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Narrative Therapy and Autism: A Systematic Scoping Review Bridging Conceptual Foundations and Empirical Work Through Qualitative Synthesis, 1990–2025

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Abstract

Autistic individuals experience significant mental health disparities and barriers to appropriate care, including mismatches between conventional therapeutic approaches and autistic lived experience. Narrative therapy, a non-pathologizing and social constructionist approach, may offer a framework aligned with identity, meaning-making, and relational context in autism. This systematic scoping review followed the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) reporting guidelines to synthesize peer-reviewed literature published between 1990 and 2025 examining how narrative therapy has been conceptualized, adapted, or empirically studied in autism contexts. Findings suggest that most articles were conceptual or practice-based, with limited empirical research consisting primarily of small-scale, exploratory, and case-based designs. Most articles focused on children, and few incorporated substantive multimodal communication approaches. Across the literature, narrative therapy was framed as strengths-oriented and identity-focused, with several articles reflecting principles compatible with neurodiversity-informed practice, including attention to agency, insider knowledge, and resistance to deficit-based narratives. Findings highlight the need for lifespan-focused research, greater attention to communication diversity, autistic participation in knowledge production, and further development of practice-based and empirical approaches.

Introduction

Individuals with autism spectrum disorder (ASD) experience disproportionately high rates of co-occurring mental health concerns, including anxiety and depression across the lifespan (Hollocks et al., 2019). These disparities are accompanied by persistent barriers to appropriate mental health care, including limited clinician training, insufficiently adapted assessment and intervention practices, and models that may not account for how autistic individuals experience or express co-occurring concerns (Loizou et al., 2024). These challenges highlight the importance of developing and evaluating therapeutic approaches that are responsive not only to individual differences, but also to the broader relational and sociocultural contexts in which autistic individuals live (Kapp et al., 2013; Milton, 2012).

Research on autistic populations increasingly emphasizes the complexity of the autistic experience, shaped by interactions between individual differences and social environments, including challenges related to mutual understanding, identity, and belonging (Kapp et al., 2013; Milton, 2012). These perspectives suggest that mental health difficulties may not be solely located within the individual, but emerge through relational and contextual processes, including misattunement, stigma, and pressures to conform to socially normative expectations (Kapp et al., 2013; Lai et al., 2025; Milton, 2012). In this context, therapeutic approaches that move beyond deficit-based frameworks and instead center meaning-making, identity, and relational experience may be particularly relevant (Kapp et al., 2013; Lai et al., 2025).

Narrative therapy offers one such approach. Grounded in social constructionist principles, narrative therapy conceptualizes problems as separate from the person and emphasizes the role of language, context, and relationships in shaping experience (Madigan, 2011; White & Epston, 1990). Through practices such as externalizing conversations and re-authoring, individuals are supported in developing alternative narratives that highlight agency, values, and preferred identities (Freedman & Combs, 1996; Madigan, 2011; White & Epston, 1990). These principles align closely with neurodiversity-informed perspectives, which frame autism as a form of difference rather than deficit and emphasize the importance of validating lived experience and identity (Kapp et al., 2013; Lai et al., 2025). This alignment suggests that narrative therapy may offer a necessary alternative to conventional intervention models, particularly in addressing forms of distress that emerge from relational misalignment, identity conflict, and sociocultural marginalization (Kapp et al., 2013; Lai et al., 2025; Milton, 2012).

Literature Review

This literature review provides the conceptual foundation for examining the use of narrative therapy in autism contexts. Throughout this review, a socioculturally attuned lens is used, such that autism, therapy, communication, and identity are examined in relation to the cultural norms, social expectations, institutional systems, and clinical discourses that shape how they are understood. This lens draws attention to the ways dominant ideas about “typical” development, communication, independence, and relational functioning can influence both clinical practice and the interpretation of autistic experience.

Historical Context of Autism Spectrum Disorder

Clinical narratives about autism have historically carried stigmatizing meanings that shaped how autistic individuals and families were understood. Kanner’s (1943) early description of autism emphasized “autistic aloneness” and “insistence on sameness,” framing autism through social disconnection and resistance to change, while later mid-20th-century interpretations often confused autism with childhood schizophrenia or attributed autistic differences to parenting style and family environment (Volkmar & McPartland, 2014). Although contemporary diagnostic frameworks now conceptualize autism as a heterogeneous neurodevelopmental condition rather than a psychogenic or parent-caused disorder, this history illustrates how clinical explanations can produce stigma, blame, and deficit-based interpretations of autistic identity and family life (American Psychiatric Association, 2022; Volkmar & McPartland, 2014). This is particularly relevant to narrative therapy because narrative approaches attend to the power of dominant stories, including clinical and cultural narratives that locate problems within individuals or families rather than within broader relational and sociocultural contexts.

Neurodiversity, Relational Mismatch, and Therapeutic Context

Neurodiversity emerged from autistic self-advocacy communities in the 1990s, particularly through early online forums and activist networks that challenged pathologizing accounts of autism (Botha et al., 2024). While Singer (1999) helped name neurodiversity as a shift from viewing autism as pathology, toward understanding neurological difference as human variation, the concept has since developed into a broader paradigm influencing research and clinical practice (Kapp et al., 2013; Lai et al., 2025). Within this framework, distress is not located solely within the autistic individual but is shaped through interactions between autistic ways of experiencing the world and social environments that privilege neurotypical norms. Milton's (2012) "double empathy problem" extends this view by reframing communication difficulties as relational mismatches in perspective, interpretation, and meaning-making rather than as one-sided autistic impairment. This shift has direct implications for therapy. It calls for approaches that support identity, agency, and contextual understanding while also examining how dominant cultural norms shape which ways of communicating, relating, and making meaning are treated as valid or problematic (Kapp et al., 2013; McDowell et al., 2026).

Within environments that privilege neurotypical norms, autistic individuals often navigate pressure to conceal, compensate for, or manage autistic traits to fit in socially or avoid stigma. These strategies are often described under the broader construct of camouflaging, which includes masking, or hiding autistic traits, alongside compensatory and assimilative strategies used to navigate neurotypical social expectations. Camouflaging has been associated with increased stress, poorer mental health outcomes, and feelings of inauthenticity and identity strain (Cage & Troxell-Whitman, 2019; Hull et al., 2017). These dynamics illustrate how power operates within social and clinical contexts, shaping expectations for conformity and positioning autistic individuals as responsible for managing difference. Although dominant autism interventions, including behavioral and cognitive approaches such as applied behavior analysis (ABA) and adapted cognitive-behavioral therapy (CBT), may be useful for targeting specific skills, symptoms, or behaviors, they may also be experienced as mismatched when they prioritize behavioral adaptation over identity, relational safety, and the subjective meaning of distress (Loizou et al., 2024; Pellicano & den Houting, 2022). These critiques point to the need for therapeutic models that extend beyond symptom reduction to support agency, identity development, relational context, and meaning-making, all of which are central to the practice of narrative therapy.

Narrative Therapy

Narrative therapy offers a framework that is theoretically aligned with these emerging perspectives. Rooted in social constructionism, narrative therapy conceptualizes identity as shaped through language, discourse, and relational interaction rather than as fixed or inherent (Freedman & Combs, 1996; Madigan, 2011; White & Epston, 1990). Central practices such as externalization and re-authoring are designed to separate individuals from problem-saturated narratives and support the development of alternative, preferred identities. This orientation is particularly relevant in the context of autism, where dominant societal narratives often position autistic individuals in terms of deficit and dysfunction (Kapp et al.,

2013; Lai et al., 2025). By deconstructing these narratives and privileging alternative stories, narrative therapy creates space for more complex, strength-based understandings of identity.

Within autism contexts, these practices offer specific advantages. Externalizing conversations can shift the focus from “being the problem” to examining how problems operate within particular contexts, which is especially relevant for individuals with autism navigating contexts that may be overwhelming, misattuned, or stigmatizing (Kapp et al., 2013; Milton, 2012; Pellicano & den Houting, 2022). Re-authoring practices further support the development of identity narratives that incorporate strengths, preferences, and lived experiences, rather than centering internalizing, deficit-based descriptions. In this way, narrative therapy allows clinicians and clients to explore how challenges emerge at the intersection of individual differences and contextual demands, rather than locating them solely within the individual.

In addition, narrative therapy explicitly attends to the sociocultural and relational contexts in which identities are formed. Madigan (2011) emphasizes that therapeutic work involves engaging with broader systems of meaning and power that shape the stories available to individuals and families. This perspective aligns closely with neurodiversity-informed approaches, as both emphasize the importance of resisting pathologizing discourses and recognizing the role of context in shaping lived experience (Kapp et al., 2013; Lai et al., 2025). Together, these theoretical alignments suggest that narrative therapy may offer a particularly valuable approach for working with autistic individuals, couples, and families, especially in addressing issues related to identity, stigma, and relational meaning-making.

Narrative therapy is often characterized as a language-based approach that emphasizes generative dialogue, storytelling, and meaning-making through verbal exchange (Madigan, 2011; White & Epston, 1990). However, this description can obscure the flexibility of narrative practice. Although narrative therapy is rooted in stories, language, and dialogue, family therapy scholars have extended narrative practices through art-making, writing, symbolic objects, and other experiential forms of externalization and re-authoring, expanding how clients may participate in meaning-making beyond spoken dialogue alone (Bermúdez & Bermúdez, 2002; Bermúdez et al., 2009; Keeling & Bermúdez, 2006).

A strictly verbal framing of therapy risks privileging linguistically dominant forms of expression, potentially marginalizing clients whose communication styles differ (Knudson-Martin et al., 2019). In contrast, narrative therapy’s adaptability aligns with socioculturally attuned practice by allowing meaning-making to emerge through diverse and client-centered modalities (McDowell et al., 2026). This flexibility is especially relevant for the present review because communication differences are central to autism, yet the extent to which narrative therapy has been adapted beyond verbal dialogue remains an empirical and conceptual question within the literature.

Despite this strong conceptual alignment, narrative therapy has not been systematically examined within the context of autism. To our knowledge, no prior systematic scoping review has synthesized how narrative therapy has been conceptualized, applied, and evaluated with autistic populations. At the same time, broader autism research continues to highlight the relational and psychological complexities of autistic experience, including elevated mental health concerns (Hollocks et al., 2019) and the impacts of

navigating socially normative expectations through processes such as camouflaging (Cage & Troxell-Whitman, 2019; Hull et al., 2017). The present review addresses these gaps by systematically examining the literature on narrative therapy with autistic populations. The aim is to synthesize empirical, conceptual, and practice-based work to better understand how narrative therapy has been utilized, what outcomes have been reported, and where significant gaps remain in the literature.

Methods

This systematic scoping review examined how narrative therapy has been conceptualized, adapted, and evaluated in autism contexts. Eligible articles included empirical studies as well as conceptual, theoretical, and practice-based clinical articles. This decision is consistent with integrative and scoping review methodologies, which support the synthesis of empirical and non-empirical literature when the purpose is to map the development of a field, clarify conceptual foundations, and identify gaps in research and practice (Munn et al., 2018; Whittemore & Knafl, 2005). For the purposes of this review, empirical articles were defined as articles that reported original data collection, analysis, and findings, including pilot studies, single-case reports, case series, or descriptive case studies. Conceptual and practice-based articles were defined as articles that developed narrative therapy theory, described clinical applications, or presented practice-based illustrations without formal empirical outcome analysis. Practice-based evidence was understood as clinically generated knowledge about how interventions are adapted, implemented, and experienced in therapeutic contexts (Barkham & Mellor-Clark, 2003). Conceptual and practice-based articles were analyzed alongside empirical articles while preserving article type, allowing conceptual, clinical, and empirical contributions to be interpreted as distinct forms of evidence.

Inclusion/Exclusion Criteria

Eligibility criteria were informed by a Population, Intervention, Comparison, Outcomes, and Study Design (PICOS) framework to guide inclusion and exclusion decisions (Methley et al., 2014; Page et al., 2021). Articles were included if they involved participants identified as autistic (formally diagnosed, self-identified, or described using related terminology such as autism spectrum disorder, ASD, or Asperger's), across child, adolescent, or adult populations. Articles involving families, caregivers, or therapists were included if the focus remained on therapeutic processes or outcomes for autistic individuals.

Articles were required to explicitly describe, evaluate, or apply narrative therapy or narrative-informed approaches grounded in the theoretical framework of White and Epston (1990). This included individual, family, group, and community-based applications, as well as integrations with other modalities in which narrative therapy remained a central component. Articles were excluded if they used "narrative" in a non-therapeutic sense (e.g., narrative inquiry, storytelling, or narrative identity research) without engaging narrative therapy principles.

Eligible articles reported on therapeutic, relational, or psychological outcomes (e.g., emotional regulation, identity development, social functioning, agency, or meaning-making), though both outcome-focused and process-oriented articles were retained. No comparison conditions were required for inclusion. Only peer-reviewed journal articles published in English between 1990 and 2025 were included. Grey literature, dissertations, conference proceedings, editorials, and non-English publications were excluded to maintain a focused review of peer-reviewed academic literature with comparable standards of publication, accessibility, and methodological detail. Non-English publications were excluded due to the language capacities of the review team.

Search Strategy

A systematic scoping review was conducted to identify peer-reviewed articles examining the application of narrative therapy in the context of autism. The study was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018) and the PRISMA 2020 reporting guidelines (Page et al., 2021). Searches were performed across five electronic databases: APA PsycINFO, Web of Science, ERIC, SocINDEX, and CINAHL. Search terms were developed to capture three core domains: autism and related terminology, narrative therapy and associated practices, and clinical or therapeutic context. Keywords and Boolean operators were adapted for each database, combining autism-related terms (e.g., autism, autistic, autism spectrum disorder, ASD, Asperger*, neurodivergent), narrative therapy terms (e.g., “narrative therapy,” narrative approach*, narrative practice*, externaliz*, re-author*, re-story*), and clinical context terms (e.g., mental health, psychotherap*, counsel*, family therap*, systemic therap*, intervention*, treatment*), consistent with best practices for systematic search design (Page et al., 2021).

Searches were limited to English-language, peer-reviewed journal articles published between 1990 and 2025, corresponding to the emergence and development of narrative therapy following White and Epston (1990). Additional database-specific filters were applied to exclude dissertations, conference proceedings, editorials, and other non-scholarly materials where applicable. The final search yielded 853 records prior to deduplication.

All records identified through the PRISMA-ScR search strategy were imported into PICO Portal, a web-based systematic review management platform. Duplicate records (n = 460) were automatically identified and removed. An additional three records were removed for other reasons (e.g., indexing errors), resulting in 390 records for screening. Title and abstract screening were conducted using a dual independent review process, consistent with recommended practices for systematic reviews (Page et al., 2021). To ensure systematic and transparent article selection, the authors independently reviewed all records using predefined inclusion and exclusion criteria (Page et al., 2021). Discrepancies were resolved through discussion, and consensus was reached in all cases. See Fig. 1, “PRISMA Flow Diagram: Narrative Therapy and Autism,” for the article selection process.

[Insert Fig. 1 Here]

A total of 378 records were excluded during the title and abstract screening stage, primarily due to not focusing on autism or not involving narrative therapy as a central clinical modality or intervention. This process resulted in 12 reports retained for full-text review. Full-text articles were assessed for eligibility by the first author, and all 12 reports were successfully retrieved (reports not retrieved = 0). During full-text review, two articles were excluded for the following reasons: population not aligned with inclusion criteria (n = 1) and intervention not consistent with narrative therapy (n = 1). In sum, the final sample included 10 articles that met the inclusion criteria.

Data Extraction and Synthesis

This review used qualitative content analysis to synthesize empirical, conceptual, and practice-based articles within a single interpretive framework (Hsieh & Shannon, 2005; Thomas & Harden, 2008). A meta-analysis was not conducted because the included articles were heterogeneous in design, sample size, population, and outcome reporting; instead, findings were synthesized narratively and qualitatively in line with guidance for synthesis without meta-analysis (Campbell et al., 2020). Articles were reviewed using a structured codebook developed by the first author and refined through iterative coding and analytic memoing. Codes captured conceptual material, empirical findings and outcomes, narrative therapy practices and adaptations, methodological features, population and relational context, and stated gaps or limitations. Patterns were then compared across article type to identify higher-order themes related to population focus, communication modality, intervention adaptation, and empirical support.

Researcher Positionality

The first author approached this review from a constructivist and critical perspective, emphasizing the co-construction of meaning and the influence of sociocultural context on knowledge production (Charmaz, 2014). This orientation is further informed by a commitment to neurodiversity-affirming and non-pathologizing frameworks in work with autism (Pellicano & den Houting, 2022). The researcher does not identify as autistic but does identify as neurodivergent and remains attentive to how this positionality may shape interpretation of the literature. As such, analytic decisions were guided not only by the identification of patterns within the literature but also by attention to how narratives of autism, therapy, and adaptation are constructed and represented across articles. All authors identify as narrative family therapists and qualitative researchers committed to advancing critically informed strength-based approaches to research and clinical practice.

Findings

The following results reflect a qualitative synthesis of empirical, conceptual, and practice-based literature examining the application of narrative therapy with autistic populations. Using a structured coding process, articles were analyzed across domains including conceptual foundations, intervention

adaptations, and empirical evidence. Results reflected three predominant themes: (1) conceptual, practice-based, and emerging empirical evidence; (2) population focus and relational scope in narrative therapy applications for autism; and (3) verbal and multimodal approaches in narrative therapy applications.

Conceptual, Practice-Based, and Emerging Empirical Evidence

Across the 10 included articles, the evidence base for narrative therapy in autism contexts reflects a clear pattern in the type of knowledge being produced, with a predominance of conceptual and practice-based contributions and a smaller body of empirical work grounded in applied, case-oriented designs. Of the 10 included articles, 6 were conceptual or practice-based articles (Cashin, 2008; Johnson, 2012; Kaur, 2025; McGuinty et al., 2012; Romney & Jones, 2020; Tilsen et al., 2005), while 4 were empirical articles (Cashin et al., 2013; Chimpén-López et al., 2022; McGuinty et al., 2018; Wark, 2012).

The conceptual and practice-based articles provide detailed accounts of narrative therapy principles and clinical applications, including externalizing conversations, identification of unique outcomes, identity re-authoring, and the thickening of preferred narratives through collaborative meaning-making, often illustrated through case examples or therapeutic vignettes. For instance, Kaur (2025) describes the use of a collective scrapbook to document children's problems and preferred responses, positioning children as active agents in constructing and revising their narratives over time. Similarly, McGuinty et al. (2012) conceptualize externalizing metaphors as concrete and visually accessible tools for working with anxiety in high-functioning autism, while Romney and Jones (2020) extend narrative therapy more explicitly into systemic and family-level meaning-making. These approaches, however, are presented as practice-based or theoretically grounded applications, rather than as interventions evaluated across participants or settings using standardized or comparative designs.

In contrast, the four empirical articles reflect a more limited but emerging body of applied research, characterized by small-scale, context-specific designs. These include one pilot study (n = 10; Cashin et al., 2013), a single-case report (McGuinty et al., 2018), and case-based designs involving small numbers of participants (Chimpén-López et al., 2022; Wark, 2012). Some empirical applications used structured brief interventions, such as the five-session pilot intervention in Cashin et al. (2013) and the four-session Externalizing Metaphors Therapy model in McGuinty et al. (2018), while others were reported through descriptive case-based clinical examples. Across these articles, outcomes were primarily documented through observational, case-level, or pre–post descriptive data, including changes in psychological distress, emotional symptoms, anxiety-related functioning, goal-directed behavior, goal attainment, coping with grief/loss, children's understanding of tantrums or challenging behaviors, and reductions in aggressive or disruptive responses.

Across the full sample, this distribution (6 conceptual/practice-based articles and 4 empirical articles) reflects a consistent pattern: empirical studies tend to document feasibility and illustrative outcomes,

while conceptual and practice-based articles articulate more complex therapeutic processes that are only partially captured within empirical designs. For example, processes such as collaborative re-authoring, relational meaning-making, and identity reconstruction are described in conceptual literature (Romney & Jones, 2020; Tilsen et al., 2005), and are partially operationalized in empirical work (e.g., through externalizing practices), but are not examined in their full relational or process-oriented complexity using systematic or replicable measurement approaches within the articles included in this review.

This pattern suggests that the current evidence base is limited in size and shaped by the methodological fit between narrative therapy's theoretical commitments and the forms of inquiry used to study it. Narrative therapy emphasizes contextual, relational, and meaning-based change, which aligns more closely with practice-based, case-oriented, and qualitative forms of inquiry than with large-scale, standardized outcome designs. As reflected in the predominance of conceptual work (6 of 10 articles) and the use of small-scale empirical designs, the existing literature suggests that narrative therapy research in autism contexts is developing through clinically grounded, context-sensitive approaches, with empirical work emerging in ways that are consistent with its theoretical foundations.

Population Focus and Relational Scope in Narrative Therapy Applications for Autism

Across the 10 included articles, clear patterns emerged in the populations represented and the ways participants were positioned within narrative therapy interventions, with a strong concentration on children and adolescents (n = 8; Cashin, 2008; Cashin et al., 2013; Chimpén-López et al., 2022; Johnson, 2012; Kaur, 2025; McGuinty et al., 2018; Romney & Jones, 2020; Tilsen et al., 2005). In contrast, only one of the 10 articles examined an adult population (n = 1; Wark, 2012), while the remaining article presented a broader conceptual model rather than a bounded child, adolescent, or adult sample (n = 1; McGuinty et al., 2012). No included articles focused on autistic individuals in romantic relationships, couple contexts, or parenting roles.

Across the child and adolescent-focused articles, parents and caregivers appeared most often as informants, witnesses, or support figures rather than as the primary focus of therapeutic change. For example, in Cashin et al. (2013), parents contributed to study procedures and outcome assessment through documentation of diagnosis and parent-rated measures, including the Strengths and Difficulties Questionnaire. In Johnson (2012) and McGuinty et al. (2018), parents or caregivers were incorporated as witnesses or supports who could help the child recognize, reinforce, or generalize therapeutic strategies beyond the session. Chimpén-López et al. (2022) also discussed parents as affected by children's challenging behaviors and as potential supports in using narrative practices, although the therapeutic examples remained centered on the child–therapist process. However, parents were generally not engaged as co-participants in re-authoring or relational meaning-making processes. While Romney and Jones (2020) offered a conceptual systemic application of narrative therapy with families of children diagnosed with ASD, the empirical and intervention-focused literature did not directly examine parent–

child interaction patterns, relational communication processes, or shared family meaning-making as primary outcomes.

Notably, the only adult-focused empirical article examined narrative therapy with four adults ages 20–39 with moderate to severe intellectual disability, autism, and/or severe communication limitations (Wark, 2012). In this article, narrative therapy was adapted through written stories, storyboards, artwork, augmentative communication tools, and support-staff involvement to address anxiety, environmental transitions, and grief/loss. Although the article reported goal attainment and quality-of-life improvements, these outcomes were documented through small-sample, case-based observations and remained focused on individual functioning rather than relational or systemic change processes.

This individual-level emphasis also appeared across much of the conceptual and practice-based literature. Kaur (2025) and Tilsen et al. (2005) situated children's experiences within broader social, family, or school contexts, but the narrative work primarily centered children's own meaning-making, insider language, and preferred identity narratives. Romney and Jones (2020) provided the clearest exception, offering an explicitly systemic and family-focused conceptual application of narrative therapy for families of children diagnosed with ASD; however, the article did not include original participants or outcome data. Taken together, the included literature suggests that narrative therapy applications in autism contexts are predominantly child-centered and individually focused, with systemic and relational applications more fully developed in conceptual/practice-based writing than in empirical research.

Verbal and Multimodal Approaches in Narrative Therapy Applications for Autism

Across the 10 included articles, two primary patterns of application emerged: (1) verbally mediated approaches that incorporated metaphor and limited visual supports, and (2) more substantively multimodal approaches that incorporated nonverbal, embodied, visual, written, or augmentative communication strategies. In this review, verbally mediated approaches refer to therapeutic processes that rely primarily on spoken dialogue, questioning, and verbal reflection as the central means of meaning-making, even when visual, symbolic, or metaphor-based supports are also used. These patterns reflect differences not only in the use of narrative practices, but in the extent to which the structure of therapeutic communication itself was adapted.

Verbally Mediated Approaches to Narrative Therapy

The majority of articles (8 of 10) relied primarily on verbally mediated therapeutic processes, with adaptations implemented within a dialogue-based structure rather than through substantial shifts in communication modality (Cashin, 2008; Cashin et al., 2013; Chimpén-López et al., 2022; Johnson, 2012; McGuinty et al., 2012; McGuinty et al., 2018; Romney & Jones, 2020; Tilsen et al., 2005). Across these articles, metaphors, drawings, symbolic characters, visual aids, emotion charts, toys, figurines, and imaginative practices were introduced as tools within therapeutic conversation rather than as primary alternatives to spoken or verbally mediated engagement. These adaptations often helped make abstract

experiences, such as anxiety, anger, emotional overwhelm, or challenging behavior, more concrete and discussable.

Externalizing metaphors were especially prominent within this verbally mediated pattern. At a conceptual level, McGuinty et al. (2012) positioned externalizing metaphors as concrete and visually accessible representations through which abstract emotional experiences could be named, organized, and explored. This process was reflected across several articles in which clients named the problem, developed a personalized representation of it, evaluated its effects, and explored preferred responses. In Tilsen et al. (2005), for example, Michael named the problem “Unnimbleness” and described it through sensory imagery, including electrical “shock pulses,” while therapy proceeded through collaborative dialogue and re-authoring conversations about his relationship to the problem. Similarly, Cashin (2008) described a 13-year-old who externalized sudden anger as “the bang” and used visual “spy sheets” to identify patterns related to environmental overwhelm, complex verbal instructions, and changes in routine. Through this process, the client repositioned himself as an active “Bang Buster,” illustrating how externalization could support both pattern recognition and agentic identity.

Other articles used concrete or imaginative tools to support similar externalizing processes while retaining a primarily conversation-based structure. Johnson (2012) described the use of drawings, symbolic representations, emotion charts, toys, and figurines to help children externalize emotions and involve parents or caregivers as witnesses to emerging self-regulation skills. Chimpén-López et al. (2022) used the therapist’s imaginary friend and a “magic coin” to externalize tantrums and behavioral challenges, allowing children to engage the problem indirectly, rehearse alternative responses, and identify preferred values once emotional intensity had decreased. These examples show that creative adaptation was not superficial; rather, concrete and imaginative tools often created access points into externalizing and re-authoring conversations. However, the therapeutic process generally remained organized around dialogue, reflection, and verbal or semi-verbal meaning-making.

McGuinty et al. (2018) offered one of the most developed examples of this verbally mediated but creatively adapted pattern. In a structured four-session intervention, anxiety was externalized as “Larry the Monster,” a metaphor that captured internalized negative cognitions such as “you are stupid” and “don’t even try.” The metaphor was visually drawn, revisited across sessions, and modified as the client’s relationship with anxiety changed, including shrinking Larry’s size and reducing its influence. The intervention also extended beyond the session through video self-modeling, which allowed the client to explain the metaphor and rehearse its use across school and home contexts. Although this intervention incorporated visual and video-based supports, the central therapeutic structure remained organized around collaborative conversation, reflection, and re-authoring dialogue. Romney and Jones (2020) similarly extended narrative therapy into a systemic family context, emphasizing therapist–family dialogue, co-construction of meaning, externalizing language, and the reshaping of family narratives, but without developing a structured visual, nonverbal, or augmentative communication approach.

Multimodal or Nonverbal Approaches to Narrative Therapy

In contrast, a smaller subset of articles (two of 10) demonstrated more substantive multimodal or nonverbal communication approaches that extended beyond metaphor within a primarily verbal framework (Kaur, 2025; Wark, 2012). Kaur (2025) described narrative practices through a living scrapbook that documented neurodivergent children's experience-near descriptions of problems and solutions. This work incorporated art, drama, body-based communication, child-generated naming, statement-of-position maps, and attention to nonspeaking and minimally speaking children's communicative actions. Problems such as "The Angry Feeling" and "The Chest Hurty Feeling" were developed through children's own language, drawing, embodied expression, and collaborative storytelling. Importantly, Kaur framed gestures, movement, resistance, crying, pointing, and other bodily actions as meaningful communication rather than as behaviors to be managed. In this article, multimodality was not simply an engagement strategy; it was central to how children's agency, insider knowledge, and meaning-making were recognized.

Wark (2012) similarly demonstrated more substantive communication adaptation in narrative therapy with adults with moderate to severe intellectual disability, autism, and/or severe communication limitations. Narrative therapy was adapted through written stories, storyboards, artwork, augmentative communication tools, Compic cards, structured scripts, support-staff involvement, and environmental scaffolding. Clients co-constructed stories about anxiety-provoking situations, revised these stories across sessions, and used them as guides for behavior in real-world contexts. These stories were paired with visual supports and repeated rehearsal, allowing clients to practice alternative responses and reinforce new meanings over time. In contrast to articles where visual tools primarily supported verbal processing, Wark's use of written, visual, augmentative, and environmental supports more substantially restructured how clients could participate in the therapeutic process.

Together, these findings suggest that narrative therapy is frequently adapted through creative, concrete, and metaphor-based practices in autism contexts, but the range and depth of adaptation varies considerably. Most articles adapted specific narrative techniques, such as metaphor, drawing, symbolic objects, imaginative characters, or visual supports, while fewer articles substantially restructured the therapeutic process around diverse communication styles, needs, and modalities. Only a small subset of articles, most clearly Kaur (2025) and Wark (2012), addressed verbal communication barriers through more substantive multimodal adaptations. These findings suggests that while multimodal narrative therapy approaches are feasible and clinically described, they remain relatively underrepresented in the extant literature.

Discussion

This systematic scoping review examined how narrative therapy has been conceptualized, adapted, and empirically studied in autism contexts. Across the included articles, narrative therapy was framed as a promising, strengths-oriented approach for working with autistic individuals; however, the literature remains early in development, with stronger conceptual and practice-based contributions than empirical investigation.

Rather than indicating a lack of clinical relevance, this pattern reflects an emerging area of inquiry shaped by narrative therapy's emphasis on contextualized, relational, and practice-based knowledge (Charmaz, 2014; Madigan, 2011). Existing empirical articles are small in scale and largely exploratory, emphasizing feasibility, illustrative outcomes, and clinical applicability rather than generalizable evidence. The literature also reflects a broader pattern in autism research: a predominant focus on children and comparatively limited attention to adult, relational, couple, and family-system contexts. As a result, the field shows a notable gap between conceptual innovation and empirical validation, particularly beyond child-focused and individual-level applications.

Conceptualization of Autism in Narrative Therapy

Across the included literature, narrative therapy conceptualizes autism-related distress through a contextual and meaning-centered lens rather than through deficit-based explanations alone. Conceptual and practice-based articles emphasize externalizing problems, re-authoring identity, agency, and sociocultural context, positioning difficulties such as anxiety, emotional dysregulation, stigma, and family stress as shaped through relationships, environments, and dominant cultural narratives (Cashin, 2008; Johnson, 2012; McGuinty et al., 2012; Romney & Jones, 2020; Tilsen et al., 2005). This orientation is important because it shifts clinical attention away from autism as the problem and toward the ways problem-saturated stories, social demands, and expectations shape autistic individuals' experiences of self and others.

This pattern suggests that narrative therapy is philosophically compatible with neurodiversity-informed understandings of autism, even when individual articles do not explicitly use neurodiversity language (Kapp et al., 2013). Both perspectives emphasize lived experience, identity, agency, and resistance to deficit-based narratives. In this regard, narrative therapy offers a framework for exploring how autistic individuals and families make meaning of diagnosis, difference, distress, and relational life without reducing autistic ways of being to symptoms or impairments.

At the same time, this conceptual alignment remains unevenly developed across the literature. Autism is most often conceptualized through a developmental and child-centered lens, with limited attention to adulthood, romantic relationships, parenting, or broader lifespan concerns. Although some articles situate autistic children within family, school, or social contexts, the therapeutic focus generally remains on the autistic individual rather than on relational or systemic processes. Romney and Jones (2020) provide the clearest family-system application, but this contribution remains conceptual rather than empirical. Thus, narrative therapy is framed as relevant to autism, but this relevance has not yet been fully extended to adult, couple, or family-level contexts.

Several factors likely contribute to this narrow scope. Autism research has historically prioritized children, shaping both intervention development and the populations most often studied (Volkmar & McPartland, 2014). Conceptual scholarship also proposes systemic, or lifespan applications more readily than empirical articles can test them, particularly within a small and emerging evidence base.

Finally, adult identity, romantic relationships, and parenting remain underrepresented across autism intervention research more broadly (Pellicano & den Houting, 2022). The conceptual foundation for narrative therapy in autism contexts is therefore promising, but its empirical and relational development remains limited.

Practice-Based and Empirical Evidence

The evidence demonstrated in this review reflects a field developing primarily through conceptual, practice-based, and case-oriented forms of knowledge. Across the included articles, practice-based contributions offered clinically meaningful descriptions of how narrative therapy principles were translated into action, including externalizing metaphors, drawings, symbolic objects, visual representations, therapeutic documents, caregiver or witness participation, and child-generated descriptions of problems and preferred responses. These articles clarify how therapists adapted narrative practices to support a sense of agency, externalize problem-saturated stories, create distance from deficit-based identity conclusions, and invite preferred meanings into therapeutic conversation.

At the same time, the empirical base remains limited. Of the 10 included articles, four were empirical, including one pilot study, one single-case report, and case-based designs involving small numbers of participants (Cashin et al., 2013; Chimpén-López et al., 2022; McGuinty et al., 2018; Wark, 2012). These articles primarily documented feasibility, clinical utility, and context-specific outcomes rather than large-scale effectiveness. Reported outcomes included reductions in psychological distress and emotional symptoms, improved anxiety-related functioning, goal-directed behavior, goal attainment, coping with grief/loss, children's understanding of tantrums or challenging behaviors, and reductions in aggressive or disruptive responses.

Together, the literature suggests that narrative therapy may be clinically useful in autism and intellectual disability contexts, but the evidence remains preliminary and unevenly developed. The practice-based literature provides depth regarding therapeutic process and adaptation, while the empirical literature offers early evidence of feasibility and promising outcomes. As a result, current research does not yet provide sufficient evidence for broad claims about effectiveness. Future empirical work should examine not only whether narrative therapy is effective for people of all ages with autism, but also how narrative processes such as externalizing, re-authoring, identity development, communication adaptation, and relational meaning-making unfold within autism contexts.

Clinical Implications

The findings of this review have important implications for family therapists working with autistic individuals, partners, parents, siblings, and families. Most centrally, narrative therapy invites clinicians to shift from treating autism-related distress as located solely within the individual toward examining how distress is shaped through dominant stories, relational patterns, social expectations, and clinical discourses. For autistic clients, this means externalizing problems such as anxiety, overwhelm, shame, isolation, or "behavioral" concerns in ways that preserve and encourage their sense of agency and resist deficit-based identity conclusions. Rather than asking clients or families to adapt only to neurotypical

expectations, clinicians can help identify how problems operate across contexts and how preferred identities, values, and forms of resistance are already present.

Clinically, this requires more than adding visual aids to otherwise verbally dominant therapy. Therapists should work in a socioculturally attuned manner to assess how each autistic client communicates, processes information, and participates in meaning-making, then adapt narrative practices accordingly. This may include using drawings, metaphors, written stories, storyboards, AAC, sensory supports, symbolic objects, body-based expression, therapeutic documents, structured scripts, or environmental scaffolding. The clinical question is not simply how to make verbal therapy easier to understand, but how to create therapeutic processes in which autistic clients can participate through their own communicative strengths and preferred modalities.

For couple and relational work, narrative therapy may be especially useful in externalizing patterns of misunderstanding, sensory overload, masking, resentment, or relational disconnection without locating blame in either partner. Clinicians working with neurodiverse couples can use narrative practices to explore how dominant expectations about communication, affection, conflict, intimacy, and reciprocity shape each partner's interpretations of the relationship. This allows partners to move from individualized blame toward shared meaning-making, collaborative problem definition, and the development of relational practices that fit the couple's actual needs rather than assumed neurotypical norms.

For parents, caregivers, and siblings, the findings suggest the importance of moving beyond positioning family members only as informants or supports for the autistic individual. Family therapists can invite parents, siblings, and other relational partners into externalizing and re-authoring conversations while maintaining the autistic person's agency and voice. This may include mapping how diagnosis stories, stigma, school demands, caregiving strain, sibling roles, or professionalized expert discourses shape family life. Clinicians can then support families in developing preferred narratives around competence, connection, mutual understanding, accommodation, and shared resilience.

Finally, because the empirical literature remains limited, it is important for practitioners to approach narrative therapy within autism contexts with both creativity and reflexivity. Practice should be guided by ongoing attention to client feedback, communication access, relational power, and sociocultural context. Therapists can contribute to the development of the field by documenting adaptations, tracking process and outcomes, and engaging in practice-based inquiry. In this sense, family therapists are not only applying existing evidence; they are also positioned to help build a more relational, neurodiversity-informed, and methodologically responsive evidence base for narrative therapy with autistic individuals, couples, and families.

Limitations of the Study

This review should be considered in light of several limitations related to the study design and review process. Although a systematic search strategy was conducted across multiple databases, the final sample was relatively small (n = 10). This reflects both the narrow scope of the review topic and the

limited availability of peer-reviewed literature explicitly examining narrative therapy in autism contexts. The included articles were heterogeneous in design, population, and outcome reporting, which limited the ability to directly compare findings across articles. This heterogeneity is characteristic of early-stage and interdisciplinary fields and supports the appropriateness of a qualitative synthesis approach. The inclusion of diverse study designs allowed for a more comprehensive understanding of how narrative therapy is conceptualized and applied across contexts.

The inclusion of empirical, conceptual, and practice-based literature introduces variability in the type and strength of the synthesized evidence. This decision was intentional and methodologically appropriate given the limited empirical base in this area. Conceptual and practice-based articles provided theoretical and clinical context for limited empirical data. This approach aligns with qualitative synthesis methods that seek to integrate multiple forms of knowledge to generate a more complete understanding of emerging fields.

Future Directions

The findings of this review highlight three priorities for future research on narrative therapy in autism contexts. First, future research should expand beyond the current concentration on children and individually oriented applications to examine narrative therapy across the lifespan and within relational systems. Studies are needed with autistic adults, romantic partners, autistic individuals in parenting roles, and their families, particularly in relation to identity negotiation, relational communication, caregiving, parenting, and shared meaning-making. The absence of couple-focused articles in this review may reflect the intersection of two underdeveloped areas: narrative therapy with autistic adults and narrative therapy with couples. Future research should therefore examine not only whether narrative therapy is useful in autism-related relational contexts, but also how externalizing, re-authoring, and meaning-making practices can be adapted, documented, and evaluated within couple and family therapy.

Second, future research should more directly examine multimodal communication within narrative therapy. Although the reviewed literature frequently describes concrete and creative adaptations, such as metaphor, drawing, symbolic objects, imaginative characters, and visual supports, fewer articles substantially restructure therapy around diverse communication styles, needs, and modalities. Future studies should examine how narrative therapy processes can occur through nonverbal, minimally verbal, augmentative, embodied, visual, written, sensory, and environmental forms of communication. This includes examining how externalizing and re-authoring practices are co-constructed not only through spoken dialogue, but also through images, scripts, AAC, storyboards, body-based expression, symbolic objects, and collaboratively developed therapeutic documents.

Third, future research should strengthen autistic and family participation in both knowledge production and methodological design. The literature reviewed here largely reflects clinician- and researcher-driven perspectives, although some articles center autistic or neurodivergent children’s descriptions, actions, and meaning-making. Future studies should include autistic individuals as participants, collaborators, consultants, and, where possible, co-researchers. Research should also include the perspectives of

partners, parents, children, siblings, and other family members when narrative therapy is applied in relational or family contexts. Including multiple voices within the relational system would also strengthen understanding of how meaning-making, misunderstanding, identity, support, and resistance to deficit-based narratives are co-constructed in everyday family life.

Methodologically, it is important for family science researchers to evaluate their biases when equating large clinical trials as the golden standard for measuring clinical efficacy or evidenced-practice (Bermudez et al, 2016). While larger and more diverse samples are needed, narrative therapy research is also well suited to rigorous qualitative, mixed-methods, case-based, and practice-based designs that can capture identity development, agency, relational meaning-making, communication adaptation, and therapeutic process. Future work should prioritize systematic case studies, case series, process research, participatory designs, and practice-based documentation that bridge clinical innovation with empirical inquiry. Such approaches would allow the field to strengthen its evidence base while preserving the contextual, relational, and meaning-centered commitments central to narrative therapy.

Conclusion

This systematic scoping review synthesized the emerging literature on narrative therapy in the context of autism, highlighting a field characterized by strong conceptual alignment but limited empirical development. Across the included articles, narrative therapy was generally framed as strengths-oriented and identity-focused, with several articles reflecting principles compatible with neurodiversity-informed practice, including externalization, agency, insider knowledge, and resistance to deficit-based narratives. At the same time, the literature remains predominantly child-focused and verbally mediated, with limited attention to adult populations, couple relationships, family systems, and diverse communication styles, needs, and modalities. These findings suggest that while narrative therapy holds significant promise as a socioculturally attuned approach to working with autistic individuals and relational systems, further research is needed to expand its application across the lifespan, deepen methodological rigor, and more fully integrate multimodal and relational approaches. By clarifying the current state of the literature, this review provides a foundation for future research and clinical innovation that is responsive to the complexity of autistic experience and the relational contexts in which meaning-making occurs.

Declarations

Author Contribution

M.S. developed the research project with substantial guidance from J.M.B.. M.S. developed the search strategies and conducted the database searches. M.S. and S.L. screened titles and abstracts and conducted full-text reviews. M.S. developed the coding framework and conducted the qualitative analysis, which J.M.B. reviewed. M.S. drafted the manuscript, and J.M.B. and S.L. critically revised it. J.M.B. supervised the project. All authors approved the final manuscript and agree to be accountable for the work.

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Data Availability

This systematic scoping review analyzed previously published articles, which are cited in the manuscript. The database search strategies, eligibility criteria, and qualitative coding framework are provided in the supplementary information.

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Figures

Figure 1

Study Selection Process

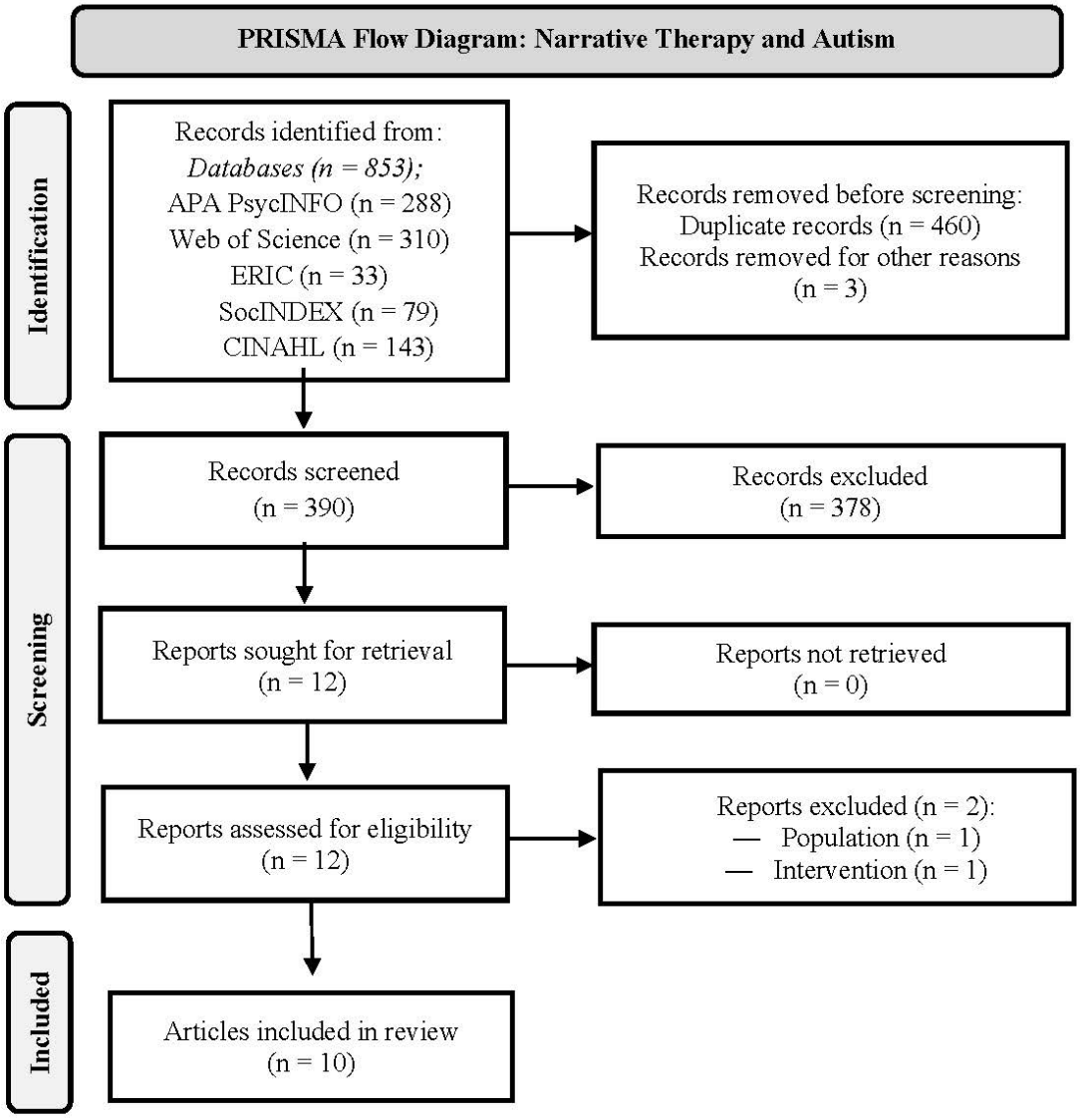


Figure 1

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