational stressors, and support co-regulation strategies that build safety and connection. This includes increasing awareness of sensory processing differences—particularly for children who do not use spoken language to communicate—so that behaviors are interpreted through a lens of communication and regulation rather than defiance or dysfunction. For these children, not being able to effectively communicate their needs, discomfort, or distress in ways others understand can itself be a major source of frustration and dysregulation. When attempts at communication—whether through movement, vocalizations, withdrawal, or behavior—are misunderstood or ignored, the child may feel increasingly unsafe or invisible, further escalating nervous system arousal. In such cases, what may appear as "tantrums" or "oppositionality" are often signals of unmet sensory, emotional, or relational needs.

Training should therefore include strategies for recognizing nonverbal communication as valid and meaningful, and for creating environments where alternative modes of expression are respected and supported. This may involve incorporating augmentative and alternative communication (AAC) systems, offering choices through visuals or gestures, and closely attuning to each child's unique sensory profile and processing styles. By centering

nervous system needs and relational safety, clinicians can shift the focus from controlling behavior to supporting regulation—laying the foundation for long-term emotional development, resilience, and authentic self-expression.

Research

Future research would be strengthened by shifting from deficit-based methodologies to participatory action research that centers lived experiences (Pellicano et al., 2022; Shannon et al., 2021). Key areas of inquiry include the impact of masking, self-determination, development of a neuroaffirming identity (Cage & Troxell-Whitman, 2019; Hartman et al., 2023; Kapp et al., 2019), the effectiveness of neuroaffirming interventions (Pellicano et al., 2022), and the integration of Indigenous and alternative models of neurological functioning (Bruno et al., 2024; Yellow Bird, 2013). A research agenda that prioritizes collaboration with MINDS communities may contribute to a more inclusive and affirming psychological landscape.

Additionally, further research is needed to examine how healthy nervous system development impacts MINDS individuals, including the effectiveness of practices that support nervous system regulation such as mindfulness and polyvagal-informed strategies. Of particular importance is the need to reevaluate sensory processing models through a nervous system lens. For instance, what is often labeled as low registration in sensory processing may be state-dependent rather than a fixed inability to perceive stimuli. Autonomic states—such as dorsal vagal shutdown—may significantly impact perceptual awareness and responsiveness (Porges, 2011). Understanding sensory thresholds and capacities as fluid and influenced by nervous system regulation offers a more nuanced perspective and may inform more accurate assessments and effective interventions. This lens also opens new pathways for investigating alexithymia and interoceptive differences. Dysregulation may interfere with access to internal cues, obscuring emotional and bodily awareness. Investigating the relationship between nervous system states and interoceptive awareness could deepen our understanding of how emotional processing is impacted in MINDS individuals, and provide new avenues for therapeutic support.

Researchers should aim to differentiate ADHD and autism traits that are core aspects of the neurotype and those that are adaptations or consequences of chronic dysregulation. Distinguishing between innate neurocognitive traits and traits arising from nervous system dysregulation (e.g., sensory overwhelm, shutdown, or executive dysfunction under stress) is essential for developing better-informed, individualized, and supportive measures. A clearer understanding of these differences would enhance the precision and

humanity of both identification and intervention. Similarly, qualitative research is needed to explore the experiences of individuals who have been considered "cured" of autism through behavioral or developmental interventions. Such studies could investigate whether these individuals continue to resonate with core traits of autism, despite no longer meeting diagnostic criteria. Exploring internal experiences—such as persistent sensory sensitivities, feeling exhausted after social interactions, difficulties with sudden transitions, severe anxiety with no apparent cause, or a deep need for routine or quiet—can help differentiate between genuine developmental change and long-term masking or adaptation. This line of inquiry would shed light on the potential costs of behavioral conformity, including chronic stress, emotional suppression, identity confusion, stress-related physical disorders—such as gastrointestinal and autoimmune conditions—and a broader disconnection from one's embodied self. It would also offer insight into how MINDS identity may persist beneath the surface, shaped more by internal processing (e.g., monotropism, bottom-up processing) and regulatory patterns (e.g., shutdowns under stress, need for repetition or movement for self-regulation) than by observable behaviors.

Importantly, future research should expand the application of the proposed dysregulation-centered model to include other MINDS identities that have historically been marginalized or pathologized—particularly those with trauma histories and those labeled with personality disorders. For example, traits commonly associated with borderline, avoidant, or dependent personality presentations may also be understood as expressions of chronic nervous system dysregulation in response to relational trauma or environmental invalidation. Investigating how patterns of masking, emotional reactivity, sensory sensitivity, and shutdown manifest across these identities may reveal shared underlying mechanisms and highlight the need for more integrative, neuroaffirming approaches across diagnostic categories.

These areas of research could dismantle stigmatizing narratives and foster cross-diagnostic insights that move the field toward a more dimensional, compassionate, and regulation-informed understanding of human diversity. A dysregulation model that bridges neurodevelopmental, trauma-related, and identity-based experiences holds transformative potential for reframing mental health and supporting all MINDS individuals in reclaiming their authenticity and autonomy.

Conclusion

The INAF represents a transformative shift from traditional deficit-based frameworks toward a holistic, strengths-based approach. By embracing

MINDS-related traits as integral, valuable aspects of identity rather than conditions to be "managed" or "treated," this framework encourages MINDS individuals to cultivate self-acceptance and self-determination. Therapeutic interventions grounded in this framework move beyond symptom-focused perspectives to promote self-awareness, empowerment, and the redefinition of success on one's own terms, aligning with neuroaffirming values and fostering well-being.

This approach calls on psychologists to recognize and address the impact of societal biases, ableism, neurotypism, and colonization within psychological practice. By prioritizing first-person perspectives and adapting therapeutic methods to meet the unique sensory, emotional, communication, and processing needs of MINDS individuals, clinicians can facilitate a supportive, inclusive space for identity exploration and growth.

Importantly, we emphasize that INAF is not a niche framework limited to psychologists working with explicitly identified MINDS clients. Rather, it is a foundational competence that all psychologists should possess. Just as multicultural responsivity is essential regardless of a therapist's client demographic, so too is the ability to understand and affirm neurodiversity. Anyone—regardless of age, race, gender, or diagnostic history—can be a MINDS individual, including clients who have long masked or adapted to neurotypical norms without realizing the cost to their well-being. This framework offers tools to see beyond surface-level presentations and honor the full depth of human neurocognitive variation, which is often missed in traditional practice.

Further, this paper is intended to serve as an introduction to the framework rather than a manualized treatment guide. Given the interdisciplinary nature of the framework—drawing from Indigenous psychology, interpersonal neurobiology, polyvagal theory, and research on identity development and trauma—therapeutic application requires thoughtful review and clinical discernment. We intentionally avoided prescribing rigid protocols because the goal is not to standardize but to individualize: to meet clients where they are, to adapt to their needs, and to collaborate in a spirit of curiosity and mutual respect. At its core, INAF is about listening deeply and approaching each client with a commitment to understand their inner world as they experience it. INAF ultimately reminds us that while we are each part of a larger whole, we are also unique and essential within it. Just as every organ in the body serves a specific function vital to the body's overall health, each individual brings unique strengths and ways of being that support the flourishing of the collective. Wholeness is not achieved through sameness, but through honoring the differentiated roles that make harmony possible.

In this spirit, we invite the field of psychology to engage in a broader movement toward systemic transformation. Moving forward, this approach

advocates for increased inclusivity within psychological research and practice, urging a reevaluation of conventional standards that have historically excluded MINDS voices. As the field continues to evolve, adopting frameworks that honor neurodiversity as a facet of human variation will enrich both therapeutic practices and the lives of MINDS individuals, ultimately supporting a more inclusive, compassionate society that values all forms of diversity.

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Ethical approval was not required for this paper.

Author Contributions

Claudia Porras Pyland played a lead role in conceptualization, visualization, and writing. Amy Rodriguez Tackett played a supporting role in conceptualization, visualization, and writing.

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