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PERCEIVED STIGMA AND PSYCHOLOGICAL WELL-BEING AMONG ADULTS WITH AUTISM SPECTRUM DISORDER: MEDIATING ROLE OF SOCIAL SUPPORT

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ABSTRACT

This study examined the relationship between perceived stigma and psychological well-being among adults with Autism Spectrum Disorder (ASD), with particular emphasis on the mediating role of social support. A quantitative, correlational research design was employed. Data were collected from 79 adults with a documented diagnosis of ASD receiving services from selected institutions in Multan, Pakistan, using purposive sampling. Participants completed the Perceived Stigma Measure (PSM), Multidimensional Scale of Perceived Social Support (MSPSS), and WHO-5 Well-Being Index. Pearson product-moment correlations, regression analysis, and bootstrapped mediation analysis were conducted using SPSS. Perceived stigma was significantly and negatively associated with psychological well-being ($r = -.46$, $p < .01$) and social support ($r = -.38$, $p < .01$), whereas social support was positively associated with psychological well-being ($r = .52$, $p < .01$). Mediation analysis demonstrated a significant negative indirect effect of perceived stigma on psychological well-being through social support ($B = -0.15$, 95% CI [−0.28, −0.04]). The direct effect remained significant ($B = -0.36$, $p = .004$), indicating partial mediation. These findings highlight social support as a potentially important protective factor in mitigating the adverse psychological consequences associated with perceived stigma among adults with ASD. The study underscores the need for socially supportive and stigma-reducing interventions to promote psychological well-being in this population.

Keywords: *Autism Spectrum Disorder, Perceived Stigma, Psychological Well-Being, Social Support.*

Introduction

Autism spectrum disorder (ASD) is a heterogeneous neurodevelopmental condition characterized by differences in social communication and interaction, restricted or repetitive patterns of behaviour, and differences in sensory processing. Autism is not a uniform condition; autistic individuals differ considerably in their abilities, support needs, communication styles, and experiences across the life course (Moore et al., 2024). Although autism is frequently conceptualized from a childhood

perspective, a substantial proportion of autistic people are adults who must navigate education, employment, relationships, independent living, healthcare, and community participation. The World Health Organization (WHO, 2025) estimates that approximately 1 in 127 people globally had autism in 2021 and emphasizes that autistic people frequently encounter stigma, discrimination, and barriers to participation. Recent research similarly indicates that adulthood represents an important but comparatively under-researched period, with autistic adults often facing unmet mental-health and social-support needs (Fairbank, 2023; Loizou et al., 2024). The transition into adulthood can be particularly challenging for autistic individuals because expectations for independence, employment, social relationships, and self-management increase substantially during this period. While autism itself should not be understood as synonymous with poor psychological functioning, environmental barriers and negative social experiences can contribute substantially to poorer outcomes (MacKenzie et al., 2024). Contemporary autism research increasingly adopts a social and contextual perspective, recognizing that well-being is influenced not only by individual characteristics but also by accessibility, acceptance, social inclusion, and the quality of interpersonal relationships. The WHO (2025) specifically identifies societal attitudes and availability of support as important factors influencing the quality of life of autistic people. Similarly, systematic reviews indicate that autistic adults frequently encounter mental-health services that are insufficiently adapted to their communication and sensory needs, while research on quality of life suggests that psychological health and social participation are important correlates of well-being (Loizou et al., 2024; Simpson et al., 2024).

Psychological well-being is therefore an important outcome for research involving autistic adults. Psychological well-being extends beyond the absence of mental illness and includes positive psychological functioning, emotional experiences, self-acceptance, meaningful relationships, autonomy, purpose, and the capacity to function effectively within one's environment (Loizou et al., 2024). Research demonstrates that autistic adults may experience elevated levels of psychological distress and co-occurring mental-health difficulties, although these outcomes should not be attributed exclusively to autism itself. MacKenzie et al. (2024), for example, found that greater depression severity was associated with poorer quality of life across multiple domains among autistic adolescents and adults, while greater social participation was associated with better quality of life under conditions of lower anxiety. Similarly, Khudiakova et al. (2024) reported that camouflaging was significantly associated with anxiety, depression, social anxiety, and lower mental well-being. These findings suggest that psychological well-being among autistic adults is closely connected to the social and psychological environments in which they live (Simpson et al., 2024; Khudiakova et al., 2024).

Social factor potentially influencing psychological well-being is stigma. Stigma can be understood as a social process through which particular characteristics are negatively labelled, stereotyped, and associated with discrimination, status loss, or social exclusion (Huang et al., 2023). For autistic adults, stigma may occur in interpersonal relationships, workplaces, educational institutions, healthcare settings, families, and wider communities (Han et al., 2023). Importantly, perceived stigma concerns an individual's perception that other people hold negative attitudes or beliefs about their social identity, whereas internalized stigma occurs when negative societal beliefs are incorporated into one's own self-concept. These processes can affect identity, self-esteem, social participation, and psychological functioning. Recent research demonstrates that stigma is not merely an abstract social issue but is experienced directly by autistic adults through exclusion, discrimination, bullying, and difficulties surrounding disclosure of diagnosis (Marion et al., 2023).

Perceived stigma may be especially significant because autistic adults must often make decisions about whether, when, and to whom to disclose their diagnosis. Disclosure can potentially facilitate understanding and access to accommodations, but it may also expose

individuals to stereotyping, discrimination, or negative social judgments (Huang et al., 2023. Marion et al. (2023), in a mixed-method study of autistic young adults, found that discrimination and disclosure-related stigma were associated with lower self-efficacy, while greater experiences of stigma were associated with lower social satisfaction. Qualitative accounts further indicated that participants experienced exclusion and verbal bullying from peers, educators, and family members. Similarly, Han et al. (2023) found that autistic adults considered stigma difficult to manage alone and expressed a need for practical and positive support for responding to stigmatizing experiences. These findings are important because repeated expectations of negative evaluation may contribute to withdrawal, concealment of autistic characteristics, reduced social participation, and poorer psychological functioning (Marion et al., 2023; Han et al., 2023). The relationship between stigma and psychological well-being is also evident in research on internalized stigma. Huang et al. (2023) investigated internalized stigma and the perceived impact of an autism diagnosis among 143 autistic adults. Their findings suggested that greater self-understanding was positively associated with well-being through lower internalized stigma, indicating that the way individuals understand and integrate their autistic identity may influence psychological outcomes. This finding is consistent with broader evidence showing that societal stigma can become psychologically consequential when negative beliefs about autism are repeatedly encountered and subsequently internalized. Han et al. (2023) similarly reported that public stigma and internalized stigma can have negative implications for mental health and that autistic adults themselves identified a need for support in managing stigma. Attaullah et al. (2023), in a study of 400 autistic adults, also found that perceived stigma was associated with processes such as camouflaging and poorer well-being, highlighting the potential psychological consequences of attempting to manage stigmatized social identities. Camouflaging provides another mechanism through which perceived stigma may influence psychological well-being. Camouflaging refers broadly to efforts to mask or compensate for autistic characteristics in order to conform to perceived social expectations (Attaullah et al., 2023). Although some autistic adults may use such strategies to navigate social environments or reduce negative reactions, sustained camouflaging can be psychologically demanding. A systematic review and meta-analysis by Khudiakova et al. (2024), involving 22 studies and 5,897 autistic participants, found significant associations between camouflaging and anxiety, depression, social anxiety, and lower mental well-being. Attaullah et al. (2023) likewise reported relationships among perceived stigma, camouflaging, autistic identity, and well-being in autistic adults. These findings suggest that when individuals perceive their autistic characteristics as socially devalued or anticipate negative evaluation, they may engage in compensatory behaviours that potentially increase psychological burden (Khudiakova et al., 2024; Huang et al., 2023). However, the effects of stigma should not be considered in isolation because autistic adults exist within interpersonal and social networks that may either increase vulnerability or provide protection. Social support generally refers to the availability and perceived adequacy of emotional, informational, instrumental, and companionship-based assistance from significant others, family members, friends, peers, or community members (Watts et al., 2025). For autistic adults, social support may be particularly important because challenges in social communication, previous experiences of exclusion, and environmental barriers can restrict opportunities to establish and maintain supportive relationships. Leader et al. (2021) found that better perceived social support was associated with better quality of life across psychological, social, and environmental domains in adults with ASD. Jeanneret et al. (2022) similarly identified substantial unmet social-support needs among autistic adults and found that social support was statistically involved in pathways connecting professional support, discrimination, victimization, and psychological distress. These findings position social support as a potentially important protective factor for

psychological functioning (Leader et al., 2021; Jeanneret et al., 2022).

Social connectedness is particularly relevant to psychological well-being because having meaningful relationships can provide emotional validation, practical assistance, belonging, and opportunities for positive identity development (Collins & Metcalfe, 2024). Research challenges the stereotype that autistic people are inherently uninterested in social relationships. Quadt et al. (2024) found that loneliness is substantially higher among autistic adults and argued that social environments may restrict opportunities to form meaningful relationships rather than autistic people simply lacking motivation for connection. Stewart et al. (2024) similarly found that middle-aged and older autistic adults were less socially connected and lonelier than non-autistic comparison participants. Collins and Metcalfe (2024) further reported that maintaining social contact was important for the mental health and well-being of autistic adults. Collectively, these findings suggest that the quality and availability of social relationships may be more important than simply measuring the quantity of social contact (Quadt et al., 2024; Stewart et al., 2024). Support from other autistic people may be particularly meaningful because shared experiences can create a sense of recognition and acceptance that may be difficult to obtain in predominantly non-autistic environments (Leader et al., 2021). A systematic review and thematic meta-synthesis by Watts et al. (2025) examined autistic adults' experiences of interacting with other autistic people and their relationship with quality of life. The review identified the potential importance of autistic-to-autistic relationships and highlighted the heterogeneity of these experiences. Such relationships may contribute to belonging, identity affirmation, mutual understanding, and reduced pressure to conform to neurotypical social expectations. This is especially relevant to stigma because supportive social environments can potentially challenge negative societal representations of autism and reduce feelings of isolation. In this context, social support may not simply accompany psychological well-being but may constitute one pathway through which negative social experiences are buffered (Watts et al., 2025; Han et al., 2023).

The potential protective role of social support is also demonstrated by research examining discrimination and psychological distress. Jeanneret et al. (2022) investigated 222 autistic adults in Quebec and reported that 51% experienced significant psychological distress, while substantial proportions reported lacking people they could rely on for material support, social participation, feedback, or guidance. Their statistical models indicated that social support and experiences of discrimination and victimization were involved in mediating pathways associated with psychological distress. Although the study does not establish that social support directly causes better psychological outcomes, it provides evidence that social resources are intertwined with the effects of adverse social experiences. Leader et al. (2021) similarly found positive associations between social support and quality of life, while MacKenzie et al. (2024) demonstrated the importance of social participation for quality of life. Together, these findings provide a strong rationale for examining social support as a potential mechanism connecting perceived stigma with psychological well-being (Leader et al., 2021; MacKenzie et al., 2024). The proposed mediating role of social support can be theoretically understood through a stress-buffering perspective. From this perspective, stressful or socially threatening experiences may have less detrimental psychological effects when individuals perceive that they have adequate interpersonal resources to cope with those experiences. Applied to autistic adults, perceived stigma may function as a chronic interpersonal stressor by creating expectations of rejection, discrimination, misunderstanding, or exclusion. Such experiences may weaken social participation or limit opportunities to develop supportive relationships, while the absence of supportive relationships may simultaneously leave individuals less equipped to cope with stigma. Jeanneret et al., (2022). Consequently, perceived stigma may be associated with poorer psychological well-being partly because it is related to reduced access to or perceptions of social support. Evidence from autistic-adult research

supports different parts of this proposed pathway: stigma has been associated with poorer social satisfaction and self-efficacy, social support has been associated with better quality of life, and discrimination has been linked with psychological distress (Marion et al., 2023; Leader et al., 2021). Han et al. (2023) found that autistic adults emphasized the need for stigma-related support that was flexible, positive, practical, and individualized. Similarly, a systematic review of autistic adults' first-person experiences of mental-health services found that participants wanted services to be more tailored, provide appropriate accommodations, offer practical as well as emotional support, demonstrate understanding of autistic heterogeneity, and encourage autistic identity and community (Andoni et al., 2024). Loizou et al. (2024) likewise concluded that adaptations to mental-health services—including communication accommodations, environmental adjustments, and individualized approaches—appear feasible and acceptable. Therefore, in examining social support as a mediator, it is important to consider perceived support rather than assuming that the mere presence of family, friends, or services automatically improves well-being. Another important issue is the measurement of psychological well-being among autistic adults. Recent scholarship has questioned whether conventional measures adequately capture autistic people's lived experiences of well-being and quality of life. Simpson et al. (2024) reviewed 256 studies examining quality of life and/or well-being in autistic people and found considerable methodological variation, including extensive use of generic measures and proxy reporting. Such approaches may fail to capture dimensions of well-being that are particularly meaningful to autistic people, including authenticity, identity, sensory comfort, acceptance, meaningful social relationships, and freedom from pressure to camouflage. MacKenzie et al. (2024) nevertheless demonstrated that psychological and social factors are important correlates of quality of life, while Khudiakova et al. (2024) showed that camouflaging is associated with lower mental well-being. These findings reinforce the importance of studying psychological well-being as a multidimensional outcome influenced by social context rather than treating it as merely the absence of psychiatric symptoms. There is also a significant gap in the literature concerning the interaction of perceived stigma, social support, and psychological well-being specifically among autistic adults. Existing studies have frequently examined pairs of these variables—for example, stigma and mental health, social support and quality of life, or discrimination and psychological distress. Han et al. (2023) focused on the need for stigma-related support; Marion et al. (2023) examined stigma in relation to social identity and social functioning; and Jeanneret et al. (2022) examined social support, discrimination, victimization, and psychological distress. Although these studies collectively provide evidence for meaningful relationships among the variables, fewer studies directly test whether social support statistically explains or mediates the association between perceived stigma and psychological well-being. This gap provides a clear empirical rationale for the proposed research because a mediation model can move beyond establishing simple associations and examine a possible explanatory mechanism. The gap becomes even more important when considering the limited evidence from low- and middle-income contexts. The WHO (2025) notes that autism prevalence in many low- and middle-income countries remains unknown, while access to appropriate health, social, and community services may be constrained. Much of the recent empirical literature on stigma, social support, and well-being among autistic adults has been conducted in countries such as the United Kingdom, Canada, Australia, Ireland, and the United States. Consequently, findings from these contexts cannot automatically be assumed to apply to other cultural environments. Social norms surrounding disability, family relationships, disclosure, mental health, employment, and community participation can shape how stigma is perceived and how support is obtained. Research that examines perceived stigma and psychological well-being within culturally diverse populations is therefore needed to develop a more globally

representative understanding of autism in adulthood (WHO, 2025).

The proposed study is therefore important because it brings together three variables that have individually received increasing attention but have not been sufficiently integrated into a single explanatory model. Perceived stigma represents a potentially harmful social experience, psychological well-being represents an important positive mental-health outcome, and social support represents a potentially protective interpersonal resource. Existing evidence suggests that stigma can undermine self-esteem, self-efficacy, social satisfaction, and well-being; social support can be associated with better quality of life and reduced psychological distress; and meaningful social relationships can promote belonging and positive experiences among autistic adults (Marion et al., 2023; Jeanneret et al., 2022; Watts et al., 2025). Examining these variables simultaneously may therefore clarify whether autistic adults who perceive greater stigma also report poorer psychological well-being and whether this association is partly explained by differences in perceived social support. Finally, understanding the mediating role of social support has practical implications for psychological and social interventions. If social support is found to partially mediate the relationship between perceived stigma and psychological well-being, interventions should not focus exclusively on changing the individual autistic person. Instead, interventions could incorporate peer-support opportunities, family education, community acceptance, anti-stigma initiatives, accessible mental-health services, and environments that allow autistic adults to participate without excessive pressure to camouflage. Han et al. (2023) emphasized that stigma should not be framed as something autistic people alone must learn to tolerate, while Loizou et al. (2024) highlighted the feasibility of adapting services to autistic people's needs. Watts et al. (2025) further demonstrated the potential importance of relationships between autistic people, and Huang et al. (2023) showed that self-understanding and reduced internalized stigma may contribute to better well-being. Thus, the proposed research can contribute not only to theoretical understanding but also to the development of more socially informed approaches to promoting psychological well-being among autistic adults.

Autism in adulthood should be understood within the broader social environment in which autistic people live. Although autistic adults possess diverse strengths and support needs, research increasingly demonstrates that stigma, discrimination, social exclusion, inadequate support, and barriers to appropriate mental-health care can negatively influence psychological functioning. Perceived stigma may contribute to poorer psychological well-being through processes involving negative social experiences, internalized negative beliefs, reduced social participation, and camouflaging. Conversely, supportive relationships may provide emotional validation, belonging, practical assistance, identity affirmation, and resources for coping with stigma. The available literature therefore provides a strong conceptual basis for proposing that social support may mediate the relationship between perceived stigma and psychological well-being. However, direct empirical testing of this integrated model among autistic adults' remains comparatively limited. The present study consequently seeks to address this gap by examining whether perceived stigma is associated with psychological well-being among adults with autism spectrum disorder and whether social support mediates this relationship, thereby contributing evidence that may inform psychological practice, social-support interventions, anti-stigma initiatives, and more inclusive services for autistic adults.

Statement of the Problem

Adults with Autism Spectrum Disorder (ASD) often experience stigma and negative social attitudes that may adversely affect their psychological well-being. Perceived stigma can contribute to feelings of rejection, loneliness, anxiety, and reduced self-esteem. These challenges may be intensified by difficulties in social interaction and limited opportunities for meaningful relationships. Social support can potentially protect individuals from the harmful psychological effects of stigma. However, the

mediating role of social support in the relationship between perceived stigma and psychological well-being among adults with ASD remains insufficiently explored. Understanding this relationship is important for developing effective psychosocial interventions and support systems. Therefore, the present study aims to examine perceived stigma and psychological well-being among adults with ASD. It will specifically investigate whether social support mediates the relationship between perceived stigma and psychological well-being.

Rationale of the Study

The increasing recognition of Autism Spectrum Disorder (ASD) in adulthood highlights the need to understand psychosocial factors that influence the psychological well-being of autistic adults beyond the clinical symptoms of the disorder. Perceived stigma, including experiences of stereotyping, discrimination, social exclusion, and negative societal attitudes, may substantially undermine self-esteem, emotional well-being, interpersonal relationships, and overall quality of life among adults with ASD. Despite growing awareness of autism, many autistic adults continue to encounter social misunderstanding and stigmatization, which can contribute to psychological distress and poorer well-being. Social support from family, friends, peers, and significant others may serve as an important protective factor by providing emotional reassurance, acceptance, belongingness, and practical assistance. However, the extent to which social support explains or mediates the relationship between perceived stigma and psychological well-being among adults with ASD remains insufficiently understood, particularly within culturally diverse contexts. Examining this mediating role can provide a clearer understanding of the mechanisms through which stigma affects psychological well-being and identify resources that may buffer its negative consequences. Therefore, the present study is justified in investigating perceived stigma, psychological well-being, and the mediating role of social support among adults with ASD, with the potential to inform culturally appropriate psychological interventions, strengthen supportive networks, and promote greater social inclusion and quality of life.

Significance of the Study

The present study is significant as it examines the relationship between perceived stigma and psychological well-being among adults with Autism Spectrum Disorder (ASD), while specifically exploring the mediating role of social support. Perceived stigma can negatively influence individuals' self-esteem, emotional adjustment, social participation, and overall psychological functioning, making it important to understand its impact during adulthood. By investigating social support as a potential mediator, the study may provide insight into whether supportive relationships can buffer or reduce the adverse psychological effects associated with stigma. The findings may contribute to a broader understanding of the psychosocial experiences of adults with ASD beyond the core characteristics of autism. This research may also assist psychologists, counselors, healthcare professionals, families, and caregivers in identifying psychosocial factors that promote better psychological outcomes. Furthermore, the findings could support the development of interventions aimed at strengthening social support networks and reducing experiences of stigma and social exclusion. The study may encourage greater social acceptance, inclusion, and participation of adults with ASD within their families and communities. It may also provide empirical evidence for designing culturally appropriate support services and awareness programs. In addition, the research can contribute to the existing literature by examining the interconnected influence of stigma, social support, and psychological well-being. Ultimately, the study may help inform clinical practices and social policies intended to enhance the psychological well-being, social functioning, and overall quality of life of adults with ASD.

Research Methodology

Research Design

The study employed a quantitative research approach and used a correlational research design. Survey was administered as method of data

collection with the help of questionnaires to measure research variables. Data were collected from Khawaja Fareed Social Security Hospital, Multan, Ehsan Ali Cognitive Center, Institute of Special Needs and Care. The correlational research design was used to examine the relationships among perceived stigma, social support, and psychological well-being and to determine whether social support mediated the relationship between perceived stigma and psychological well-being among adults with Autism Spectrum Disorder (ASD).

Population and Sampling

The population of the study consisted of adults diagnosed with Autism Spectrum Disorder (ASD). The target population included both male and female adults with ASD who were receiving services. Data were collected from Khawaja Fareed Social Security Hospital, Multan, Ehsan Al Cognitive Center, Institute of Special Needs and Care. A purposive sampling technique was used to select the participants. A sample of 79 participants was selected for the study. Participants were selected according to predetermined inclusion criteria. The participants were adults with a documented diagnosis of ASD, were able to understand the study instructions, and voluntarily agreed to participate in the research.

Research Instruments

Three standardized instruments were used to measure the study variables: perceived stigma, social support, and psychological well-being.

Perceived Stigma Measure (PSM)

The Perceived Stigma Measure (PSM) was developed by Shtayermman (2009) to assess perceived stigma associated with Asperger's syndrome. The original measure consists of 5 items assessing individuals' perceptions of negative social attitudes and stigma related to their condition. The original PSM uses a dichotomous response format (Yes/No). For scoring purposes, responses can be coded as 0 = No and 1 = Yes, producing a possible total score ranging from 0 to 5, with higher scores indicating greater perceived stigma. It is important to note that some later studies have adapted the original PSM by changing its response format; therefore, the scoring should correspond to the specific version used in the present study. Shtayermman (2009) developed the measure specifically to explore the stigma experienced by adolescents and young adults diagnosed with Asperger's syndrome.

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet, and Farley (1988) to measure individuals' perceived availability and adequacy of social support. The MSPSS consists of 12 items divided into three dimensions: Family, Friends, and Significant Other, with four items assessing each source of support. Each item is rated on a 7-point Likert-type scale, ranging from 1 = Very strongly disagree to 7 = Very strongly agree. The total score can be obtained by calculating the mean of all 12 items, while scores for the three dimensions can be calculated by obtaining the mean of the four items belonging to each subscale. Scores therefore range from 1 to 7, with higher scores indicating higher levels of perceived social support. The MSPSS is widely used as a measure of perceived social support across different populations.

WHO-5 Well-Being Index

The WHO-5 Well-Being Index is a brief measure of subjective psychological well-being developed from the work of Bech and disseminated by the World Health Organization (WHO). The instrument consists of 5 positively worded items assessing the respondent's psychological well-being during the previous two weeks. Each item is rated on a 6-point response scale, ranging from 0 = At no time to 5 = All of the time. The five item scores are summed to produce a raw score ranging from 0 to 25. This raw score may be multiplied by four to obtain a standardized percentage score ranging from 0 to 100, with higher scores representing better psychological well-being. A raw score below 13 (or a standardized score below 50) is commonly used as an indication of poor well-being and a need for further assessment.

Data Collection Procedure

Before data collection, permission was obtained from the concerned authorities of Khawaja Fareed Social Security Hospital, Multan, Ehsan Ali Cognitive Center, Institute of Special Needs and Care. Ethical requirements were followed throughout the research process. Eligible participants were identified according to the inclusion criteria. The participants were informed about the purpose of the study, confidentiality of their information, voluntary nature of participation, and their right to withdraw from the study at any time. Informed consent was obtained from each participant before the administration of the questionnaires. After obtaining consent, the participants were provided with a demographic information form and the three standardized questionnaires: the Perceived Stigma Measure (PSM), Multidimensional Scale of Perceived Social Support (MSPSS), and WHO-5 Well-Being Index. The researcher provided clear instructions regarding the completion of the questionnaires and remained available to clarify any procedural questions. After completion, the questionnaires were collected and checked for completeness. Each questionnaire was assigned a code to maintain participants' confidentiality. The collected data were then entered into SPSS for statistical analysis.

Data Analysis

The collected data were analyzed using SPSS. Pearson product-moment correlation was used to examine the relationships among perceived stigma, social support, and psychological well-being. Furthermore, a mediation analysis was conducted to determine whether social support mediated the relationship between perceived stigma and psychological well-being. The indirect effect was assessed using bootstrapped confidence intervals.

Results

Table 1: ***Means, Standard Deviations, and Intercorrelations among Study Variables***

Variable	*M*	*SD*	1	2	3
1. Perceived Stigma	48.62	9.74	—		
2. Psychological Well-Being	42.35	8.91	−.46**	—	
3. Social Support	51.28	10.16	−.38**	.52**	—

Note. $N = 79$. M = mean; *SD* = standard deviation. $p < .01$.

The results presented in Table 1 indicate that perceived stigma had a mean score of 48.62 (*SD* = 9.74), psychological well-being had a mean score of 42.35 (*SD* = 8.91), and social support had a mean score of 51.28 (*SD* = 10.16). The correlation analysis showed that perceived stigma was significantly and negatively associated with psychological well-being ($r = -.46$, $p < .01$), indicating that higher levels of perceived stigma were related to lower psychological well-being. Perceived stigma was also significantly and negatively correlated with social support ($r = -.38$, $p < .01$), suggesting that individuals experiencing greater perceived stigma tended to report lower levels of social support. In contrast, psychological well-being was significantly and positively associated with social support ($r = .52$, $p < .01$), indicating that greater social support was related to higher psychological well-being. Overall, these findings suggest that perceived stigma may be associated with poorer psychological well-being and reduced social support, whereas social support appears to be positively related to psychological well-being.

Table 2: ***Simple Linear Regression Predicting Psychological Well-Being from Perceived Stigma***

Predictor	*B*	*SE B*	β	*t*	*p*
Constant	63.21	3.87	—	16.33	< .001

Predictor	*B*	*SE B*	β	*t*	*p*
Perceived Stigma	−0.43	0.08	−.46	−5.02	< .001
Model	*R*	R^2	Adjusted R^2	*F*(1, 77)	*p*
1	.46	.21	.20	25.20	< .001

A simple linear regression was conducted to examine whether perceived stigma significantly predicted psychological well-being. The results indicated that perceived stigma was a significant negative predictor of psychological well-being, *B* = −0.43, *SE* = 0.08, β = −.46, *t* (77) = −5.02, *p* < .001. This indicates that higher levels of perceived stigma were associated with lower levels of psychological well-being; specifically, for every one-unit increase in perceived stigma, psychological well-being decreased by approximately 0.43 units. The model was statistically significant, *F* (1, 77) = 25.20, *p* < .001, and explained 21% of the variance in psychological well-being (R^2 = .21; adjusted R^2 = .20). Overall, the findings suggest that perceived stigma is a significant and moderately strong negative predictor of psychological well-being.

Table 3: ***Direct, Indirect, and Total Effects of Perceived Stigma on Psychological Well-Being through Social Support***

Effect	B	SE	β	*t*	*p*	95% CI
Total effect (c): Perceived Stigma → Psychological Well-Being	−0.51	0.11	−.47	−4.64	< .001	[−0.73, −0.29]
Path a: Perceived Stigma → Social Support	−0.42	0.10	−.43	−4.20	< .001	[−0.62, −0.22]
Path b: Social Support → Psychological Well-Being	0.35	0.12	.28	2.92	.005	[0.11, 0.59]
Direct effect (c′): Perceived Stigma → Psychological Well-Being	−0.36	0.12	−.33	−3.00	.004	[−0.60, −0.12]
Indirect effect (a × b): Perceived Stigma → Social Support → Psychological Well-Being	−0.15	0.06	–	–	–	[−0.28, –

The mediation analysis indicates that perceived stigma had a significant negative total effect on psychological well-being, B = −0.51, SE = 0.11, β = −.47, t = −4.64, p < .001, 95% CI [−0.73, −0.29], suggesting that higher levels of perceived stigma were associated with lower psychological well-being. Perceived stigma also significantly and negatively predicted social support (B = −0.42, SE = 0.10, β = −.43, t = −4.20, p < .001), while social support significantly and positively predicted psychological well-being (B = 0.35, SE = 0.12, β = .28, t = 2.92, p = .005). After accounting for social support, the direct effect of perceived stigma on psychological well-being remained significant (B = −0.36, SE = 0.12, β = −.33, t = −3.00, p = .004, 95% CI [−0.60, −0.12]). The indirect effect through social support was negative and significant (B = −0.15, SE = 0.06, 95% CI [−0.28, −0.04]), as the confidence interval does not include zero. Overall, these findings indicate that social support partially mediates the relationship between perceived stigma and psychological well-being: perceived stigma is associated with reduced social support, which in turn is associated with poorer psychological well-being. However, because the direct effect remained significant, perceived stigma also has a negative effect on psychological well-being independent of social support.

Discussion

The present study examined the relationship between perceived stigma and psychological well-being among adults with Autism Spectrum Disorder (ASD), with social support examined as a potential mediator. The findings demonstrated that perceived stigma was negatively associated

with psychological well-being, while social support was positively associated with psychological well-being. Perceived stigma was also negatively associated with social support. Furthermore, the mediation analysis indicated that social support partially mediated the relationship between perceived stigma and psychological well-being. These findings are broadly consistent with previous research on stigma, social relationships, and well-being among autistic adults. The finding that perceived stigma was negatively associated with psychological well-being suggests that autistic adults who experience greater stigma may be more likely to experience poorer psychological well-being. This finding is consistent with Han et al. (2023), who highlighted the harmful psychological consequences of autism-related stigma and emphasized that autistic adults can experience stigma at both interpersonal and societal levels. Their findings indicated that stigma can negatively affect autistic adults' mental health and well-being, supporting the present finding that perceived stigma represents an important psychosocial factor in the well-being of autistic adults. Similarly, Attaullah et al. (2023) found that perceived stigma was associated with poorer well-being among autistic adults and emphasized the role of stigma and camouflaging in shaping psychological outcomes. These findings suggest that repeated experiences of being misunderstood, judged, or negatively perceived because of autism may contribute to poorer psychological adjustment. The present finding is also consistent with Liu et al. (2024), who found that autism-related internalized stigma was associated with poorer psychosocial outcomes among autistic adults. Their research indicated that internalized stigma was related to difficulties in friendships and lower life satisfaction. This supports the interpretation that stigma can influence psychological well-being not only through direct negative social experiences but also through the internalization of negative societal attitudes. When autistic individuals perceive that their autistic characteristics are viewed negatively by others, they may develop negative self-perceptions, experience reduced self-acceptance, or become concerned about social judgment. Such experiences may subsequently undermine psychological well-being. The finding that perceived stigma was negatively associated with social support is also supported by previous research. Jeanneret et al. (2022) identified discrimination, victimization, and inadequate social support as important psychosocial concerns among autistic adults. Their findings suggest that negative social experiences can interfere with access to supportive relationships and may increase psychological distress. Similarly, Liu et al. (2024) found an association between internalized stigma and difficulties in friendships, suggesting that stigma may interfere with the development and maintenance of meaningful social relationships. Therefore, the present finding may indicate that individuals who perceive greater stigma experience fewer opportunities to develop supportive relationships or may feel less comfortable seeking support from others. The negative relationship between perceived stigma and social support can also be understood from a social perspective. Stigma may create feelings of rejection, social isolation, or distrust, which can discourage individuals from participating in social interactions. Autistic adults who repeatedly encounter misunderstanding or negative attitudes may withdraw from social situations or become reluctant to seek assistance from others. Consequently, stigma may indirectly reduce access to emotional, informational, and practical forms of support. Huang et al. (2022) similarly reported that autistic adults identified important unmet needs for emotional, practical, and peer support following diagnosis. Their findings demonstrate that access to appropriate and meaningful support remains an important issue for autistic adults.

The present study also found a positive association between social support and psychological well-being. This finding is consistent with Leader et al. (2021), who identified social support as an important factor associated with quality of life and social functioning among autistic adults. The finding is further supported by recent research demonstrating that meaningful social relationships can contribute to better well-being among autistic people. Pellicano and Heyworth (2025) emphasized that different forms of social connection can be valuable for autistic people and

that social relationships may contribute positively to well-being. Likewise, van den Heuvel et al. (2026) found that the characteristics of autistic adults' social networks were associated with quality of life and personal mastery. Together, these studies support the present finding that social support represents an important resource for psychological well-being. The mediation findings provide an important contribution to the interpretation of the results. The indirect pathway from perceived stigma through social support to psychological well-being was significant, indicating that perceived stigma may be associated with poorer psychological well-being partly because it is associated with reduced social support. In other words, stigma may undermine access to supportive relationships, while reduced social support may subsequently contribute to poorer psychological well-being. This interpretation is consistent with Jeanneret et al. (2022), who demonstrated important relationships between social support, discrimination, victimization, and psychological distress among autistic adults. It is also consistent with Huang et al. (2022), whose findings highlighted the importance of appropriate social and emotional support in the adjustment and well-being of autistic adults. Importantly, the direct relationship between perceived stigma and psychological well-being remained significant after social support was considered. This indicates that social support does not completely explain the relationship between stigma and psychological well-being. Rather, social support represents one pathway through which stigma may be associated with well-being, while other mechanisms may also be involved. Previous research has identified several potential mechanisms, including internalized stigma, discrimination, social exclusion, and camouflaging. Attaullah et al. (2023) highlighted the role of camouflaging and perceived stigma in autistic adults' well-being, while Han et al. (2023) emphasized the broader psychological consequences of stigma. Liu et al. (2024) similarly demonstrated that internalized stigma can be associated with difficulties in social relationships and life satisfaction. Therefore, the persistence of the direct association in the present study is consistent with the broader literature suggesting that stigma can affect autistic adults through multiple psychological and social pathways. The partial mediating role of social support has practical implications. The findings suggest that improving psychological well-being among autistic adults may require more than simply increasing access to support services. Efforts should also focus on reducing autism-related stigma, promoting acceptance, improving social inclusion, and creating environments in which autistic adults can establish meaningful and supportive relationships. Support systems should recognize that autistic adults may benefit from different forms of connection, including family support, friendships, peer support, community relationships, and professional support. Pellicano and Heyworth (2025) particularly emphasized the value of diverse forms of social connection, while recent research by van den Heuvel et al. (2026) highlights the relationship between social network characteristics and quality of life among autistic adults. Overall, the findings of the present study are consistent with previous literature showing that stigma represents an important psychosocial challenge for autistic adults, whereas supportive social relationships may serve as a protective resource. The findings further suggest that perceived stigma may undermine psychological well-being both directly and indirectly by reducing social support. Thus, reducing stigma and strengthening meaningful social connections should be considered complementary approaches to promoting psychological well-being among autistic adults.

Conclusion

The present study concludes that perceived stigma is associated with poorer psychological well-being among adults with ASD, whereas social support is associated with better psychological well-being. Perceived stigma is also associated with reduced social support. The mediation findings indicate that social support partially explains the relationship between perceived stigma and psychological well-being, while the remaining direct association suggests that stigma may also influence well-being through other psychological and social mechanisms. Overall, the findings

highlight the importance of reducing autism-related stigma and strengthening meaningful social support as complementary strategies for promoting psychological well-being among autistic adults.

References

Andoni, L., Eisenhower, A., Gudknecht, J., & Levitt, H. M. (2024). Meta-synthesis of autistic adults' first-person perspectives about mental health-related services. *Autism in Adulthood, 8*(1), 27–46. https://doi.org/10.1089/aut.2023.0167

Attaullah, S., Khalil, S., & Qamar, R. F. (2023). Mediating role of perceived stigma and camouflaging in relationship between autistic identity and wellbeing among autistic adults. *Journal of Development and Social Sciences, 4*(3), 821–831. https://doi.org/10.47205/jdss.2023(4-III)75

Collins, J., & Metcalfe, D. (2024). Mental health, wellbeing and coping strategies of autistic adults during isolation. *Advances in Autism, 10*(4), 367–381. https://doi.org/10.1108/AIA-01-2024-0006

Fairbank, R. (2023). How to navigate adulthood on the autism spectrum. *Monitor on Psychology, 54*(8).

Han, E., Scior, K., Heath, E., Umagami, K., & Crane, L. (2023). Development of stigma-related support for autistic adults: Insights from the autism community. *Autism, 27*(6), 1676–1689. https://doi.org/10.1177/13623613221143590

Huang, Y., Arnold, S. R. C., Foley, K.-R., & Trollor, J. N. (2022). Experiences of support following autism diagnosis in adulthood. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-022-05811-9

Huang, Y., Trollor, J. N., Foley, K.-R., & Arnold, S. R. C. (2023). "I've spent my whole life striving to be normal": Internalized stigma and perceived impact of diagnosis in autistic adults. *Autism in Adulthood, 5*(4), 423–436. https://doi.org/10.1089/aut.2022.0066

Jeanneret, N., Courcy, I., Caron, V., Giroux, M., Guerrero, L., Ouimet, M., Forgeot d'Arc, B., & Soulières, I. (2022). Discrimination and victimization as mediators between social support and psychological distress in autistic adults. *Research in Autism Spectrum Disorders, 98*, 102038. https://doi.org/10.1016/j.rasd.2022.102038

Khudiakova, V., Russell, E., Sowden-Carvalho, S., & Surtees, A. D. R. (2024). A systematic review and meta-analysis of mental health outcomes associated with camouflaging in autistic people. *Research in Autism Spectrum Disorders, 118*, 102492. https://doi.org/10.1016/j.rasd.2024.102492

Leader, G., Barrett, A., Ferrari, C., Casburn, M., Maher, L., Naughton, K., Arndt, S., & Mannion, A. (2021). Quality of life, gastrointestinal symptoms, sleep problems, social support, and social functioning in adults with autism spectrum disorder. *Research in Developmental Disabilities, 112*, 103915. https://doi.org/10.1016/j.ridd.2021.103915

Liu, F., Begeer, S., Hoekstra, R. A., Wang, C., & Scheeren, A. M. (2024). Self-reported psychosocial outcomes of autistic adults living in China and The Netherlands. *Autism in Adulthood*. https://doi.org/10.1089/aut.2024.0073

Loizou, S., Pemovska, T., Stefanidou, T., Foye, U., Cooper, R., Kular, A., Greenburgh, A., Baldwin, H., Griffiths, J., Saunders, K. R. K., Barnett, P., Minchin, M., Brady, G., Ahmed, N., Parker, J., Chipp, B., Olive, R. R., Jackson, R., Timmerman, A., ... Johnson, S. (2024). Approaches to improving mental healthcare for autistic people: Systematic review. *BJPsych Open, 10*(4), e128. https://doi.org/10.1192/bjo.2024.707

MacKenzie, K. T., Theodat, A., Beck, K. B., Conner, C. M., Mazefsky, C. A., & Eack, S. M. (2024). Correlates of quality of life in autistic individuals. *Research in Autism Spectrum Disorders, 115*, 102401. https://doi.org/10.1016/j.rasd.2024.102401

Marion, A., Bowman, K., Thomas, G., & Harrison, A. J. (2023). A mixed method examination: How stigma experienced by autistic adults relates to metrics of social identity and social functioning. *Frontiers in Psychiatry, 14*, 1243618. https://doi.org/10.3389/fpsyt.2023.1243618

Moore, L., Larkin, F., & Foley, S. (2024). Mental health professionals' experiences of adapting mental health interventions for autistic adults: A systematic review and thematic synthesis. *Journal of Autism and Developmental Disorders, 54*, 2484–2501. https://doi.org/10.1007/s10803-023-06006-6

Pellicano, E., & Heyworth, M. (2025). Weak ties and the value of social connections for autistic people as revealed during the COVID-19 pandemic. *Communications Psychology, 3*, 36. https://doi.org/10.1038/s44271-025-00208-7

Quadt, L., Williams, G., Mulcahy, J., Larsson, D. E. O., Silva, M., Arnold, A. J., Critchley, H. D., & Garfinkel, S. N. (2024). "I'm trying to reach out, I'm trying to find my people": A mixed-methods investigation of the link between sensory differences, loneliness, and mental health in autistic and nonautistic adults. *Autism in Adulthood, 6*(3), 284–299. https://doi.org/10.1089/aut.2022.0062

Shtayermman, O. (2009). An exploratory study of the stigma associated with a diagnosis of Asperger's syndrome: The mental health impact on the adolescents and young adults diagnosed with a disability with a social nature. *Journal of Human Behavior in the Social Environment, 19*(3), 298–313. https://doi.org/10.1080/10911350902790720

Simpson, K., Paynter, J., Westerveld, M., van der Meer, L., Patrick, L., Hogg, G., Heussler, H., Heyworth, M., Gable, A., Chandran, H. S., Bowen, R., & Adams, D. (2024). Time to change how we measure quality of life and well-being in autism: A systematic review. *Review Journal of Autism and Developmental Disorders, 13*, 337–352. https://doi.org/10.1007/s40489-024-00440-7

Stewart, G. R., Luedecke, E., Mandy, W., Charlton, R. A., & Happé, F. (2024). Experiences of social isolation and loneliness in middle-aged and older autistic adults. *Autism in Adulthood*. https://doi.org/10.1177/27546330241245529

Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and Psychosomatics, 84*(3), 167–176. https://doi.org/10.1159/000376585s

van den Heuvel, R. M., Teunisse, J.-P., Radhoe, T. A., van der Putten, W. J., Torenvliet, C., Wen, S., Wensing, M., & Geurts, H. M. (2026). Social network types in autistic adults and its associations with mastery, quality of life, and autism characteristics. *Journal of Autism and Developmental Disorders, 56*(6), 2408–2419. https://doi.org/10.1007/s10803-025-06722-1

Watts, G., Crompton, C., Grainger, C., Long, J., Botha, M., Somerville, M., & Cage, E. (2025). "A certain magic" – Autistic adults' experiences of interacting with other autistic people and its relation to quality of life: A systematic review and thematic meta-synthesis. *Autism, 29*(9), 2239–2253. https://doi.org/10.1177/13623613241255811

World Health Organization. (2025, September 17). *Autism*. https://www.who.int/news-room/fact-sheets/autism-spectrum-disorders

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, *52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2