

Mind Blindness and Double Empathy: A Systematic Review of Theoretical Orientations in the Social Construction of Autism in Nepal

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Abstract

Background: The “Mind-Blindness Theory” and the “Double Empathy Theory” are two major theoretical approaches in current international autism research, but they have received limited attention in studies conducted in Nepal. This study aims to analyze the developmental trajectories of these theoretical approaches among participants in Nepali autism research.

Methods: This study adopted the PRISMA 2020 framework to conduct a systematic review of relevant literature from Google Scholar, Scopus, PubMed, and NepJOL published between 2017 and 2025. A total of 18 core articles were ultimately included in the analysis, and thematic synthesis was used for thematic analysis and categorization.

Results: The results indicate that autism research in Nepal remains dominated by the “Mind-Blindness Theory” and a deficit-oriented medical model, and this theoretical orientation is also endorsed by the majority of respondents. Meanwhile, the “Double Empathy Theory” is only in its nascent stages among the respondent group. Additionally, religious beliefs and social stigma have, to some extent, influenced local societal perceptions of autism.

Conclusion: Currently, in autism research in Nepal, most respondents still primarily focus on

“treatment” and behavioral correction. However, in recent years, some respondents in certain studies have begun to pay attention to neurodiversity, inclusive education, and social interaction issues. The “Double Empathy Theory” is gradually entering the research context in Nepal.

Novelty: This study represents the first attempt to systematically introduce the “Mind-Blindness Theory” and the “Double Empathy Theory” into autism research in Nepal, and it preliminarily constructs a developmental pathway model of the theoretical orientations among the respondents.

Keywords: Autism Spectrum Disorder; Mind-Blindness Theory; Double Empathy Theory; Nepal; Neurodiversity

Introduction

Autism spectrum disorder (ASD) is a group of persistent, disabling neurodevelopmental disorders whose clinical symptoms typically become apparent in early childhood ([Baxter et al., 2015](#)). Its primary characteristics include impaired social and communicative behaviors, repetitive behaviors, attention deficits, and associated aggressive or self-injurious behaviors. In terms of rehabilitation, this developmental disorder is irreversible during childhood development and therefore cannot be treated with medication. The mainstream view in academia holds that the term “ASD” encompasses three main subtypes: autism, pervasive developmental disorders, and Asperger’s syndrome ([Huffman et al., 2011](#)). Broadly speaking, these developmental disorders distributed across the spectrum can all be considered forms of autism. However, in a narrower sense, due to the specificity of these disorders, how to accurately distinguish between the different developmental disorders within the autism spectrum remains a focal point of academic research, and no definitive conclusion has been reached to date.

According to the latest data from the U.S. Centers for Disease Control and Prevention, approximately one in 36 children in the United States has autism. Based on this estimate, at least 78 million people worldwide have autism ([Tafolla et al., 2025](#)). Consequently, how to correctly understand autism has gradually become a shared focus for both professionals and the general public. As of 2026, regarding the phenomenon of mental developmental delay or deficiency in autism, two major and opposing theoretical schools exist within mainstream academia: the “Mind-Blindness Theory” and the “Theory of Dual Empathy.”

The “Mind-Blindness Theory” was first proposed by Simon Baron-Cohen in 1990 and was later formally published in his 1997 book. This theory posits that the lack of mental development in individuals with autism stems from an innate inability to empathize. They lack

the capacity to understand and predict others' behaviors, nor can they attribute mental states such as knowledge, beliefs, and emotions to themselves or others ([Baron-Cohen, 1997](#)). Research guided primarily by the "Mind-Blindness Theory" was concentrated between 1990 and 2010. Most research conclusions from this phase were discussed within the context of autism as a disease. For example, in his study, [Belkadi \(2006\)](#) linked the cognitive deficits of individuals with autism to defects in the language modules of their brains. He further argued that future scholars should focus on specific neuronal damage and frontal lobe damage to explore whether these are associated with language deficits in individuals with autism ([p. 11](#)).

During this period, some scholars, viewing autism as an "illness," advocated for the development of treatment protocols ([Shaked, 2005](#)). While this theoretical approach of mechanically viewing autism as a disease increased the likelihood that individuals with autism would receive preferential access to medical resources, it also reinforced society's negative perceptions of autism. A notable consequence of this was that mainstream media coverage tended to portray children with autism as patients who were unable to care for themselves and who caused suffering to their parents ([Huws & Jones, 2011](#)).

In contrast, the "Double Empathy Theory" is a counter-theory proposed by Damian Milton in 2012 in response to the "Mind-Blindness Theory." This theory posits that communication and social difficulties between people with autism and those without autism are bidirectional. This implies that the social difficulties experienced by individuals with autism do not stem solely from cognitive deficits on their part. Rather, they result from significant differences in experience and cognition between individuals with and without autism regarding behavior and communication styles, making it difficult for both parties to understand one another ([Milton, 2012](#)).

However, due to intellectual inertia or other reasons, many scholars still do not agree with viewing people with autism as a non-disease group. For example, [Mole \(2017\)](#) states: "The rules governing our application of the disease concept belong to a language game that we ought to refrain from playing when autism is at issue" ([p. 1137](#)). This study argues that researchers should adhere to the principle that strategies to avoid the disease framework are motivated by sound reasoning, rather than mere evasion. The study implicitly highlights the current disconnect between some research and practical reality.

Based on this, some scholars have attempted to use empirical research to substantiate the validity of this theory. For example, a study confirmed that when non-autistic participants perceived the emotions of autistic narrators, their physical responses were significantly more intense than those of non-autistic narrators, and this effect primarily stemmed from narrators describing events in which they felt anger or fear ([Cheang et al., 2025](#)). Through experimentation, this study preliminarily validated the operational logic of the dual empathy

theory.

Currently, there are no studies or empirical investigations in Nepal addressing the “theory of mind” or the “dual empathy theory.” Research related to autism also remains at a relatively rudimentary stage. On the one hand, most Nepali researchers recognize that autism is a developmental disorder. On the other hand, researchers and family members of individuals with autism still frequently use the term “treating” ([Acharya & Sharma, 2021](#); [Shrestha & Santangelo, 2014](#)). Although terms such as “intervention” and “rehabilitation” are also used, they are often interchanged or used interchangeably ([Bagale et al., 2025](#)). This indicates that some Nepali researchers and family members of individuals with autism have not yet systematically reviewed the theoretical orientations of mainstream academia regarding the theory of mind in autism.

Based on this situation, this study draws upon “theory of mind blindness” and “dual empathy theory,” focusing on the root causes of social and cognitive development issues in autism, and evaluates and screens research literature from multiple databases. It then compares the data from these papers with the two major theories. The study will preliminarily construct a model of the Nepali population’s cognitive orientation toward autism, serving as the first significant reference study for future academic discourse in Nepal regarding the conflict and integration of these two theories.

Methods

Research Design

This study is a systematic review that employs the PRISMA 2020 framework to guide the screening and analysis of the research literature. The overall screening and analysis process is divided into three stages: the “Screening stage,” the “Data extraction stage,” and the “Coding and integration stage.”

Screening Stage

The literature for this study was sourced from three major databases that comprehensively cover autism-related literature in Nepal: Google Scholar; Scopus; and PubMed. Additionally, since the study’s geographical scope is limited to Nepal, literature from NepJoL was also included in the search. Furthermore, to prevent the omission of key literature, Litmaps was utilized to retrieve highly relevant academic articles from other databases.

The search terms for this study encompassed multiple theoretical concepts. These can be broadly categorized into three main groups: core keywords, theoretical keywords, and location keywords.

Core keywords: “Autism” or “ASD” or “Developmental Disabilities”

Theoretical keywords: “Theory of Mind” or “Mind blindness” or “Cognitive deficit” or “Double Empathy” or “Social Model” or “Neurodiversity”

Geographic keywords: “Nepal” or “Himalayan region”

Regarding the screening of retrieved papers, the screening criteria can be divided into three parts: content criteria, analytical criteria, and geographic criteria.

Content Criteria: Selected research literature must address one of the following topics:

1. Explanations of the causes of autistic behaviors. 2. Social interactions between autistic and non-autistic groups. 3. Community attitudes toward autistic residents.

Analytical Criteria: Selected research literature must simultaneously meet the following three requirements: 1. The study employs quantitative, qualitative, or mixed-methods research approaches. 2. The empirical data used in the study must be mappable to the analytical frameworks of the “Mind Blindness Theory” or the “Double Empathy Theory.” 3. The study’s JBI or CASP assessment score must be higher than 5/8 or 6/10.

Geographic Criteria: Selected research literature must meet one of the following requirements: 1. The geographic scope of the study is South Asia or the Pan-Himalayan cultural sphere. 2. The geographic scope of the study is urban or rural Nepal. 3. The study’s results are not influenced by its geographic scope.

Content, analytical, and geographic criteria must all be met simultaneously for the research literature to be included in the reference and citation standards.

Data Extraction Stage

In the data extraction stage, there are two datasets. They are: 1. Whether the literature contains statements describing autism as a “lack of ability to understand others” (labeled as Dataset M). 2. Whether the literature describes biases held by the non-autistic population toward the autistic population, communication barriers, or environmental compatibility issues (labeled as Dataset E).

These two datasets correspond to the “Mind Blindness Theory” and the “Double Empathy Theory,” respectively. As a key reference for the analysis phase, these datasets will be appended to the main text of the paper in tabular form and stored as separate documents in the author’s research database. Additionally, if theoretical perspectives other than the “Mind Blindness Theory” and “Double Empathy Theory” exist, the findings from this study will be incorporated into an additional dataset and appended to the main text as a separate dataset (labeled as Dataset O).

When compiling this dataset, the researchers implicitly adopted a generalized defect-oriented framework. The database classification does not strictly categorize the included studies as representing either the “Mind-Blindness Theory” or the “Double Empathy Theory.” Rather, it aims to identify the broader theoretical orientations and interpretive tendencies

reflected in the literature.

Coding and Integration Stage

This stage serves as the core of the systematic review and plays a decisive role in the scientific validity of the research conclusions. Therefore, Thematic Synthesis will be employed in this section. It can be broadly divided into three phases: Coding, Categorizing, and Synthesis.

During the Coding phase, the researcher must thoroughly understand the research literature within the datasets, annotate the papers based on the perspectives presented in the datasets, and independently design tags.

In the Categorizing stage, researchers pair labels from the core literature to form “subthemes.” In this study, three subthemes were identified:

1. Attributed to the Individual: All labels such as “Change autism,” “Behavior stems from the condition itself,” and “Unable to recognize emotions,” or labels reflecting similar viewpoints. This data supports the “Mind Blindness Theory.”

2. Attributed to social interaction: All labels such as “social discrimination,” “communication misunderstandings,” “unfriendly environment,” or those reflecting similar viewpoints. This data supports the “Double Empathy Theory.”

3. Attributed to other factors: All labels not falling into the above two categories, including “supernatural” and similar views.

In the Synthesis phase, researchers must integrate and discuss the perspectives represented by the tags across the three subthemes, explaining the theoretical orientations regarding autism awareness and behavior in Nepali society from various angles. Specific perspectives must be grounded in the view tags covered by the subthemes. Furthermore, the analysis must adhere to the standard of “primarily objective analysis, supplemented by subjective inference.”

Results

The study identified 230 articles from four databases using three broad categories of keywords. These were screened based on content, methodological, and geographical criteria, and a total of 18 articles were ultimately included in the review. The screening process was documented using PRISMA 2020, as illustrated in [Figure 1](#).

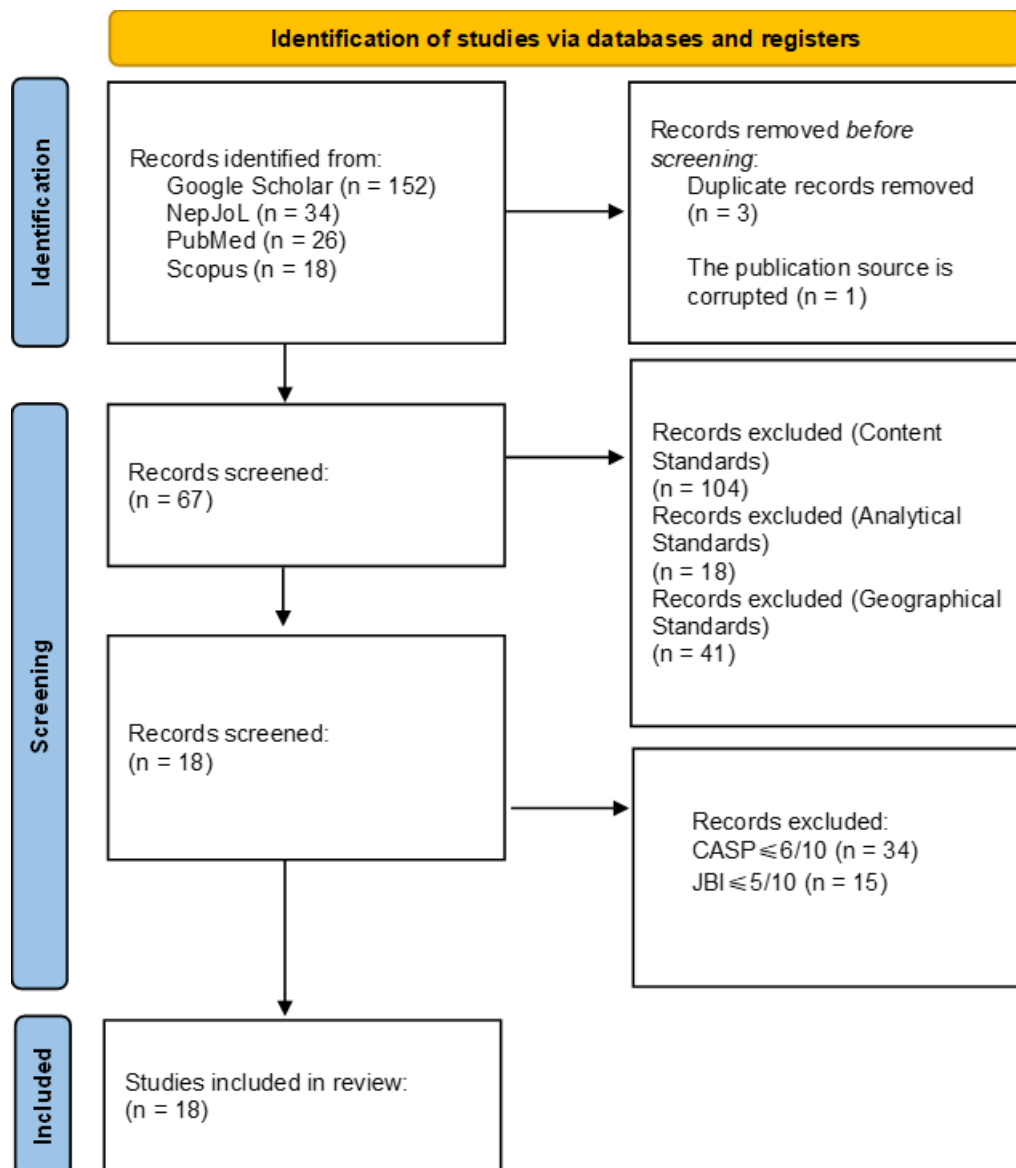


Figure 1. Screening process

Eighteen core studies were included in three datasets: M, E, and O. The studies have been categorized according to these datasets, which are summarized in [Table 1](#), [Table 2](#), and [Table 3](#). The specific details include the study authors (date), methodology (JBI/CASP grade), respondents, and key tags. The studies are listed in chronological order of publication.

[Table 1](#) lists a total of 11 articles. These were selected based on the high similarity between the meaning of their Key Tags and the “Mind-Blindness Theory.” The number of articles in this dataset (Dataset M) is significantly higher than in Dataset E and Dataset O.

Table 1.

Dataset M

Citation	Method/ Grade	Respondent	Key tag (Respondent)
Rai et al. (2018)	Purposive sampling JBI: 7/8	Teacher (n= 63)	Autism requires treatment; Autism should be managed, assessed, and monitored
Shrestha (2019)	Random sampling JBI: 8/8	Teacher (n= 76)	Autism requires treatment; Isolated education
Acharya & Sharma. (2021)	In-depth interview + Colaizzi's seven step analysis CASP: 9/10	Autism parent (n=9)	The behavior resulting from intellectual disabilities; Neurodevelopmental issues
Shrestha et al. (2023)	Logistic regression analysis JBI: 6/8	Autism caregiver (n=120)	The behavior stems from illness; Autism requires treatment
Acharya & Baral (2023)	Random sampling JBI: 6/8	Teacher (n= 114)	The behavior stems from illness; Autism requires treatment
Aryal et al. (2024)	Focus group discussion CASP: 7/10	Autism, parents, and professionals in the Field (n= 9)	Change autism; Learning difficulties
Bhurtel et al. (2024)	Probabilistic multistage random sampling JBI: 6/8	Autism teacher (n= 131)	Failing to recognize autism as a group equal to the non-autistic population
Rana & Das (2024)	Non-probability convenience sampling JBI: 6/8	Autism parent (n= 174)	Autism involves persistent and pervasive impairments; The behavior stems from illness
Acharya (2025)	In-depth interviews CASP: 8/10	Students, parents, and relevant staff members (n= 10)	Change autism; Promoting integration; Autism involves persistent and pervasive impairments;
Bhusal et al.	Purposive sampling	Autism	Change autism;

(2025)	JB: 7/8	parent (n= 78)	Autism is not a problem with social interaction
Kunwar et al.	Scale assessment	Autism	Behavior stems from illness;
(2025)	JB: 6/8	caregiver (n= 47)	Autism requires treatment

A total of two references were included in [Table 2](#) based on the high degree of similarity between the meaning of the key tag and “Double Empathy Theory.”

Table 2.

Dataset E

Citation	Method/ Grade	Respondent	Key tag (Respondent)
Aryal et al. (2024)	In-depth interview CASP: 7/10	Autism caregiver (n= 10)	The behavior stems from social misunderstanding and social isolation
Bagale et al. (2025)	In-depth interview + Colaizzi’s seven step analysis CASP: 8/10	Autism parent (n= 9)	The behavior stems from neurodevelopmental disorders and social isolation.

A total of five papers were included in [Table 3](#). The inclusion was based on the fact that the meanings of their key tags did not align with either the “Mind-Blindness Theory” or the “Double Empathy Theory.” Examples include the supernatural and environmental theories. The theoretical preferences of the respondents in the studies by Maridal et al. (2021) and Thapa et al. (2024) involved participants whose theoretical preferences exhibited characteristics of both the “Mind-Blindness Theory” and the supernatural; therefore, these studies were also included in Dataset O.

Table 3.

Dataset O

Citation	Method/ Grade	Respondent	Key tag (Respondent)
Heys et al. (2017)	Focus group interviews and semi- structured interviews CASP: 9/10	Autism parent and relevant staff members (n= 106)	Behavioral deviations caused by failed upbringing, environmental factors, or supernatural forces.
Heys et al. (2018)	Focus group Interviews and random sampling	Autism and parent (n= 28+	The behavior stem from biological and environmental factors (Uterine pressure, childbirth

	CASP: 7/10 JBI: 10/10	4098)	complications, and school stress.)
Maridal et al. (2021)	Semi-structured interview CASP: 8/10	Autism caregiver (n= 63)	Autism involves persistent and pervasive impairments; Karma from past lives/ Religious transgressions
Thapa et al. (2024)	In-depth Interview CASP: 7/10	Parents with 7+ years of experience caring for autism (n= 10)	Change autism; Karma from past lives/ Religious transgressions
Shiwakoti et al. (2025)	Case studies + Semi-structured interviews CASP: 6/10	Autism, Down syndrome, relevant staff members (n= 2)	Change autism; Neurodevelopmental issues; Promoting Integration; No specific orientation

[Table 4](#) summarizes the key tags from [Table 1](#), [Table 2](#), and [Table 3](#) and categorizes them into three subthemes based on the theoretical orientations they reflect: “Attributed to an individual,” “Attributed to social interaction,” and “Attributed to other factors.” The characteristics of these three subthemes closely align with the core theories of “Mind-Blindness Theory,” “Double Empathy Theory,” and “Other theories or issues,” respectively. Additionally, due to the small number of keywords (n = 1), some keywords with high overlap have been merged. However, considering that the views expressed in some literature have a significant impact on the research conclusions, some keywords with low overlap (n = 1) have been included in Table 4 despite their small number.

Table 4.

Keyword Frequency Analysis

Subtopic	Key tag (Amount/ Dataset)
Attributed to an individual	Autism requires treatment (4/M); The behavior stems from illness (5/M); Change autism (3/M, 2/O); Autism is not a problem with social interaction (1/M)
Attributed to social interaction	The behavior stems from social misunderstanding and social isolation (1/M, 2E); Neurodevelopmental issues (1/M, 1/E, 1/O); Promoting

integration (1/M, 1/O)

Attributed to other factors	Karma from past lives/ Religious transgressions (2/O); Biological and environmental factors (2/O)
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In the subtheme “Attributed to an individual,” the key tags “Autism requires treatment” and “The behavior stems from illness” had the highest counts, and both were found in Dataset M. Additionally, in the subtheme “Attributed to other factors,” the only two categories of key tags—“Karma from past lives/Religious transgressions” and “Biological and environmental factors”—were also concentrated in Dataset O. This indicates that the underlying theoretical orientations reflected by these keywords are stable. In contrast, the keywords in the subtheme “Attributed to social interaction” are distributed across different datasets. This scattered distribution partly reflects the unstable development of this theoretical orientation.

Discussion

According to the researchers’ analysis of the compiled literature database, high-quality autism research published between 2017 and 2025 indicates that respondents showed a significantly greater preference for the “Mind-Blindness Theory” than for the “Double Empathy Theory” or other theories.

This tendency toward a specific theoretical preference among respondents is evident. However, it cannot be ignored or denied that, during the 2017–2025 period, researchers in Nepal—whether consciously or unconsciously—incorporated or relied on the “Mind-Blindness Theory” in the design of their research methods. This may have influenced respondents’ theoretical preferences to some extent.

This tendency is particularly evident in the literature from Nepal spanning 2017–2020, which represents a relatively early stage of research. During this period, researchers were accustomed to using questionnaires with a distinct theoretical bias for data collection. Under this influence, some respondents indicated that they were accustomed to observing, evaluating, and managing “deficient” children with autism from the perspective of “neurotypical” individuals ([Rai et al., 2018](#)). Other respondents outright rejected inclusive education, arguing that segregated education should be applied to the autistic population ([Shrestha, 2019](#)). In stark contrast, some researchers employing qualitative methods found that the theoretical orientations of the respondents they interviewed leaned more toward traditional bio-environmental theories, such as stress during childbirth and parenting issues ([Heys et al., 2017](#)). Furthermore, supernatural factors were also cited by respondents as a significant factor ([Heys et al., 2018](#)).

Such significant differences in theoretical orientation preferences among respondents

exist within a relatively short timeframe. On the one hand, this may be influenced by researchers' subjective factors; on the other hand, it may result from differences in the personal identities of the respondent groups. The number of studies meeting quality standards during this phase is limited. Among the available literature, some studies focus primarily on relevant professionals, such as school teachers and other practitioners ([Rai et al., 2018](#); [Shrestha, 2019](#)). Other studies, however, have primarily focused on family members of individuals with autism ([Heys et al., 2017](#); [Heys et al., 2018](#)). Despite the homogeneity of the respondent groups, and given the limited number of studies available for this time period, the theoretical orientation preferences of these groups still warrant summary and consideration.

However, during the mid-phase of autism research in Nepal (2021–2023), respondents gradually began to focus on the origins of autistic behaviors. Some mothers of children with autism came to realize that these behaviors and cognitive impairments stemmed from intellectual disabilities, genetic disorders, or neurodevelopmental issues during infancy ([Acharya & Sharma, 2021](#)). During this phase, neurodevelopmental diversity emerged for the first time as a topic of discussion in autism research in Nepal. Consequently, the theoretical framework of the “Double Empathy Theory” began to gain traction among the respondent group. However, at this stage, unscientific beliefs persisted within the group, such as attributing the causes of autistic behaviors to divine punishment ([Maridal et al., 2021](#)). This also contributed to the isolation of individuals with autism in underdeveloped regions of Nepal. Consequently, the development of the “Double Empathy Theory” was simultaneously constrained.

It is important to note that although neurodevelopmental diversity began to be discussed, the primary demand among the interviewee group remained the “treatment” of autism ([Shrestha et al., 2023](#); [Acharya & Baral, 2023](#)). Neurodevelopmental diversity is primarily treated as a supporting theory to justify the rationale for inclusive education. Its ultimate goal remains the correction of inappropriate behaviors, rather than the creation of a society that is accessible to the autistic community. Consequently, between 2021 and 2023, the “Double Empathy Theory” has not yet emerged as a preferred independent theory among autism professionals and caregivers in Nepal.

However, during the 2024–2025 period, there was a significant increase in the number of high-quality academic publications on autism in Nepal. In studies conducted during this time, respondents continued to view autism as a “disease” or “disability” requiring treatment ([Rana & Das, 2024](#); [Kunwar et al., 2025](#)). In particular, some respondents emphasized the learning difficulties associated with autism ([Aryal et al., 2024](#)). Consequently, certain researchers and respondents began explicitly viewing autism as a disability that distinguishes individuals from “ordinary people” and places them in a lower social status, advocating for behavioral correction

and segregated education ([Bhurtel et al., 2024](#); [Bhusal et al., 2025](#)). Among this group of respondents, religious issues are frequently emphasized and used to reinforce their own biases regarding autism ([Thapa et al., 2024](#)).

It is important to note, however, that even though the majority of respondents viewed autism as a “disease” or “disability,” they still mentioned the principles of inclusive education and inclusive living, even though these views contradicted their original perceptions of autism ([Acharya, 2025](#); [Shiwakoti et al., 2025](#)). Furthermore, in a very small number of cases, some respondents began to express views similar to the core tenets of the “Double Empathy Theory,” namely that autistic behaviors stem from social misunderstanding and segregated education ([Aryal et al., 2024](#)). These respondents believe that autism is a neurodevelopmental condition that should not be stigmatized. Efforts to build a diverse society that accommodates the neurodevelopmental diversity of autism must be prioritized as soon as possible ([Bagale et al., 2025](#)).

Through a longitudinal assessment and analysis of the literature on autism in Nepal, the trajectory of theoretical orientations among Nepali respondents can be broadly summarized as follows: Respondents in early literature (2017–2020) tended to favor the “Mind-Blindness Theory” and bio-environmental theories. Respondents in the mid-period literature (2021–2023) continued to lean toward the “Mind-Blindness Theory,” but some began to recognize that autistic behaviors could be explained by neurodiversity. The “Double Empathy Theory” began to take root in the thinking of Nepali respondents. In the later literature (2024–2025), the majority of respondents still preferred the “Mind-Blindness Theory,” and some began to argue that individuals with autism should not be granted the same social status as “neurotypical” people. However, a portion of respondents began to embrace the autism community, viewing it as a neurodevelopmental disorder resulting from social discrimination and segregated education. The “Double Empathy Theory” began to formally emerge among the Nepali respondent group and was recognized as a theoretical orientation that respondents could choose.

Furthermore, religious theories were mentioned to varying degrees across the three periods and were closely associated with issues of stigmatization. Generally, the culpability theory—which stems from religious and folk beliefs—is often combined to varying degrees with the “Mind-Blindness Theory” and used to support the view that people with autism should not be regarded as a group entitled to equal social status with neurotypical individuals.

Conclusion

This study summarizes and analyzes the available academic literature on autism in Nepal. The findings indicate that the “Mind-Blindness Theory” remains the dominant

theoretical perspective among respondents in Nepal, while the “Double Empathy Theory” is still in its infancy. As of 2024, some respondents have only recently begun to truly embrace the “Double Empathy Theory” and advocate for the establishment of a more autism-friendly, diverse society.

The reasons for the excessive bias toward the “Mind-Blindness Theory” in the theoretical orientations of Nepali respondents are multifaceted. However, among the various factors, the traditional trajectory of special education research in Nepal and the issue of stigmatization stemming from certain religious factors are the primary sources of influence. The research paradigm within Nepal’s academic community, which views autism as an inherent defect, has indeed contributed to the development of autism rehabilitation medicine in Nepal. However, it has also inadvertently fueled social stigmatization, leading some respondents and researchers to advocate for segregated education rather than inclusive education. This trend, when combined with traditional customs and religious beliefs in some economically underdeveloped regions, has resulted in unstable and contradictory theoretical orientations among grassroots respondents with autism in Nepal.

This study marks the first introduction of the “Mind-Blindness Theory” and the “Double Empathy Theory” into Nepal’s autism academic community and attempts to establish a developmental pathway model for the theoretical orientations of Nepali respondents and researchers regarding autism. However, the methodological section of the study still faces certain limitations. For example, the volume of autism literature in Nepal is insufficient; while some papers are of high quality, their research regions often do not overlap with Nepal’s territorial boundaries. Consequently, the quality standards for the literature included in the review were lowered.

Furthermore, theoretical mapping is subject to researcher bias; this study offers perspectives based solely on the “Mind-Blindness Theory” and the “Double Empathy Theory,” without addressing other emerging theories. Additionally, this study employs a generalized deficit-oriented framework, which reflects a broad research orientation. Whether other theoretical approaches exist that strictly align with the needs of family members of individuals with autism and relevant professionals in Nepal remains to be explored through deeper research and discussion by other scholars, integrating Nepal’s local culture, religious beliefs, and theories of neurodiversity.

Author Contribution: Sinong Wu: Research design, Theoretical Analysis, Initial screening, Second screening, Literature Analysis, Writing, Editing.

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References

- Acharya, P., & Baral, P. (2023). Knowledge on autism spectrum disorder in school teachers at government school of Pokhara. *Janapriya Journal of Interdisciplinary Studies*, 12(1), 145-160. <https://doi.org/10.3126/jjis.v12i1.62250>
- Acharya, R. (2025). Challenges and Practice to Educating Children with Autism Spectrum Disorders in Inclusive Classroom. *Spectrum of Humanities and Social Sciences*, 1(1), 137-146. <https://doi.org/10.3126/shss.v1i1.79837>
- Acharya, S., & Sharma, K. (2021). Lived experiences of mothers raising children with autism in Chitwan District. *Nepal. Autism Research and Treatment*, 2021(1), 1-12. <https://doi.org/10.1155/2021/6614490>
- Aryal, B., Adhikari, A., Shrestha, N., & Mathema, S. (2024). Identifying contents for teaching sexuality education to children and adolescents with autism and intellectual disabilities in Nepal. *Contemporary Research: An Interdisciplinary Academic Journal*, 7(2), 1-16. <https://doi.org/10.3126/craiaj.v7i2.72146>
- Aryal, N., Bista, S., Basnet, A., Karmacharya, S., & Poudel, S. K. (2024). Assessment of Needs and Experiences of Primary Caregivers Rearing A Child with Autism: A Descriptive Qualitative Study. Available at SSRN. <https://dx.doi.org/10.2139/ssrn.4875377>
- Bagale, A., Ojha, A. R., & Lamichhane, M. (2025). Experience and coping strategies of parents of children with autism: A qualitative study. *PLoS One*, 20(12), <https://doi.org/10.1371/journal.pone.0339349>
- Baron-Cohen, S. (1997). *Mind blindness: An essay on autism and theory of mind*. MIT Press.
- Baxter, A. J., Brugha, T. S., Erskine, H. E., Scheurer, R. W., Vos, T., & Scott, J. G. (2015). The epidemiology and global burden of autism spectrum disorders. *Psychological medicine*, 45(3), 601–613. <https://doi.org/10.1017/S003329171400172X>
- Belkadi, A. (2006). Language impairments in autism: evidence against mind-blindness. *SOAS Work. Papers Ling*, 14, 3-13. <https://api.semanticscholar.org/CorpusID:18742984>
- Bhurtel, B., Gurung, B., & Sharma, S. (2024). Effectiveness of Educational Intervention on Knowledge about Autism Spectrum Disorder among Primary School Teachers. *Journal of Nursing and Health Sciences Nepal*, 3(1), 10-16. <https://doi.org/10.3126/jnhns.v3i1.75665>
- Bhusal, I., Regmi, A., & Bajracharya, S. L. (2025). Perceived burden and coping strategies among parents of children with autism spectrum disorder attending in tertiary hospital. *Kathmandu. PLOS Mental Health*, 2(4), e0000254. <https://doi.org/10.1371/journal.pmen.0000254>
- Cheang, R. T., Skjevling, M., Blakemore, A. I., Kumari, V., & Puzzo, I. (2025). Do you feel me? Autism, empathic accuracy and the double empathy problem. *Autism*, 29(9), 2315-2327. <https://doi.org/10.1177/13623613241252320>

- Heys, M., Alexander, A., Medeiros, E., Tumbahangphe, K. M., Gibbons, F., Shrestha, R., ... & Pellicano, E. (2017). Understanding parents' and professionals' knowledge and awareness of autism in Nepal. *Autism*, 21(4), 436-449. <https://doi.org/10.1177/1362361316646558>
- Heys, M., Gibbons, F., Haworth, E., Medeiros, E., Tumbahangphe, K. M., Wickenden, M., Shrestha, M., Costello, A., Manandhar, D., & Pellicano, E. (2018). The estimated prevalence of autism in school-aged children living in rural Nepal using a population-based screening tool. *Journal of Autism and Developmental Disorders*, 48(10), 3483-3498. <https://doi.org/10.1007/s10803-018-3610-1>
- Huffman, L. C., Sutcliffe, T. L., Tanner, I. S., & Feldman, H. M. (2011). Management of symptoms in children with autism spectrum disorders: a comprehensive review of pharmacologic and complementary-alternative medicine treatments. *Journal of Developmental & Behavioral Pediatrics*, 32(1), 56-68. <https://doi.org/10.1097/DBP.0b013e3182040acf>
- Huws, J.C. and Jones, R.S.P. (2011), Missing voices: representations of autism in British newspapers, 1999-2008. *British Journal of Learning Disabilities*. 39, 98-104. <https://doi.org/10.1111/j.1468-3156.2010.00624.x>
- Kunwar, D., Shrestha, B., & Risal, A. (2025). Mental Health Impact on Caretakers of Children with Neurodevelopmental Disorders in Nepal. *Journal of College of Medical Sciences-Nepal*, 21(3), 307-313. <https://doi.org/10.3126/jcmsn.v21i3.84431>
- Maridal, H. K., Bjørgeas, H. M., Hagen, K., Jonsbu, E., Mahat, P., Malakar, S., & Dørheim, S. (2021). Psychological distress among caregivers of children with neurodevelopmental disorders in Nepal. *International journal of environmental research and public health*, 18(5), 2460. <https://doi.org/10.3390/ijerph18052460>
- Milton, D. E. (2012). On the ontological status of autism: The 'double empathy problem'. *Disability & Society*, 27(6), 883-887. <https://doi.org/10.1080/09687599.2012.710008>
- Mole, C. (2017). Autism and 'disease': The semantics of an ill-posed question. *Philosophical Psychology*, 30(8), 1126-1140. <https://doi.org/10.1080/09515089.2017.1338341>
- Rai, S., Bhattarai, J., & Chaudhary, S. (2018). Knowledge regarding autism among primary school teachers of Birgunj. *Parsa. International Journal of Health Sciences and Research*, 8(11), 154-160. <https://doi.org/10.52403/ijhsr>
- Rana, S., & Das, D. (2024). Coping Styles among Parents of Children with Autism Spectrum Disorders. *Journal of Advanced Academic Research*, 11(1), 126-135. <https://doi.org/10.3126/jaar.v11i1.65535>
- Shaked, M. (2005). The social trajectory of illness: Autism in the ultraorthodox community in Israel. *Social Science & Medicine*, 61(10), 2190-2200. <https://doi.org/10.1016/j.socscimed.2005.04.022>
- Shiwakoti, R., Pradhananga, N., & Acharya, B. (2025). Promoting Inclusion in Nepal: Case Studies

of Children with Autism Spectrum Disorder and Down Syndrome in a Classroom Embracing Inclusive Education. *Innovation Business Management and Accounting Journal*, 4(2), 225-231. <https://doi.org/10.56070/ibmaj.2025.022>.

Shrestha, M., & Santangelo, S. L. (2014). *Comprehensive Guide to Autism*. Springer New York. https://doi.org/10.1007/978-1-4614-4788-7_179

Shrestha, M., Shrestha, N., Khand, Y., & Sherpa, L. (2023). Perceived caregiver's burden among children with autism spectrum disorder in central Nepal: a cross-sectional study. *Annals of Medicine and Surgery*, 85(5), 1673–1677. <https://doi.org/10.1097/MS9.0000000000000603>

Shrestha, S. H. (2019). Perspectives of teachers on autism spectrum disorders (ASD) in Nepal. *Interdisciplinary Research in Education*, 4(2), 190-207. <https://doi.org/10.3126/ire.v4i2.27934>

Tafolla, M., Singer, H., & Lord, C. (2025). Autism spectrum disorder across the lifespan. *Annual Review of Clinical Psychology*, 21(1), 193-220. <https://doi.org/10.1146/annurev-clinpsy-081423-031110>

Thapa, Y., Khatri, B. B., & Koirala, K. P. (2024). Exploring the Experiences of Parents Caring for Children with Autism Spectrum Disorder in Nepal. *International Journal of Atharva*, 2(2), 71-84. <https://doi.org/10.3126/ija.v2i2.70152>

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