EXPERIENCES OF HUMANISTIC AND INTEGRATIVE PSYCHOTHERAPISTS OF THE THERAPEUTIC RELATIONSHIP WITH AUTISTIC CLIENTS: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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A thesis submitted in partial fulfilment of requirements for the degree of Master of Arts in Humanistic & Integrative Psychotherapy (Clinical)

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Student Declaration

I declare that this thesis is a presentation of my own original research unless otherwise stated in the text.

Other sources are explicitly referenced in the text and a full list of references is provided.

This thesis has not previously been submitted for another degree, nor is it currently submitted for any other degrees.

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This thesis is dedicated to the memory of my grandmother, Mary Doorley, a survivor of the oppression of her time who gave me love, safety and song.

I will firstly express my gratitude to the therapists who volunteered their time to take part in this study. I appreciate their generosity of time and energy as well as their openness and courage in sharing their experiences with me. It is my hope that I have done justice to their experiences and to those of their clients.

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Abstract

The therapeutic relationship is widely accepted to be the most important common factor in therapeutic outcome; yet, there is a striking gap in the literature concerning the role and experience of the therapeutic relationship in psychotherapy for autistic individuals. The literature on psychotherapy for autistic people is broadly limited to studies involving cognitive behavioural therapy (CBT) and there is a need to explore how psychotherapy works for autistic clients in the context of other modalities of psychotherapy. Humanistic psychotherapy places a particular emphasis on the significance and centrality of the therapeutic relationship in the therapeutic process. This study aimed to explore the role and lived experience of the therapeutic relationship with autistic clients in humanistic and integrative psychotherapy as well as what, if any, flexibility and adaptations therapists bring to this work. An interpretative phenomenological approach (IPA) was adopted for this research involving a sample of five accredited humanistic and integrative psychotherapists who work with autistic clients. Three common overarching themes were identified: 'Facilitating connection', 'Experience of autism' and 'Issues of identity'. These are described and their implications discussed in the context of the relevant body of literature. The findings of this study showed that the primary focus of the therapeutic relationship was relational connection and attunement as the vehicle for the therapeutic process. Other important aspects of the therapeutic relationship involved engaging in constant learning and unlearning about autism and biases around autism; advocating for clients and facilitating self-advocacy; acknowledging and confronting discrimination and othering; and facilitating a positive autistic identity. The autistic population experiences higher levels of anxiety, depression and other mental health issues than the non-autistic population and yet, it is reported that autistic people experience significant barriers in accessing appropriate mental health services. It is intended that the new insights and knowledge presented in this study will contribute to autistic people getting access to affirming and effective therapy.

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List of abbreviations

AAC	Augmentative and alternative communication
CBT	Cognitive behavioural therapy
CDC	The United States Centers for Disease Control and Prevention
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th edition
EFT	Emotion-focused therapy
IACP	Irish Association for Counselling and Psychotherapy
IAHIP	Irish Association of Humanistic Integrative Psychotherapy
ICP	Irish Council for Psychotherapy
IPA	Interpretative phenomenological analysis
MBT	Mindfulness-based therapy
PCC	Person-centred counselling
TA	Thematic analysis

1 Introduction

1.1 Overview of Chapter One

This study aims to explore the experiences of humanistic and integrative psychotherapists of the therapeutic relationship with autistic clients. This chapter contains a general introduction to the research area followed by an outline of the current study and its aims. The key findings are summarised and then the importance and relevance of the topic is addressed. Finally, the structure of the body of the thesis is outlined.

1.2 Research area

There is a substantial body of research which highlights the importance of the therapist-client relationship in therapeutic outcomes in psychotherapy. However, there is a distinct gap in the literature concerning the significance and role of the psychotherapeutic relationship with autistic clients. This is surprising given that much of the frustration, anxiety and depression autistic people experience in life may be linked to challenges in relationships (Crompton et al., 2020; Stark et al., 2020; Gaus, 2011). The literature on psychotherapy for autistic clients is broadly limited to studies relating specifically to cognitive behavioural therapy (CBT). There is a real need to explore how therapy works for autistic clients in the context of other psychotherapeutic modalities such as humanistic, person-centred, relational, psychodynamic and gestalt therapies, amongst others. This need arises from the fact that these modalities place particular emphasis on the role, significance and understanding of the therapeutic relationship. This is with the aim of facilitating the autistic population in getting the best access to affirming and effective therapy.

1.3 Current study and its aims

This study aims to add to the findings in the current literature relating to psychotherapy for autistic people. Specifically, this study aims to explore the lived experience of humanistic and integrative psychotherapists of the therapeutic relationship with autistic clients. Humanistic psychotherapy is person-centred at its

core and takes the therapeutic relationship to be a central component of the therapeutic process in contrast with some modalities of psychotherapy. This study aimed to produce findings on what this meant for the participants and their autistic clients. Three main research questions were posed:

1. What is the role of the therapeutic relationship?
2. What is the lived experience of the therapeutic relationship?
3. What, if any, flexibility and adaptations do therapists bring to therapy with autistic clients?

It was hoped that by exploring the participants' experiences, guided by these research questions, new knowledge would be created around how psychotherapists work with autistic clients and what that experience is like for them. This knowledge would hopefully give new insight into and understanding of the therapeutic relationship and present new recommendations around clinical practice. Interpretative phenomenological analysis (IPA) was chosen as the most appropriate research method for this study as it is concerned with the rich detail of individual lived experience and it facilitates a process of in depth researcher reflexivity which added to the study rigour. Five humanistic and integrative psychotherapists were recruited as participants in semi-structured interviews.

1.4 Key findings

As is presented and discussed in Chapters Four and Five, three overarching themes were identified in the study findings and each overarching theme was divided into two subthemes. These themes are a distillation of the most important recurring participant experiences. The first overarching theme, 'Facilitating connection' contained the subthemes, 'Wanting to connect' and 'Carefully attuning to build trust and safety'. The second overarching theme, 'Experience of autism' contained the subthemes 'A history of othering' and 'Learning and unlearning'. The third overarching theme, 'Issues of identity', contained the subthemes, 'The uncertain self' and 'Evolving identity'. The findings of this study demonstrate for the first time how a small number of humanistic and integrative psychotherapists working with autistic clients placed an emphasis on a humanistic, attuned and relationally connected approach in their work with autistic

clients. Not feeling connection with the client was identified as a challenge for the participants, as was the high level of careful attunement sometimes required. A sense of uncertainty and doubt around therapist skill and efficacy was also identified. A constant learning curve was described by the participants and this learning was largely 'on the job' and unsupported by primary training and professional bodies. Advocacy and facilitating self-advocacy were important facets of the role of the therapeutic relationship in the face of the othering and discrimination the participants described their clients experiencing.

1.5 Importance and relevance of the topic

The justification for this study centres on the need to better understand how psychotherapy currently serves, and how it can best serve, the autistic population. With the current seriously limited knowledge around the experience and role of the therapeutic relationship with autistic clients, it is difficult to make evidence-based recommendations. This study is the first piece of research to give a sense of the quality and tone of the therapeutic relationship psychotherapists co-created with autistic clients. The emphasis placed by participants on connection and attunement lends credibility and validity to humanistic, relationship-centred psychotherapy as a therapeutic pathway for autistic people and concurs with much research which highlights the importance of the therapist-client relationship.

1.6 Thesis structure

This thesis is divided into six chapters. This first chapter introduces the reader to the research area, the current study, the study aims and the findings. The second chapter is a review and analysis of the current literature on the topic of autism in the context of psychotherapy. The third chapter outlines how and why IPA was chosen for this study and describes the study method. Chapter Four presents an analysis of the study findings using participant quotations to illustrate and evidence the results. Chapter Five contains a discussion of the findings in the context of current literature. Chapter Six is the conclusion chapter and contains a summary of the study, highlighting the key findings and their implications for clinical practice along with study limitations and recommendations for future research.

2 Literature Review

2. 1 Overview of Chapter 2

This literature review gives an up to date overview of autism in relevant context before discussing the available body of literature on the topic of autism and psychotherapy. Humanistic and integrative psychotherapy is defined, as is the term 'therapeutic relationship'. The distinct gaps in the literature relating to humanistic and integrative psychotherapy and autism are addressed, as are the gaps in the literature relating to the experience of psychotherapists of and the significance of the therapeutic relationship with autistic clients. Insights from available literature regarding the therapeutic relationship with autistic clients are presented and their implications discussed.

In the current study, members of the autistic population are referred to as 'autistic individuals' or 'autistic people'. The term 'autistic' is advocated by members of the international autistic community as 'identity first' language and was endorsed by 61% of 502 autistic people in the United Kingdom in a recent study compared to 18% who would use 'person with autism'. Advocates for identity first language argue that an autistic person can never be separated from their autism which is an identity to be embraced much in the same way as the deaf community embrace the identity first language of 'deaf person' rather than 'person who is deaf'. It is important to acknowledge that the terms by which autistic people choose to self-identify may vary and the preferences of each individual should be respected (Kenny et al., 2016; Sinclair, 1999).

2.2 Autism in context

The word autism has meant different things to different people and continues to be defined in different ways since it was first coined by the German psychiatrist, Eugene Bleuler in 1911 (Evans, 2013). The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) describes Autism Spectrum Disorder as a range of lifelong developmental disorders with a specific set of diagnostic criteria including 'persistent deficits in social communication and social interaction' and 'restricted,

repetitive patterns of behaviour, interests, or activities'. The DSM-5 changed some of the definitions and terminology used for autism in the DSM-4, a notable change being the removal of the terms 'Aspergers syndrome' and 'high functioning autism', referring instead to autism at levels 1, 2 and 3 (American Psychiatric Association, 2013). The language and values of the medical model of disability within which autism has traditionally been framed have been strongly criticised as being focused on 'deficiency' and 'dysfunction'. Critics of this medical model of disability for autism, spearheaded by autistic researchers and authors, have proposed the concept of the 'Neurodiversity Paradigm' within which autism is framed as a natural and valuable variation in human experience. In the Neurodiversity Paradigm, the social model of disability is applied where the emphasis is shifted away from viewing the autistic individual as being inherently problematic. Instead, the role society plays in stigmatising and not accommodating the difference and needs of the autistic individual is brought into focus (Milton, 2020).

A deficit in 'Theory of Mind' has been proposed as a way of making sense of some of the neurodivergent experiences of autistic people. Theory of Mind is the ability of an individual to sense what is happening in one's own internal world as well as the ability to make educated guesses about what might be happening in the internal world of another (Frith & Happé, 1999; Happé, 2003). However, the application of Theory of Mind in this way has been rejected by many authors including Milton (2012), who proposes instead the 'Double Empathy Problem'. Autistic authors have described the challenges reported by autistic people in understanding neurotypical, or neurologically typical, people and vice versa as a 'two way street'. It is argued that neurotypical people can be lacking in 'empathy' and insight into the experience of autistic people as much as autistic people can be challenged by communicating with and understanding neurotypical people. Hence there is a 'double empathy problem' rather than a problem or 'deficiency' located singly in the autistic population. This argument is supported by a small qualitative study (n=12) where autistic adult females reported they felt more comfortable and better understood when spending time with other autistic people compared to when they spent time with neurotypical people (Crompton, Hallett et al., 2020). While communication skills are typically reported to

be lacking in autistic individuals, a recent study found that autistic individuals have the skills to share information well with other autistic individuals. The same study found that by contrast, the level of effective sharing of information was reduced in interactions between autistic and non-autistic individuals (Crompton, Ropar et al., 2020).

Autism occurs in all ethnic, racial and socioeconomic groups, with boys being statistically more likely to get an autism diagnosis than girls by a factor of four. The CDC estimates that as many as 1 in 54 children in the US is autistic (CDC, 2020). The expression of autism varies greatly from person to person, giving rise to the phrase 'autism spectrum'. The level of support required by autistic people varies widely accordingly. Co-occurring intellectual disability can be a feature. Some autistic people communicate through speach, some do not communicate verbally and some communicate through text, sign-language or other means. Many autistic people experience alexythimia, characterised by a difficulty in identifying and expressing one's emotions verbally (Bird et al., 2010; Fitzgerald and Bellgrove, 2006). Differences in interoceptive awareness are reported in autistic individuals. Interoception refers to the ability to notice internal sensations such as heartbeat, muscle tension and rumbling stomach and ascribe emotional meaning to these sensations such as fear, anger and hunger (Hample et al., 2020). Differences in sensory processing mean that some autistic people may find certain sensory stimuli including sound, smell, taste, colour and light overwhelming. Sensory differences or difficulties with communication can be a significant cause of distress for some autistic people who may experience 'meltdowns' featuring a loss of control of behaviour when feeling overwhelmed. Ritualistic or repetitive behaviour, also known as 'stimming', may be a coping mechanism to regulate anxiety and stress. A commonly reported trait in autistic people is having specific focused or passionate interests (McCreadie and Milton, 2020; Bottema-Beutel et al., 2020). Autistic adults tend to experience difficulties in interpreting social cues and reading others' intentions which may lead to confusion in personal relationships and in therapy (Bargiela et al., 2016). Camouflaging, also known as masking, refers to the idea that some autistic people may have learned to consciously and/or subconsciously hide some of their innate behaviours or traits in

order to “fit in” with non-autistic expectations. Camouflaging can be exhausting for an individual and lead to a gap between a person’s authentic experience and what is observed by others (Stark et al., 2021). Despite reported difficulties in communication between autistic and neurotypical people, many autistic adults have a similar desire to neurotypical adults to build and sustain relationships and friendships (Crompton et al., 2020; Cresswell, 2019; Sinclair, 2010).

Many autistic people will experience co-occurring mental health issues and autistic people experience notably higher levels of anxiety and depression than the non-autistic population (Gillott and Standen, 2007; Adams and Young, 2020). Adults with an autism diagnosis are at a high risk of non-suicidal self-injury and suicidality (Camm-Crosbie et al., 2019). Therefore, the need for autistic adults to have access to mental health services is great; yet, research shows that there are many barriers experienced by autistic people accessing these services, including lack of therapist knowledge and expertise in autism or unwillingness on the part of the therapist to adapt therapy to the needs and support level required by the client (Adams and Young, 2020).

2.3 Humanistic and integrative psychotherapy and the therapeutic relationship

The humanistic tradition of psychology and psychotherapy emphasises the innate potential for growth and change within the client based on the client’s self-determination rather than on the technique applied by the therapist. Intrinsically person-centred, humanistic psychotherapy views the therapeutic relationship as a central component of the therapeutic process. Humanistic and integrative psychotherapy refers to the integration of two or more modalities of psychotherapy into a humanistic framework. Such modalities include person-centred therapy, gestalt therapy, psychodynamic therapy, object-relations therapy, art therapy, mindfulness-based therapy and emotion-focused therapy amongst many others (Joseph, 2008). The emphasis humanistic psychotherapy places on the therapeutic relationship and client self-determination makes it an important area of study around its usefulness for autistic individuals.

The concept of the ‘therapeutic alliance’ was defined by Bordin in 1979 as being comprised of three core features including ‘an agreement on goals, an assignment of task or a series of tasks, and the development of bonds’’ (Bordin, 1979. p. 253). For some psychotherapists, this form of therapeutic alliance may be the only relationship required for effective therapy. Clarkson (1996), however, called this the ‘working alliance’, one of the five modes of therapeutic relationship which may be present and required for effective therapy. The other four modes of therapeutic relationship outlined by Clarkson are the transferential/ countertransferential relationship, the reparative relationship, the person-to-person relationship and the transpersonal relationship. The ‘person-to-person’ or ‘I-Thou’ relationship defined by German philosopher Buber remains a foundational influence in humanistic psychotherapy. The ‘I-Thou’ relationship refers to two persons meeting in their ‘mutual humanity, accepting and confirming the other as he/she is now rather than wanting the other to be different’ (Mackewn, 1997. P. 81). While the terms ‘therapeutic alliance’, ‘helping alliance’, ‘working alliance’ and ‘therapeutic relationship’ can be used interchangeably in the literature, the five strands of Clarkson’s definition go a long way towards encapsulating what is meant by the therapeutic relationship within the humanistic and integrative psychotherapy model (Horvath et al., 2011).

The therapeutic relationship has been consistently shown to be the most important common factor across psychotherapy modalities contributing to the effectiveness of psychotherapy. In fact, statistical analysis across several meta-analyses showed that 38% of the effects of psychotherapy are due to the therapeutic relationship (Carr, 2007). All forms of psychotherapy acknowledge the importance of the therapeutic relationship while nonetheless working with it in different ways. Classic psychoanalysis, for example, places the therapist in the position of remaining somewhat of a ‘blank screen’ onto which a client can project his or her projections and thereby work through transferences. In CBT the therapeutic relationship, as working alliance, is necessary but is not deemed to be a central actor in the therapy. However, in humanistic and integrative psychotherapy, the therapeutic relationship is taken to be the primary vehicle through which therapeutic healing and growth occur (Proctor et al., 2014).

In the humanistic tradition, the therapeutic relationship is founded on the three 'core conditions' of congruence, unconditional positive regard and empathic understanding as defined by Carl Rogers (Rogers, 1980, 1996). A comprehensive meta-analysis by Ackerman and Hilsenroth (2003) found that the therapist personal attributes that contribute most to a positive therapeutic alliance include being flexible, experienced, honest, respectful, trustworthy, confident, interested, alert, friendly, warm and open. These attributes overlap largely with the Rogerian core conditions and are intended to facilitate a client in feeling respected, understood and prized. Under these conditions, therapeutic healing through 're-experiencing' in relationship, as described by Kahn (1991) can occur.

2.4 Psychotherapy and autism

Historically, psychotherapy was not viewed as a viable therapeutic pathway for autistic individuals: autism was diagnosed and treated firmly within the medical model. However, a body of practice and corresponding literature has grown up in response to the clear needs of autistic individuals to have access to psychotherapeutic support (Gaus, 2011). The overwhelming majority of current literature relating to psychotherapy or counselling and autism concerns cognitive behavioural therapy. CBT is typically recommended as the evidence-based therapy of choice for autistic individuals (Purkis et al., 2016; Gaus, 2011; Spain and Happé, 2020; Camusso, 2018) and positive outcomes have been consistently reported in the use of CBT for autistic clients (Spain et al., 2017).

An anomaly which needs further investigation is that several meta-analyses of CBT for anxiety in autistic adolescents and children have found that while the effect size for change in anxiety symptomatology as measured by clinicians and parents is medium to large, the effect size for change using self-report is small to medium (Weston et al., 2016; Adams and Young, 2020). A limitation within the body of literature on CBT and autism is that many reports represent small studies or single case outcomes and large-scale randomised controlled trials are lacking (Murphy et al., 2017). Studies comparing CBT with other psychotherapeutic modalities are conspicuously lacking. Cromar (2020) found only one study comparing CBT with Person-Centred Counselling (PCC) in her recent literature review where in a small-scale randomised controlled trial by Murphy

et al (2017), PCC demonstrated similar efficacy to CBT. Hence there is the danger that the popularity and large volume of positive evidence-based reports concerning CBT and autism could be taken as evidence that CBT is a more appropriate form of psychotherapy for the autistic population than other modalities of psychotherapy. In fact there is a distinct gap in our knowledge around the use of the many other modalities of psychotherapy for the autistic population which begs further research.

Amongst the many other forms of psychotherapeutic support available for autistic clients are psychodynamic therapy, person-centred counselling, polyvagal-informed psychotherapy, emotion-focused therapy (EFT), mindfulness-based therapy (MBT) and humanistic and integrative psychotherapy. Research studies on these and other psychotherapies in the context of autism are minimal in number, where they exist at all. A small number of single case reports on psychodynamic therapy with an autistic client exist including that by Vecchiato et al. (2016) which demonstrated a positive outcome for the client; however, randomised controlled trials are completely lacking. There have been some criticisms of psychodynamic therapy from within the autistic community. One such critic, Gunilla Gerland (1999), an autistic author, described difficulties in her personal experience of therapy where psychodynamic interpretations were applied to what were in retrospect the author's neurobiological expressions of autism. Porges (2005) and Bridges (2015) have written on the usefulness of incorporating the role of the vagus nerve and polyvagal theory into understanding and working with autistic individuals. However, clinical studies on the application of polyvagal theory in psychotherapeutic work with autistic clients are lacking. A form of EFT adapted for autism was reported on with promising results by Robinson and Elliot (2017). This essentially person-centred approach was used in a small group setting, as opposed to one-to-one therapy and as the authors state, the results would need to be replicated to add to study validity. As Cachia (2017) states, there "are solid *preliminary* findings to suggest that mindfulness-based interventions may result in effective positive change" in autistic individuals. This is exemplified by the randomised controlled trial carried out by Spek et al. (2013) and the study by Kiep et al. (2015), both of which demonstrated improvement in symptoms of anxiety, depression, somatization and agoraphobia amongst others, in the autistic participants. Robinson et

al. (2020) report on a promising study on the teaching of humanistic/ person-centred methods to autism practitioners. While the practitioners in this study were not psychotherapists, the study produced promising results where introducing person-centred methods heightened practitioners' receptivity and relational capacity with autistic clients. The researcher could find no studies on the topic of humanistic and integrative psychotherapy for autistic individuals.

The importance of appropriate training and practitioner knowledge commonly features in the literature on autism and psychotherapy. A striking agreement across authors and modalities is the need for autism-informed adaptations and flexibility when working with autistic clients. Current literature suggests that therapists have limited training in autism and neurotypical therapists can be frustrated in working with this population (Spain and Happé, 2020; Camusso, 2018; Cooper et al., 2018; Purkis et al., 2016; Cromar, 2020; Robinson and Elliot, 2017; Strunz, 2018; Stark et al., 2021).

In general population studies, person-centred and experiential therapies have been shown to be similarly effective to other modalities of psychotherapy including CBT (Joseph, 2008). There is a distinct need to further study the application of such humanistic modalities for autistic clients. What is greatly lacking, even in the well-researched field of CBT and autism, is qualitative research exploring the experiences of autistic clients and research on self-reported effect change (Adams and Young, 2020; Spain and Happé, 2020; Camm-Crosbie et al., 2019). As well as this, the lived experience of psychotherapists working with autistic clients is poorly represented in the literature. Only two studies were found by the author in a search for qualitative research on the experiences of psychotherapists or counsellors of their work with adult autistic clients. One was a Ph.D. dissertation on the lived experience of counsellors providing counselling to autistic adults and the other a phenomenological study on the experience of a therapist of the use of contact reflections in encounters with autistic adults (Mack, 2019; Štěpánková, 2015).

2.5 The therapeutic relationship in psychotherapy for autistic clients

Literature on the therapeutic relationship with autistic clients in psychotherapy is very limited. A small number of studies have looked at the therapeutic alliance with autistic children and adolescents participating in CBT and one has looked at the therapeutic alliance in music therapy with autistic children (Albaum et al., 2020; Mössler et al., 2019). A search by the author found no studies involving the therapeutic relationship with adult autistic clients. Yet Purkis et al. (2016) say that the therapeutic relationship is particularly important for autistic clients.

Rogers said that psychological contact is the first condition of therapeutic relationship (Rogers, 1957, cited in Prouty, 2007 p. 285). Differences in ways of communicating and the implications of the double empathy problem point to potential challenges in psychological contact between autistic people and non-autistic people. Štěpánková (2015) reported on a promising, if small, study (n=6) where she adopted the methods of Prouty's pre-therapy in encounters with autistic adults. Pre-therapy is an extension of person-centred therapy and based on the principle of "reflecting a client's observable behaviour". A contact reflection could involve, for example, the therapist verbally reflecting the client's bodily expression by saying "your arm is in the air" or bodily reflecting by raising the therapist's own arm in empathic response to the client (Prouty, 2007).

Robinson and Elliot (2017) produced an insightful and thorough report on 2 case studies of one adolescent group and one adult group containing 3 autistic individuals each. These group EFT sessions focused on interpersonal relating and self-relating, promoting emotional awareness of self and other.

> We argue that strengthening this fragile sense of self and one's self-agency within interpersonal relationships is central for therapeutic change for clients with autistic process (Robinson and Elliot, 2017. P. 218-9).

Thus Robinson and Elliot argue that interpersonal relating is the vehicle for therapeutic change, for developing a sense of self and self-agency. Autistic people have traditionally been the subjects of behavioural interventions which attempt to extinguish less-desired behaviours and increase desired behaviours. Such behavioural

interventions may produce changes in behaviour but far from promoting the development of social relationships and emotional regulation, it is argued by many authors that they have the opposite effect (McGill, 2020; Strunz, 2018). Strunz argues that psychotherapy, concerned as it is with facilitating change in a person's life, may be particularly anxiety-inducing for autistic individuals. A 'readiness to change' was found to be one of the key client characteristics determining treatment outcome in a metanalysis by Clarkin and Levy (2004). But who defines what change is appropriate for an autistic client or indeed any client? A community which has historically lacked advocacy and had change imposed upon it may naturally be wary of change in relationship with non-autistic professionals (Raymaker, 2020). Cromar (2020) and Purkis et al. (2016), stress the need for 'each autistic person … to be treated as a unique individual who is the expert driver of their own life.' (Cromar, 2020, p. 253). Cromar goes on to suggest that person-centred counselling has the potential to provide just such a self-determined effective therapy for autistic clients. This person-centred ethos is at the core of humanistic and integrative psychotherapy. Humanistic and integrative psychotherapy could be well poised to address the 'double empathy problem' autistic clients may encounter when working with a neurotypical therapist as at its core, this model of therapy aims to provide empathy, understanding and non-judgement. Strunz (2018) proposes that as the therapeutic relationship is what facilitates change, a non-autistic therapist should inform themselves around the ways in which this relationship can be experienced differently by autistic clients and adaptations which may be useful. Such adaptations may include and are not limited to styles and methods of communication, considering neurobiological differences, adapting the therapeutic environment based on the sensory needs of a client and consistency and clarity around boundaries (Stark et al., 2021).

As the therapeutic relationship is shown to be the most important common factor in therapeutic outcome, further research is clearly required into the role and experience of the therapeutic relationship in psychotherapy for autistic clients, particularly adults. The importance of flexibility and autism-informed adaptations on the part of the therapist is repeated throughout the literature, yet no research exists exploring what, if any, adaptations are made by humanistic and integrative psychotherapists in therapy

with autistic clients. As humanistic and integrative psychotherapy places a particular emphasis on the therapeutic relationship as a central component of the therapeutic process, it is prudent to explore the lived clinical experience of the therapeutic relationship in this psychotherapeutic model with autistic clients. The current study aims to fill these longstanding gaps in the literature. The methodology and method of the study will be described in the next chapter, Chapter Three.

3 Methodology

3.1 Overview of Chapter Three

This study uses an interpretative phenomenological approach (IPA) to research the experiences of five psychotherapists of the therapeutic relationship with autistic clients. The rationale for the use of the methodology employed is discussed in this chapter, highlighting the various epistemological and ethical considerations involved. After this, the specifics of the research methods used by the researcher are detailed. Methodology refers to the general approach used to study a research topic while method refers to the specific techniques employed to carry out the research (Willig, 2013). The findings of the study analysis will be presented in the following chapter.

3.2 Methodology

According to Willig (2013), when embarking on a new piece of research, researchers must first decide what research question they want to pose and what kind of knowledge they want to find out. Then they need to identify which epistemological position fits the question. Following this, the methods of data collection and analysis must be decided upon based on their appropriateness for addressing the question and being consonant with the epistemological position (Willig, 2013, p. 21). Agee's (2009) proposed approach to developing a research question was generally employed by the researcher in the current study. The research question was developed from a position of broad curiosity and passion about the area of interest. As Agee describes, the development of the research question was an iterative process which allowed the evolution of the first exploratory questions into the focused final research statement. During the process, the researcher considered what knowledge she wanted to find out (Willig, 2013, p. 4) and the theory which would best frame this (Agee, 2009, p. 437).

3.2.1 Epistemological position

As this study aimed to gain knowledge about the lived experiences of psychotherapists working with autistic clients, a qualitative approach was considered most appropriate. Qualitative research can be inductive or deductive and is primarily concerned with

meaning, that is, how people make sense of the world and how people experience events in their lives (Willig, 2013, p. 8). A range of epistemological positions including critical realism, phenomenology and social constructionism were explored and the phenomenological position was found to fit well with the research aims. In phenomenology one aims to gain knowledge on the experiences of participants while holding that these experiences, though subjective, really 'exist' in the world (Willig, 2013, p. 16). Phenomenology originated with Husserl in the early 20th century. He argued for the examination of human experience in depth and detail and on its own terms as a way of gaining knowledge on the 'essential' qualities of that experience (Smith et al., 2012, p. 12). Heidegger was influenced by Husserl's work and went on to develop the hermeneutic dimension to phenomenology. Hermeneutics is the theory of interpretation and is concerned with sense-making. Heidegger focused on the way humans make subjective sense of phenomena based on individual perception, fore-knowledge and assumptions (Smith et al., 2012; Larkin et al., 2006, p. 106). In this study, it was the sense-making of humanistic and integrative psychotherapists of their experiences with autistic clients which was explored.

3.2.2 IPA

The position of phenomenology is compatible with the two methodologies which were considered for this study, thematic analysis (TA) and IPA. TA is a widely used and flexible approach to qualitative research and is not strictly tied to a particular epistemology. It involves the identification, analysis and reporting of themes within data (Braun and Clarke, 2006). However, IPA was chosen instead of TA as IPA allows for a deeper level of analysis with the added rigour of a focus on researcher reflexivity. Also, IPA facilitates the analysis of the sense making of the personal lived experiences of participants which was a good fit with the study aims. The IPA researcher typically conducts individual interviews with a small sample size or single case study. IPA is phenomenological and idiographic in nature. Being phenomenological, IPA is concerned with documenting the personal, subjective lived experiences of participants. Being idiographic, IPA aims to capture the specific and rich detail of these lived experiences. This seemed to be an appropriate way to try to capture the 'essence' of the therapeutic relationship. However, IPA does not stop at the simple

documentation of these experiences. It also allows for the analysis and interpretation of the participants' experiences.

3.2.3 Role of the researcher

The IPA researcher is concerned with hermeneutics and this is key to IPA analysis and interpretation. A double hermeneutic structure exists in IPA where the participant is trying to make sense of his or her personal and social world and the researcher is trying to make sense of the participant's sense making (Smith, 2004; Smith, 2011). The double hermeneutics of IPA involve reflexivity on the part of the researcher who can engage in a process of 'bracketing' assumptions and fore-knowledge to mitigate bias in the research and data analysis (Smith et al., 2012). And yet when qualitative research is carried out in a reflexive manner, researcher subjectivity can become a resource for knowledge production rather than a threat to credibility. In this way, the expertise of the researcher can be allowed to inform and enrich the research (Braun and Clarke, 2020). All research, qualitative included, typically involves what Brinkmann (2007, p. 129) calls a 'power asymmetry'. This can come in the form of the researcher holding scientific expertise which the participant does not hold or in the form of the power the researcher holds as the final interpreter of the participant's data. Researcher reflexivity can help mitigate such potential issues (Teo, 2008).

3.3 Method

Ethical approval was obtained from the Research Ethics Committee of the Institute of Technology Carlow and approved participant information letters and participant consent letters were completed. This section will outline the details of the research method that followed.

3.3.1 Literature review

In placing this research in the context of the extant body of literature, a traditional, or narrative literature review type was used. A narrative review was chosen as it offers "breadth of literature coverage and flexibility to deal with evolving knowledge and concepts" (Byrne, 2016, p. 2) This allowed the researcher to learn from others about what and how they have researched on the topic while Identifying the gaps in the

literature in this field. Narrative reviews have been criticised compared to systematic reviews for a lack of rigour and failure to disclose search and inclusion criteria (Byrne, 2016). To add rigour to the literature review, the list of search terms employed and the search dates are included in Appendix K.

3.3.2 Recruitment and sampling

A group of five fully accredited psychotherapists was recruited in order to explore their experiences of the therapeutic relationship with autistic clients. An e-mail campaign was used in which a recruitment e-mail was sent to a psychotherapy centre in Galway, one in Dublin and to a psychotherapy panel based in Cork City and County. The recruitment e-mail is included in Appendix C. Psychotherapists in the researcher's extended professional network were also contacted via text message, telephone and/or email in the recruitment campaign. Sampling was purposive with a specific list of inclusion criteria based on knowledge and experience (Etikan, 2016, p. 2). As per the inclusion criteria, each participant had at least 3 years' post-qualification clinical experience and was accredited with a nationally recognised counselling and psychotherapy association including The Irish Association of Humanistic Integrative Psychotherapy (IAHIP), The Irish Association for Counselling and Psychotherapy, (IACP), and The Irish Council for Psychotherapy, (ICP). Each participant had to consider themselves to work psychotherapeutically in a humanistic and integrative way. Each participant also had to have experience of working psychotherapeutically with autistic clients, with a focus on adult autistic clients. As the participants all work with a mix of adult, adolescent and child clients, data relating to autistic adolescents and children appeared spontaneously occasionally in the interviews. It was decided to include this data in the analysis as it represents important lived experiences of the therapeutic relationship with autistic clients. Autistic clients with a formal diagnosis and/or self-diagnosis were included in the criteria. Self-diagnosis was included as currently public autism diagnosis is not available for adults in Ireland (AsIAm, 2021). While private diagnosis is available, it is beyond the financial means of many, leading to a significant cohort of adults who may recognise themselves to be autistic but have no way to have this formally recognised. A table of the participant profiles is included in Appendix B.

3.3.3 Interview schedule and style

A semi-structured interview schedule was drafted and was given to the researcher's academic supervisor and also to a psychologist with research experience in the field of autism to review. A pilot interview was conducted with an accredited psychotherapist to test the interview schedule and to help hone interview style. Some of the initial questions were too complex or potentially leading and the schedule did not flow well conversationally. Revisions were made to produce questions which were 'open and expansive' and which facilitated the building of a comfortable rapport, as recommended by Smith et al. (2012, p. 59). The intention of the interviewer was to capture a 'rich, detailed, first-person account' of the participants' experiences (Smith et al., 2012, p. 56). Adaptations to interview style were made subsequent to the pilot interview to adopt the flexible approach described by Smith et al. (2012, p. 65). As such, questions such as 'what did that feel like?' or 'can you tell me more about that?' were used at times as prompts to elicit further detail and description from participants. In order to develop a warm and respectful rapport with participants, Smith et al. (2012, p. 55) list the qualities required of the IPA researcher to include 'open-mindedness; flexibility; patience; empathy; and the willingness to enter into, and respond to, the participant's world.' These qualities were held in mind and body by the researcher while conducting the interviews. The final interview schedule is included in Appendix F.

3.3.4 Interviews

Five semi-structured individual interviews were conducted via the online videoconferencing platform, Zoom. Each interview was approximately one hour long. The researcher spoke to each participant in advance to arrange a time convenient for the participant for the interview. A participant information letter and informed consent form were sent to each participant in advance of their interview. These are included in Appendix D and Appendix E respectively. Each participant signed the informed consent form before being included in the study. The aim of each interview

was to gain detailed information about how the participants make sense of their experiences in therapeutic relationship with autistic clients. The interviews were recorded to the researcher's computer using the Zoom platform's record function and as a backup, a portable digital audio recording device was also used to record each interview. The audio recording data was transcribed and formatted in a Word document. The data was transcribed using Otter, an artificial intelligence software, and edited by the researcher to correct for errors. As recommended for an IPA transcription, the transcription was verbatim and non-verbal utterances including laughter, sighs and significant pauses were included (Smith et al., 2012, p. 74). The transcription was entered into the middle of 3 columns in the Word document, with the right and left columns left blank for coding in the analysis stage.

3.3.5 Data analysis

While there is no single prescribed 'method' for data analysis in IPA, the general set of steps described by Smith et al. (2012) was employed in the analysis of the data. The first step involved 'reading and rereading' the first transcript as well as listening again to the interview recording to become familiar with the data and bring the participant into focus. The second step, 'initial noting', involved making detailed, descriptive and exploratory notes on the content and language in the participant data. These initial notes were typed into the right hand column of the transcript Microsoft Word document. The third step, 'developing emergent themes', involved analysing the initial notes on a local level and also in the context of the whole text to produce concise statements which articulated crucial points from the transcript. These statements were the emergent themes and were typed into the left-hand column of the transcript. Samples of this method of coding are included in Appendix G. Step four, 'searching for connections across emergent themes', involved the grouping of emergent themes into clusters called 'superordinate' themes. This involved both abstraction, where similar themes were grouped together, and polarization, where themes with a similar subject but differing or polarized perspectives were grouped together. Hierarchy maps and Microsoft Excel spreadsheets were used during this process as visual aids to bring the themes together and to represent the final thematic structure. Samples of these hierarchy maps and spreadsheets are included in Appendix H, as is a table containing

the superordinate themes of each participant. The four steps outlined above were then applied to the four remaining participant transcripts. The participant superordinate themes were then grouped into three overarching themes containing six subthemes. These final themes were chosen to capture and represent the most important recurring superordinate themes.

3.3.6 Data protection and privacy

In the transcription process, all participants were assigned pseudonyms to protect their identities. Identifying details of participants such as locations and biographical details were changed. Likewise, as participants were discussing the details of their work with clients, any biographical or locational client details were changed to maintain the privacy of said clients and pseudonyms were used for client names in the interviews. For privacy purposes, the Zoom calls used for the interviews were set up so that only call participants accepted by the host (in this case the researcher) from a virtual waiting room could join the call. The interview audio files and transcript Word files were stored on the researcher's personal computer and saved as backup to an external hard drive. These files were password protected to ensure the security of the participant data. All participant data including interview recordings and transcripts will be destroyed within two years of completion of the thesis by deletion from the researcher's personal computer and backup external hard drive.

3.3.7 Ethical considerations

Participation was voluntary and participants were advised that they were under absolutely no obligation to agree to participate and that they could withdraw their participation without prejudice at any point. While the potential for risk to the participants was considered to be minimal, a list of support services was offered. As mentioned previously, a 'power asymmetry' can exist in research where the researcher has more power than the participants. Teo (2008) speaks of 'epistemological violence' which can occur when research involving minority or marginalised groups constructs a narrative of these groups as being 'problematic or inferior'. While acknowledging that speculation is an intrinsic part of interpretation, Teo cautions against speculative interpretation which due to researcher bias could have negative consequences for

research participants. This study involved the interviewing of accredited psychotherapists by a fellow psychotherapist. While the power asymmetry may be less significant than in other research, this researcher endeavoured to engage with the participants and their data in a respectful and reflexive way. It was also considered to be very significant that the client group the participants were asked to talk about are part of a minority and marginalised group. Thus the potential for epistemological violence against, 'othering' of or 'problematising' of autistic people was considered in the researcher's reflexive process. As the researcher is non-autistic, this included reading the works of autistic researchers and watching and attending educational webinars by autistic professionals. A reflexive log was used by this researcher and ethical consideration was given to the effects the questions would have on the participants and also on autistic people (Agee, 2009, p. 439; Watt, 2007). Samples of the reflexive log are included in Appendix J.

3.4 Summary of Chapter Three

The rationale for choosing IPA as the methodology for this study was given and the epistemological and philosophical basis for this was discussed. How the research question was developed was outlined and the nature of the literature review was discussed. The sampling and recruitment of five accredited psychotherapists was described and a detailed account was given of the data collection and analysis which followed. Data protection, privacy and ethical considerations were discussed. The next chapter contains the findings of the data analysis.

4 Findings

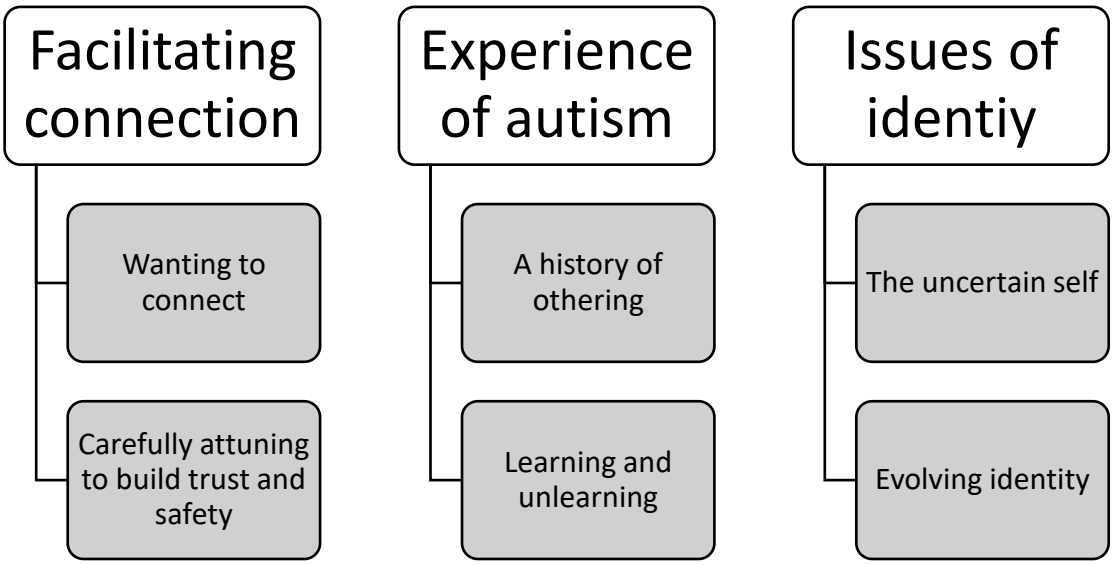
4.1 Overview of Chapter Four

In this chapter, the findings and analysis from the interviews in this research study are presented. The participants are introduced briefly, following which the themes are introduced and analysed. Three overarching themes were identified: 'Facilitating connection', 'Experience of autism' and 'Issues of identity'. Each overarching theme was divided into two subthemes which are presented below. Points of convergence and divergence between participants on these themes are outlined and key extracts from the participants' transcripts are included to evidence and illustrate each theme. The use of IPA facilitated the capturing and representation of the rich, subjective and idiographic experiences of the participants, bringing new insight to the lived experiences of psychotherapists working with autistic clients.

4.2 The Participants

Five participants were included in this study: Mike, Lisa, Tom, Rose and Claire. Each participant was a fully accredited psychotherapist with at least three years' post-qualification experience and each considered themselves to work in a humanistic and integrative way. Mike had close to ten years' experience as a psychotherapist and described working with a small number of autistic clients. Lisa had over ten years' experience working as a psychotherapist and described working with a small number of autistic clients. Tom had over ten years' experience as a psychotherapist and described working with a large number of autistic clients. Rose had less than ten years' experience as a psychotherapist and over ten years' experience working as a play therapist. She described working with a wide range of autistic, non-autistic and intellectually disabled clients. Claire had over ten years' experience as a psychotherapist and she described working with a small number of autistic clients.

Figure 4.2. Overarching themes and their subthemes



4.3 Facilitating connection

This overarching theme comprised the two subthemes, 'Wanting to connect' and 'Carefully attuning to build trust and safety'. Participants talked about the ways in which they try to connect with their autistic clients and about the importance of an attuned relationship in the development of trust and safety. The struggle and challenge the participants seemed to experience in not feeling connection and in attuning with clients are also represented in this theme.

4.3.1 'Wanting to connect'

Under the umbrella of 'Facilitating connection', each participant gave details about the ways in which they try to connect with their clients. A sense of satisfaction in feeling connection and a sense of challenge felt by the therapist when they did not feel connection were identified. Checking understanding was a recurring feature of the participants' descriptions of their therapeutic encounters with their clients and this was part of the process and subtheme of 'Wanting to connect'.

> But to even connect with the client, I have to get a sense, I have to get a sense of how they communicate. How do they understand? (Tom, P. 14, TS 17:34).
>
> I'd be quite careful about how to phrase things and to and to make sure that they're understood. You know, t- to to check how they're understood (Claire, P. 11, TS 10:04).

Mike, Tom, Claire and Lisa all talked about connecting through a particular interest of their clients:

> Try connect even on one level on something they're interested in and go with it (Mike, P. 34, TS 41:41).

The want and endeavour to connect with their clients was clear from all participants and particularly so from the description of Lisa of her experience in session with a new client who preferred not make eye contact with her. A sense of the struggle of the therapist in not feeling connection with the client is illustrated in this extract from Lisa:

> I had visualized myself sitting in the corner of my therapy room, up high, because that's where his, his, his his line of eh, of connectedness was (Lisa, P. 8, TS 10:56).

The satisfaction expressed by Mike and Lisa in encounters characterised by connection shows the value and importance the therapists place on experiencing connection. In describing a time he felt satisfied in his work with an autistic client Mike said:

> The fact that Client 1 came back. The fact that he sat for the whole session and the fact that he didn't want to leave. (Mike, P. 30, TS 36:22).

Similarly, Lisa talked about the satisfaction she felt when a former client texted her to tell her he was graduating.

> And I got a text from him on the day before his graduation. And to tell me that he was graduating […] And I, I hadn't heard from him in maybe 12 months there or there abouts. So that, I was absolutely delighted, really, really thrilled and delighted. (Lisa, P. 25, TS 41:21).

4.3.2 'Carefully attuning to build trust and safety'

The process of attuning to the client featured in each participant's account and extracts are presented which demonstrate the importance of the attuned relationship as well as the challenge felt by participants in attuning to a high level. Noticing and responding to client body cues was described by Lisa, Mike, Claire and Rose. Tom, Lisa and Claire described working on facilitating the client in identifying and integrating feelings in the body.

> As the relationship grew I got to understand more from his unconscious communication about what made him nervous and anxious. And so I managed then to, to, to connect with his non-verbal and and, you know, some of the, the hand movements that he would display or his bodily movements that he would

> display that, I could say to him, 'what's happened for you right now?' In that sense of, and get him to connect in with what's like, what are you feeling? You know, 'I'm anxious.' 'Is it fear?' (Lisa, P. 23, TS 37:59).

> But he'd be [sound of participant demonstrating heavy rapid breathing] 'Is it brutal being here?', I'd say. 'It's terrible'. 'Are you alright? Sure will we leave it?'. 'Yeh, I don't know whether I can stay'. 'Just, just be the way you are, you're grand.' (Mike, P. 5/6, TS 5:42).

Rose described her encounters in long term therapy with an autistic teenage boy whose mother had recently died and who did not communicate through speech when he began therapy. The importance of the attuned relationship was striking in her account of their first session where the client chose to pull out a pop up tent in the therapy room:

> And he spent the entire session inside the tent in silence. And I was outside in silence. Am.. the tent would be very symbolic of em, the womb in lots of ways so the tent would be a sacred space for me and am.. so I would be use- I used my tone. Gentle tone. Very gently as if I was speaking to a baby in the womb. Em just gently narrating what's hap- what was happening. (Rose, P. 12, TS 14:12).

Rose described how the same client built up a rhythm of sound and movement by scratching or pulling on the tent which became a reciprocal back and forth as Rose responded by mirroring the client's rhythms:

> Ah so it was a slow build of rhythmical, am I suppose it would be very maternal or primary caregiver. That reciprocal back and forth with an infant which would make sense for somebody who's non-verbal sometimes to go back there to begin communication (Rose, P. 14, TS 16:21).

Rose expressed clearly the challenge associated with working at this level of attunement with clients who may not communicate verbally, who may prefer to sit looking away from the therapist or as in this case, being inside a tent, may not be visible at all to the therapist:

> The challenges would have been em, when you're working with somebody who's non-verbal, your level of attunement has to be really high eh, to make sure you're never em, retraumatising somebody (Rose, P. 18, TS 21:07).

4.4 Experience of autism

This overarching theme comprised the two subthemes, 'A history of othering' and 'Learning and unlearning'. The participants talked about their experiences of the othering of autistic people and about their own learning and unlearning around

autism. This theme gives new insight into the experiences of and challenges for therapists working with the autistic population, a population which continues to experience discrimination and marginalisation.

4.4.1 'A history of othering'

The name for this subtheme comes from a comprehensive history given by Lisa of the development of autism services in Ireland. She described how autistic people were historically 'othered' in terms of being denied educational rights, denied diagnosis and appropriate treatment and not having their emotional, sensory and physical needs understood or met. This othering is illustrated in the following extract from Lisa:

> What we tried to do was make them fit into our system, as opposed to us, meeting them, where they were actually at and what they actually needed (Lisa, P. 6, TS 8:11).

Furthermore, Tom spoke of his anger and frustration at the negative framing of the medical model of autism diagnosis:

> Because I still get so angry at the negative diagnoses they are given (Tom, P. 31, TS 43:32).

Tom also spoke about the emphasis he places on exploring the relationship of his clients with 'their autism' and focusing on the strengths of the person as well as supporting the challenges.

> And I work in that way with adults. Around looking at the strengths their autism brings, what benefits? What, you know, how does it make their life better? So the that there isn't a negative relationship with their autism (Tom, P. 31, TS 43:45).

Rose noted the importance of being aware that autistic people might come to therapy with experiences of being treated differently, even of being treated as though they don't have feelings or the capacity to form relationships. Rose came across in her interview as passionate about advocacy and empowerment around human rights. She described a relationship with a client where 'nobody had ever spoken to her about her rights as a human in the world' (Rose, P. 30, TS 36:38) and she was being 'put in a box of a challenging person' (Rose, P. 30, TS 37:24). Rose gave this client psychoeducation around human rights and the language to understand and explain 'what was actually happening in her body when she flipped her lid' (Rose, P. 30, TS 38:07). Rose spoke of her satisfaction when this client returned to her later recounting the way in which she

had been able to advocate for herself in a challenging situation and Rose felt her advocacy role tapering off. The way Rose laughed and smiled as she described her client's self-advocacy seemed like a feeling of delight in her client and the work. The passion around advocacy illustrated in the above extracts points to its necessity as felt by these participants as a response to the prejudice and discrimination experienced by their autistic clients.

4.4.2 'Learning and unlearning'

Lisa, Rose and Claire had a history of working with autistic people in disability services and schools before coming to work psychotherapeutically with autistic clients. Lisa and Tom have autistic family members and learned about autism first in this way. There was a recurring theme of learning about autism 'on the job' (Mike, P. 9 TS 10:14). Notably, Mike was the only participant who received even minimal education on autism in his professional training.

> I learned on the hoof to all intents and purposes (Lisa, P. 6, TS 8:11).
>
> I would have learned mostly about it am.. working on the front line with with children in residential care on the spectrum (Rose, P. 2, TS 1:54).

Four of the five participants named ways in which they feel they work differently with autistic clients compared to non-autistic clients including adapting communication or checking mutual understanding more. In contrast to this, Rose emphasised her experience being that each client who comes to her is completely different with no one global experience for autistic clients.

Each participant used a different range of language when speaking about autism and autistic people. Most used terms such as 'autistic', 'on the spectrum,' 'Aspergers' and 'person with autism' interchangeably. Some participants used functioning labels such as high and low functioning autism, which is out of step with the preferences of the autistic community. The challenge of professionals maintaining an awareness of the language preferences of this client group is illustrated by Claire:

> You see these two ladies are Asperger so or I don't know what the- if they even use that anymore, that terminology, but high functioning or there's lots of different names. Or neuro-non, what is it? Neuronontypical? (Claire, P. 47/48, TS 49:14).

New learnings as well as the unlearning of assumptions around autistic people appears in Claire's transcript as she refers to an experience with an autistic client who is transitioning gender.

> I just felt it was amazing that she could trust me with that, you know. Cause I'm, I'm cis so I don't have any idea of what it's like, you know, her world. And I've had to learn all this new terminology, myself being an old, an old lady (Claire, P. 41, TS 41:36).

> I had to, to learn that.. she does- that if you're autistic doesn't always mean you don't have an imagination. You can have the most fabulous imagination (Claire, P. 32, TS 32:01).

These extracts of Claire's represent an openness to learning from the client which also featured in each of the other participants' transcripts.

4.5 Issues of identity

This overarching theme comprised the subthemes 'The uncertain self' and 'Evolving identity'. Participants talked about their doubts and uncertainty, both personally and professionally, and also about issues and feelings of responsibility around their parts in the evolving identities of their clients.

4.5.1 'The uncertain self'

This subtheme represents the uncertainty of the therapists around various aspects of their roles and selves. Rose spoke about the doubt a therapist can feel around the effects of therapy.

> Am, I suppose that's, that's a worry of therapists in general, sometimes that you know, our work, our good work, am, in the four walls of our therapy room […] are those leaps and bounds in relational awareness and.. just tha- are those changes, are they translating? (Rose, P. 28, TS 34:58).

Rose and Tom both named the satisfaction they felt in receiving feedback from clients' families and service providers around the positive effects of the therapeutic work in their client's lives and there is a sense of this feedback providing reassurance for the doubting therapist. Mike spoke numerous times about his uncertainty around what his autistic client was getting out of therapy.

> He used to keep coming back and I couldn't work out each week what, if anything, was happening? (Mike, P. 13, TS 14:00).

As exemplified in the above extract Mike seems to have been challenged around understanding and connecting with his client about therapy which seems to have led him to self-questioning and uncertainty. This suggests a difficulty is experienced when there is a lack of connection felt by the therapist.

The uncertain self featured in Tom's account as he described having to work in a different way with autistic clients, a way that seems to shift the focus of therapy for Tom from being 'me centred', as a therapist with a certain skillset, to being 'truly client centred'.

> All the skills I normally use and I sit very comfortably in are gone. So I have to work in a completely different way that is truly client centred. But it isn't me centred, as in me as a therapist, because I'm not using the skills (Tom, P. 14, TS 17:34).

The uncertain self is mitigated by a trust in the process and trust in the client for Rose and by Mike's acceptance of the value of 'sitting with the not knowing' (Mike, P. 17, TS 19:48).

4.5.2 'Evolving identity'

The evolution of client identity featured in each participant's account. The role of the therapist in this evolution seemed important in different ways in the accounts of the participants and can be seen to be challenging at times. Tom described his satisfaction in his work with one young man who was living independently in sheltered housing. Tom worked around validating and advocating for the client's sexual rights which were being problematised by the client's family. Tom, Lisa and Claire each talked about facilitating a positive identification with autism with their autistic clients.

> I said to him, 'find your tribe.' You know, 'you need to find your tribe.' (Lisa, P. 12, TS 19:33).

All of the participants spoke of clients with demonstrable positive regard as illustrated by Claire and Lisa:

> And this is another thing, which was wonderful. She came up with this idea… (Claire, P. 42, TS 42:55).

> He was an absolute brilliant academic. And a fa- fascinating, absolutely fascinating (Lisa, P. 12, TS 19:33).

Claire described how one of her clients began to use language and terminology from their psychotherapeutic work in other relationships such as with her mother and

friends. In the following extract, a sense can be got of the way in which the client and therapist identities are interweaving and evolving.

> Her friends have said to her that they don't need to go to counselling because she's their counsellor. So and I- I can hear when she relays things back to her mom, that she's taking the- the work between us (Claire, P. 45, TS 45:18).

The flip side of this involvement of the therapist in the evolution of the client identity seems to be the therapist feeling cautious in the therapeutic relationship. Claire used language about being 'very wary' and 'being quite careful' in her description of various aspects of her work with her autistic clients. Furthermore, Tom was explicit about a need for awareness around the potential for damage in therapeutic interventions:

> Somebody had told him that going to the gym was good for him to burn up energy and he learned that. And he will do that now for the rest of his life. So we have to be careful in our interaction. Because remember, it's often very literal, how something is experienced, so it can be taken on as the truth (Tom, P. 18, TS 23:51).

> It felt like I had just miscalled something. And I suppose it's really that understanding that with autism miscalling something can maybe create some internal trauma (Tom, P. 17, TS 22:33).

These extracts illustrate the sense of responsibility the participants felt in their work with their clients and how cautious their approaches could be. The doubts, uncertainty and responsibility experienced by the participants and represented in 'Issues of identity' give new insight into the felt experiences of therapists working with autistic clients.

4.6 Summary of Chapter Four

The findings, grouped into three overarching themes which contained six subthemes, represent the salient experiences of the five participants of their therapeutic relationships with autistic clients. These experiences include the want to connect and the struggle of not feeling connection; the importance of attunement and the challenge of maintaining a high level of attunement; satisfaction in advocating against prejudice and discrimination as well as the constant need to learn more and unlearn biases; and uncertainty, doubt and feelings of responsibility. Samples of further data extracts supporting three of the subthemes are presented in Appendix I. These findings have significant implications for the role and nature of the therapeutic relationship and are discussed in relation to the body of relevant literature in the following chapter.

Table 4.1. Recurrence of overarching themes and their subthemes

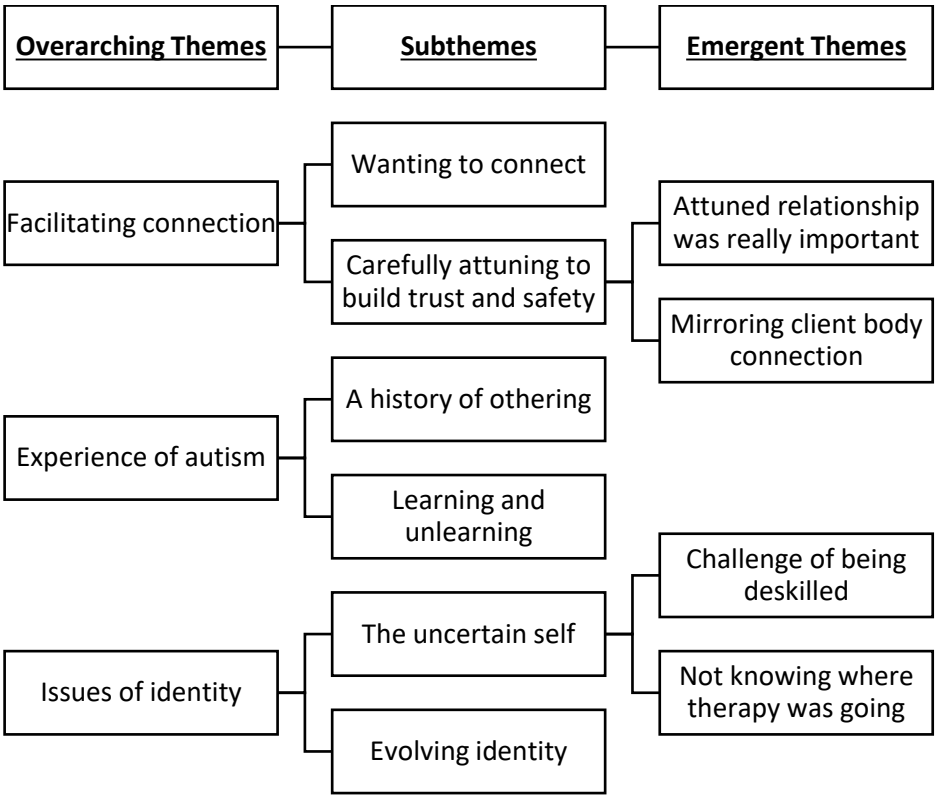
Themes	Mike	Lisa	Tom	Rose	Claire	Number of participants per theme
Facilitating connection	Y	Y	Y	Y	Y	5
Wanting to connect	Y	Y	Y	Y	Y	5
Carefully attuning to build trust and safety	Y	Y	Y	Y	Y	5
Experience of autism	Y	Y	Y	Y	Y	5
A history of othering	N	Y	Y	Y	Y	4
Learning and unlearning	Y	Y	Y	Y	Y	5
Issues of identity	Y	Y	Y	Y	Y	5
The uncertain self	Y	Y	Y	Y	Y	5
Evolving identity	Y	Y	Y	Y	Y	5

5 Discussion

5.1 Overview of Chapter Five

In this chapter, the findings of this research study are discussed with reference to the research aims and in the context of the existing body of research literature. New insights from the findings are linked with current literature and their implications for clinical practice are addressed. A self-reflective section will follow this discussion which will address some of the reactions and challenges experienced by the researcher during the research process.

Figure 5.1 Overarching themes, subthemes and emergent themes identified in study



5.2 Relating research aims to findings

The literature review in Chapter 2 identified numerous distinct gaps in the literature on the topic of humanistic and integrative psychotherapy for autistic clients. This research study aimed to fill some of those gaps by exploring three key areas: the role of the therapeutic relationship in psychotherapy for autistic clients, the lived experience of

psychotherapists of the therapeutic relationship with autistic clients and what, if any, flexibility and adaptations therapists bring to the therapeutic relationship with autistic clients. In the literature, the importance of the therapeutic relationship in therapeutic outcome is consistently highlighted. The literature also highlights the importance of therapist flexibility when working with autistic clients. Significantly, the participants aligned with this in demonstrating a commitment to co-creating connected and attuned relationships with their autistic clients and in demonstrating a willingness to adapt to client needs. Firstly, the findings as they relate to the role and lived experience of the therapeutic relationship are discussed under the headings of the three overarching themes. Following this, flexibility and adaptations on the part of the therapist are discussed.

5.2.1 Role and lived experience of the therapeutic relationship in psychotherapy for autistic clients

In this section, the implications of the overarching themes and subthemes for the role of the therapeutic relationship with autistic clients are discussed. The importance and value placed by therapists on facilitating connection and attaining attunement with their clients is discussed in the context of existing literature on these topics. Challenges around connection and attunement are also discussed, as are the participants' experiences of autism and issues around identity in the context of existing literature.

5.2.1.1 Overarching theme 'Facilitating connection'

The overarching theme of 'Facilitating connection' is arguably the most salient theme to have been identified in this study as it speaks to the essence of the therapeutic relationship as experienced by the participants. For the first time, it can be shown that humanistic and integrative psychotherapists working with autistic clients placed connection and attunement centrally in the therapeutic relationship and process. This aligns with the body of literature on humanistic and person-centred psychotherapy. Not feeling connection was experienced as a challenge, as were high levels of attunement required of the therapists.

5.2.1.1.1 'Wanting to connect'

By placing an emphasis on checking mutual understanding with clients, paying attention to the individual ways of communicating each client may have and by participating in client interests, the participants each showed a commitment to connection. This finding supports the central value placed on the quality of the therapeutic relationship in the humanistic tradition of psychotherapy (Rogers, 1996; Clarkson, 1996; Proctor, 2014). While empirical research suggests that 38% of the effectiveness of psychotherapy is due to the quality of the therapeutic relationship, this qualitative study provides rich detailed data for the first time on the individual experiences of psychotherapists in their co-creation of therapeutic relationships with autistic clients (Carr, 2007). The experience of relational connection may be helpful to clients because as relational organisms, humans need to relate with other humans in order to survive, grow and heal. It has been argued by philosophers and psychotherapists alike that when this connection is felt deeply, with a relational depth, such as that of Buber's 'I-Thou' relational mode, a fertile space for healing and transformation emerges (Mearns and Cooper, 2018. P. 65).

The satisfaction that Mike and Lisa expressed in encounters characterised by connection with their clients is further evidence of the value and importance of the experience of connection to these participants. In association with this, the challenge of not feeling connection featured in Mike's account when he spoke of not understanding what a client was getting out of therapy and not knowing what was bringing him back. Similarly, Lisa's account of visualising herself in the corner of the room to which her client's line of sight was connected, suggests a challenge for the therapist in not feeling connection with the client. This echoes both empirical and qualitative research which found that neurotypical therapists can feel frustrated in working with autistic clients, particularly where they feel inadequately trained (Cooper et al., 2018; Strunz, 2018). As described in Chapter 2, Milton's (2012) double empathy problem proposes that non-autistic people can have difficulty in understanding and feeling empathy for autistic people and vice-versa. This, along with research that suggests autistic people may feel more comfortable around other autistic people and share information more effectively with other autistic people compared to with

neurotypical people, has significant implications for the therapeutic relationship where the therapist is neurotypical and the client is autistic. This suggests a scenario where a neurotypical therapist may have to pay particular and focused attention to communication, understanding and connection when working with autistic clients. The double empathy problem also suggests that autistic psychotherapists could be particularly well positioned to work with autistic clients and this would be an important area of future research.

5.2.1.1.2 'Carefully attuning to build trust and safety'

The subtheme 'Carefully attuning to build trust and safety' speaks to the way in which each participant described noticing and responding to client body cues and feelings to build trust and safety within the relationship and within the client's self. While there is limited research on attunement in psychotherapy for autistic clients, this study supports more general literature on the effects of attunement. Stern's (1985) definition of 'affect attunement' describes mirroring as more than simple imitation, referring to this as a process of intersubjective relatedness. Stern describes a process whereby a baby's caregiver reflects the baby's affect back to them and also shows in some way that the caregiver experiences some of the affect. Rose's description of mirroring her client's rhythms and movements inside the tent correlates with such 'affect attunement' and is reminiscent of Štěpánková's (2015) application of Prouty's (2007) pre-therapy and contact reflections in therapeutic relationships with autistic clients. The findings of this study also align with Caldwell et al.'s (2019) Responsive Communication which promotes the use 'body language and non-verbal articulations to engage with the affective state' of autistic adults and children while also paying attention to sensory issues and environmental stressors (Caldwell et al., 2019, p. 164). Rose undeniably experienced Rogers' therapeutic precondition of 'psychological contact' with her client and went on to co-create a long lasting attuned and connected therapeutic relationship. Experiences of deep relational connection seem to facilitate self-connection, where clients can connect deeply with themselves and gain 'self-knowledge, self-understanding, enhanced self-acceptance and a greater ability to be their "real selves"' (Mearns and Cooper, 2018, p. 67; Knox, 2011). This aligns with

Robinson and Elliot's (2017) findings around the importance of focusing on strengthening the sense of self and self-agency of autistic people within interpersonal relationships. The findings of the current study also concur with the findings by Robinson et al. (2020) on the benefits of teaching humanistic and person-centred methods to autism practitioners.

Rose named a challenge of her work with an autistic client who did not communicate verbally as being the high level of attunement required of the therapist. There was a sense from Rose that she was very conscious of the potential for retraumatising a client by not being well attuned enough to their cues and non-verbal communications. While challenging for the therapist, this level of careful attunement could well be an important response to the double empathy problem. This study adds rich qualitative data to the existing literature on the experience of connection and attunement in the therapeutic relationship and identifies the importance the participants placed on these aspects of the therapeutic process as well as the challenges experienced by the participants in these aspects of the relationship.

5.2.1.2 Overarching theme 'Experience of autism'

The overarching theme of 'Experience of autism' gave insight into the participants' relationships with the othering of autistic people and how this may affect the therapeutic relationship. Awareness, lack of awareness, biases, psychoeducation, learning and advocacy were important features of this theme.

5.2.1.2.1 'A history of othering'

The subtheme 'A history of othering' captures the way in which each participant spoke of and has been affected by their experiences of autistic people being marginalised, stigmatised, discriminated against and left out of social encounters. Empowering clients through psychoeducation and education on human rights featured as part of the findings on the role of the therapeutic relationship. Tom and Rose in particular spoke about the satisfaction they have felt in being able to advocate for the human rights of their autistic clients. Rose seemed to delight in witnessing a client grow in her capacity to self-advocate once she had been given information on human rights and psychoeducation on her nervous system. This role of advocacy tends not to be synonymous with the role of psychotherapist but it certainly has precedence in the

literature where psychotherapists are working with marginalised groups such as refugees and LGBT+ political asylum seekers (Pepper, 2005; Al-Roubaiy et al., 2017). It is clear that this is an important and satisfying part of the work for some of the participants in this study with some of their autistic clients. These aspects of the role of the therapeutic relationship are in general alignment with the neurodiversity movement which works towards equal human rights for people who are neurodivergent and discriminated against for not fitting in with idealised norms (Milton, 2020).

5.2.1.2.2 'Learning and unlearning'

Understanding autistic clients in the context of the experience of othering and oppression in their lives seemed crucial to Lisa, Tom, Rose and Claire. Lisa acknowledged her part in historical disability services which failed to see or meet the needs of autistic people and said this was part of what prompted her to train as a psychotherapist. Tom named his anger towards the 'negative diagnoses' that autistic children and adults continue to receive which focus solely on deficits. Mike seemed to have some awareness of the limits of his own understanding and possible biases around autism and was nonetheless willing to learn from his clients. Given that professional training was scant according to the participants' accounts, it seems that a constant process of learning and unlearning biases around autism is an important aspect of the therapeutic relationship:

> It's been a constant learning curve […] So it's been a lot about retraining, learning how to do things differently, and understanding that the autistic brain functions in a different way (Tom, P. 2, TS 1: 34).

It follows then, that learning about autism and unlearning biases is part of the role of the therapist working with autistic clients and this is done largely unsupported by primary psychotherapy trainings and professional bodies. The only previous qualitative study on the experiences of counsellors working with autistic clients is an American Ph.d. thesis (Mack, 2019). The themes in the current study differ somewhat from those in Mack's, being focused specifically on the therapeutic relationship, but there are some overlaps. A lack of formal training and education for therapists is a significant overlap. Furthermore, there is a particular challenge for neurotypical psychotherapists working with autistic clients around how they attain their learning around and

understanding of autism. The use by the participants in this study of functioning labels and language not supported by the majority of the autistic population illustrates this challenge for professionals. Autistic voices stress the need for non-autistic people and professionals to listen to, and learn from, autistic people and autistic professionals (Raymaker, 2020; Ridout, 2020).

5.2.1.3 Overarching theme 'Issues of identity'

5.2.1.3.1 'The uncertain self'

'The uncertain self' identified ways in which the participants felt self-doubt, felt deskilled and questioned their roles and the efficacy of their therapeutic work. Non-autistic psychotherapists who work in a relational way and who find themselves struggling to understand and empathise with autistic clients could well experience feelings of inefficacy and/or inadequacy. An understanding of the double empathy problem has been proposed as a valuable resource for professionals experiencing such feelings and a means of safeguarding their clients (Jordan, 2019). In feeling challenged around wanting to connect and around what the role of therapist is or what's happening in the therapy, the therapeutic relationship provides an opportunity for each therapist to learn and grow both professionally and personally. Yet this is not an easy task when educational opportunities are limited. A trust in 'sitting with the not knowing', trust in one's primary training, trust in the therapeutic process and trust in the inherent capacity of the client to self-actualise in the right conditions featured in the participants' accounts as counterweights to balance their uncertainty and self-doubts. If there are challenges particular to working with autistic clients, these participants largely described relying on their core psychotherapeutic training in trusting the relationship and trusting the client in response, while also educating themselves through reading, supervision and attending some trainings.

5.2.1.3.2 'Evolving identity'

In the subtheme 'Evolving identity' the ways in which the participants provided positive regard, acceptance and validation for and of their clients and their clients' experiences is captured. This is firmly rooted in the humanistic Rogerian tradition of psychotherapy (Rogers, 1996). Tom explicitly spoke about how he tried to facilitate a positive relationship with autistic identity in his work with autistic clients and both Lisa

and Claire encouraged and noted the positive effects of clients embracing autistic identity. This supports and is supported by existing quantitative research which suggests that having a positive relationship with one's autistic identity can be protective of mental health and that clinical approaches should try to facilitate positive autistic identity (Cooper et al., 2017).

However, a significant challenge was identified in the participant accounts relating to the role of the therapist in the evolution of client identity. There was a sense of responsibility taken and felt by the participants around not traumatising or retraumatising clients and around the potential for damage to the client. A cautiousness and even a wariness around interventions was described. Whether this cautiousness is protective in the therapeutic relationship or whether it can impede the therapeutic process would be an interesting area for further study. Cautiousness around and awareness of the impact of therapeutic interventions suggests the mode of therapy described by the participants is an attempt to depart from the damaging imposition of change which autistic populations have experienced through systemic othering and regimes of behavioural modification highlighted and criticised by many authors (Strunz, 2018; Raymaker, 2020; McGill, 2020).

5.2.1.4 Summary of role and lived experiences of the therapeutic relationship

Based on the findings, the role of the therapeutic relationship appeared primarily to serve as a vehicle for connection and attuned relating in alignment with the traditions of humanistic relational psychotherapy. Other important features of the role of the therapeutic relationship included providing psychoeducation; promoting self-advocacy; advocating for the client; unlearning biases; tackling discrimination; recognising othering and marginalisation; and facilitating a positive autistic identity for the client. The lived experiences of the participants featured challenges around not feeling connection, the demands of high levels of attunement, feeling deskilled, feeling self-doubt and feeling a wariness around damaging or traumatising the client. The participants also experienced satisfaction, delight, connection, attunement and felt passionately about advocating for client rights. The themes around connection and attunement are in alignment with current available literature on the importance of relational connection in therapeutic outcome. Challenges around feeling disconnection

and self-doubt mirror literature on the double empathy problem. While the qualitative nature of this study means that these experiences are not fully generalizable, the findings give a rich personal and individual insight into therapist experience. Having outlined how the study findings inform the role and the lived experience of therapists of the therapeutic relationship with autistic clients, the next section focuses on the findings in relation to flexibility and adaptations on the part of the therapist.

5.2.2 Flexibility and adaptations on the part of the therapist

While this study focuses on the therapeutic relationship with autistic clients, the autistic population is far from homogenous. Stephen Shore, autistic autism expert and advocate, famously said 'if you've met one person with autism, you've met one person with autism' (Shore, 2018). Of course there are common features of autism in areas including communication, social interaction and sensory experience but the expression of these features varies widely from autistic person to autistic person. Some autistic clients may communicate fluently through speech while others may understand speech but not speak themselves. Some may communicate through body language, sign language or other augmentative and alternative communication (AAC). The sensory experiences and needs of autistic clients vary greatly and various sights, sounds, smells, touch and tastes have the potential to cause distress or provide comfort. Some autistic people may also have an intellectual disability and live with family or in supported accommodation while others may live independently. The autism spectrum is not in fact linear and so it must be expected that each individual autistic client will have differing needs, wants and required accommodations.

Four of the five participants named ways in which they feel they work differently with autistic clients compared to non-autistic clients and felt it was important to understand differences in autistic experiences. The different ways of working largely centred on communication style and checking mutual understanding. For example, Tom and Lisa talked about how they felt their autistic clients spoke about things in more concrete and literal terms and these participants tried to match this style of communication. The participants also spoke about engaging with their clients' areas of focused interests. Both effective communication and engaging in an area of interest are ways

of facilitating connection in the relationship. Other adaptations named by the participants included using visual reference material when identifying feelings and being flexible around the length of sessions. Rose differed from the other four participants in expressly stating that in her experience there was no one global autistic experience and that each client who came to her was completely different. Rose expected and embraced this difference and described meeting her clients with careful preparation, openness and non-directive attunement. In this sense, Rose could be said to have applied flexibility and adaptations to her autistic and non-autistic clients equally. While aligning with Prouty's (2007) pre-therapy and Caldwell et al.'s (2019) Responsive Communication, this also suggests alignment with the self-determined, person-centred models advocated by Cromar (2020) and Purkis (2016). Rose's qualitative account of attuned therapeutic relating with a non-speaking autistic client greatly augments the scant literature on this topic.

While two of the participants had autistic family members, most of the participants described learning about autism 'on the job' and learning from their clients. Learning about communication styles and how to establish connection was important but so too was unlearning their own biases. As previously stated, this is a constant challenge for professionals working with autistic people. The challenge of feeling deskilled or unsure was present and yet the therapists also demonstrated a willingness to adapt based on the needs of the client. This fits firmly within the humanistic and relational model of psychotherapy.

> To practice counseling within a relational paradigm, it is helpful to put aside dogmatic ways of conceptualizing client concerns and processes of change, and to engage clients with openness, reciprocity, and fundamental respect (Garcia, 2015, p. 427).

Garcia highlights some of the core values of working relationally above, including openness, reciprocity and respect. It is argued in the current thesis that focusing on the quality and the relational dimension of the therapeutic relationship is inextricably intertwined with the flexibility and openness that is recommended by so many authors for therapeutic work with autistic clients.

5.3 Self-reflective discussion

As this section involves a discussion of the self-reflective process, I will speak in the first person. What became increasingly apparent to me after embarking on this research was the inherent difficulty in being a non-autistic person carrying out research involving autistic people. Researching qualitative methodology made me aware of the potential for 'power asymmetry' (Brinkmann, 2007) and 'epistemological violence' (Teo, 2008) in research involving minority and marginalised groups, as discussed in sections 3.2.3 and 3.3.7. To try to address this imbalance, I attended online training delivered by autistic professionals, read articles by autistic writers and researchers and joined an online neurodiversity affirmative forum to learn as much as possible from autistic people about autistic experiences. Nevertheless, this piece of research would be stronger and more valid had autistic people been consulted on and involved in its design. In clinical psychotherapy, there is an underpinning expectation that the therapist will learn, unlearn, grow and develop through their work and their relationships with their clients. This has proved to be true of my experience of being a researcher. I have learned and unlearned much about othering, discrimination, biases and prejudices and I have grown personally and professionally through this experience.

A particular limitation of the study is that I did not collect data from the participants on their own neurotypes. Through this study I uncovered my own bias and assumption that my participants would likely be non-autistic. This sort of 'them and us' assumption in professional practice and research has been called out and rightly criticised by autistic writers as being marginalising and othering (Price, 2019). In the design stage of the study, I worried that asking my participants whether they were autistic or not might make them feel uncomfortable or be too personal a question. This reveals my own ableism and if I were to repeat the study I would unreservedly ask this of the participants. By not asking my participants whether they identify as autistic, non-autistic, are not sure or prefer not to say, I was unable to discuss the findings more fully in the context of the double empathy problem and other issues.

This personal process of learning echoes the theme of learning and unlearning in the participants' accounts. Indeed there were many personal and professional parallels as well as divergences that I felt with the participants' experiences. Being a researcher

who is also a psychotherapist interviewing fellow psychotherapists brought challenges and strengths to this research. One of these challenges involved comparing my own professional ways of working with those of my participants and either judging myself or my participants critically. Maintaining a totally impartial stance as researcher proved impossible so I employed a process of self-reflective journaling to name, explore and try to effectively process my personal reactions so they would not bias the research. One of the strengths being a psychotherapist/ researcher brought was that there was, to some extent, a common professional language and understanding between my participants and me which facilitated communication.

> The practice of conducting research reflexively includes the researcher having awareness and then actively mitigating their own biases, power and positionality in relation to research participants, the data generation processes, data analysis and the synthesis of writing (Nicholls, 2019, p. 2).

Using IPA as my methodology facilitated the level of researcher reflexivity required to engage critically yet compassionately with the participants and the broader topic.

5.4 Summary of Chapter 5

This study aimed to address gaps in the literature pertaining to the role of the therapeutic relationship, the lived experience of the therapeutic relationship and what, if any, flexibility and adaptations are employed by psychotherapists working with autistic clients. The findings of this study address these gaps and illuminate the experience of the therapeutic relationship with autistic clients in several new ways. The study findings also add support to existing quantitative and qualitative studies. According to the findings, relational connection and attunement was the primary focus in the therapeutic relationship, as might be expected in any humanistic therapeutic relationship. This aligns with literature on the therapeutic relational experience in which attunement and connection foster relational depth and relational depth in turn facilitates self-connection and growth for the client.

The findings reveal that psychoeducation, education on human rights, advocacy, promoting self-advocacy, acknowledging and confronting discrimination and othering, learning about autism, unlearning biases and facilitating a positive autistic identity were all important aspects of the therapeutic relationship. The importance of learning

about autistic people from autistic people is evident from the findings and this is strongly advocated by autistic writers and researchers. The findings also point to the significance of the double empathy problem which frames the challenges in understanding and empathising between autistic and non-autistic people as a two-way issue. The participants described challenges around not feeling connection with or understanding clients, challenges around the demands of maintaining high levels of attunement and feelings of doubt around their therapeutic efficacy and skills. They also described feeling satisfaction, delight, connection and attunement. These lived experiences have not been described before in the literature and therefore add a rich new dimension to it. It is argued here that a humanistic, client-centred and relational approach to the therapeutic relationship facilitates and is intertwined with the flexibility and adaptability recent research has suggested is necessary for successful therapeutic work with autistic clients.

The following chapter is the Conclusion and it contains a summary of this research as well as the significance of the findings for clinical practice. Areas for future study and the limitations of this study are also addressed.

6 Conclusion

6.1 Summary of research and significance for clinical practice

Psychotherapeutic practices in the area of autism are generally poorly understood and researched. Cognitive behavioural therapy is the branch of psychotherapy which is most researched and as such is typically recommended as the evidence-based therapy of choice for autistic people (Purkis et al., 2016; Gaus, 2011; Spain and Happé, 2020; Camusso, 2018). There has been minimal research on other modalities of psychotherapy for autistic clients and no previous research focusing on the significance and lived experience of the therapeutic relationship.

This research study has achieved its aim of adding new knowledge to the body of literature on humanistic psychotherapy for autistic people. Specifically, the findings have provided answers to the main research questions around the role of the therapeutic relationship, the lived experience of the therapeutic relationship and what, if any, adaptations and flexibility therapists bring to their work with autistic clients. As this research dealt with the subjective experience of relationship in a poorly studied field, IPA was used to facilitate broad qualitative exploration of the participants' sense making of their experiences of the therapeutic relationship. The findings yielded rich, varied, uniquely personal and professional details of the participants' phenomena. To the knowledge of the researcher, this study is the first piece of research on humanistic and integrative psychotherapy for autistic clients. The findings of this study showed that the participants placed value and importance on connection and attunement in relationship with their clients. The role of the therapeutic relationship was therefore, primarily concerned with relational connection and attunement as the vehicle for the therapeutic process. This supports and is supported by the substantial body of literature in psychotherapy which places primary significance on the therapeutic relationship as the mechanism via which attuned reparative relating, therapeutic re-experiencing and self-actualisation can occur (Rogers, 1996; Clarkson, 1996; Kahn, 1991; Mearns and Cooper, 2018).

The experience of challenge for the participants was identified in several areas including not feeling connection with the client, the demands of high levels of attunement, doubting one's therapeutic efficacy and feeling deskilled. Given that a non-autistic therapist may find it more difficult to empathise with and understand an autistic client than they would a non-autistic client, education around and understanding of Milton's (2012) double empathy problem is proposed here as a useful response to some potentially challenging experiences. The participants also described trusting 'sitting with the not knowing', trusting their training and trusting the capacity of the client as their responses to some of these challenges. Significantly, the double empathy problem and studies on autistic communication suggest that autistic psychotherapists could be particularly well positioned to work with autistic clients.

As outlined in Chapter 2, research shows that while the autistic population experiences higher levels of anxiety and depression than the non-autistic population, autistic people experience many barriers in accessing mental health services. Such barriers include a lack of therapist expertise in autism and therapist unwillingness to be flexible and adapt to client needs (Gillott and Standen, 2007; Adams and Young, 2020). It is argued here that a humanistic and relationship-centred approach, focused on connection and attunement, facilitated the participant therapists in understanding the individual needs and experiences of the client and that this was intertwined with therapist flexibility in adapting to accommodate those needs. Specific adaptations highlighted by the participants included paying extra attention to communication style and checking mutual understanding as well as using visual reference material when working on identifying feelings. Alongside this, the role of the therapeutic relationship according to this study's findings involved engaging in constant learning and unlearning about autism and biases around autism; advocating for clients and facilitating self-advocacy; acknowledging and confronting discrimination and othering; and facilitating a positive autistic identity. Much of this aligns with what is advocated by autistic voices and supporters of the neurodiversity paradigm. The importance of learning from autistic people and professionals was a significant finding as this is the direct route to understanding autistic experiences and unlearning biases.

The fact that education on autism was lacking in all but one participant's primary professional training and the fact that a constant learning curve was experienced by the participants highlights a significant challenge for professionals working in this area and a challenge for autistic people looking for neurodiversity informed and affirmative therapy. The inclusion of neurodiversity awareness and autism-informed education in primary professional trainings and a greater availability of focused short training courses for psychotherapists would go some way towards addressing these challenges. So too would the circulation of information by professional bodies on the language and terminology preferences of the autistic community as well as other communities which may be affected by stigmatisation and discrimination. There is a role for each individual psychotherapist to support and advocate for the rights of autistic people and this is also the responsibility of the professional groups and bodies to which psychotherapists belong. An important question arises as to how inclusive and supportive the psychotherapy community is of autistic therapists and trainee therapists. While the small sample size of this study means that the findings are not generalizable to all humanistic and integrative psychotherapists, it nevertheless gives important insight into and subjective details of the lived experience and significance of the therapeutic relationship. The use of IPA in this research design illuminated salient experiences in the therapeutic relationship which can be used to inform the design of further studies in this field.

6.2 Limitations

Two main limitations exist in this piece of research. The first is that it was carried out by a non-autistic researcher without the direct involvement and input of autistic researchers or consultants, as discussed in Section 5.3. The second is that data was not collected on the neurotypes of the participants. If the participants had been asked whether they were autistic, non-autistic, not sure or preferred not to say, the findings could have been discussed more thoroughly in the context of the double empathy problem and how it may or may not affect the therapeutic relationship with autistic clients. If further resources had been available, including in both time and funding, a consultation process seeking autistic input and expertise would have ameliorated the first and, likely, the second limitations.

6.3 Areas for future study

Using the findings of the current study as a platform from which to launch, TA could be used with a larger sample size of therapists to produce findings which would be more generalizable (Braun and Clarke, 2006). Likewise, a quantitative questionnaire could be developed to be completed by a large sample of participants from which statistics and generalizable results could be derived. The findings of this study illuminated many areas where further study would be useful and I will suggest just a few of them here. An interesting question surrounds how the double empathy problem affects the therapeutic relationship where the therapist is non-autistic compared to autistic. Further exploration of how effectively a high level of attunement and relational connection responds to and mitigates the double empathy problem where the therapist is non-autistic would be useful. Research into the lived experiences of autistic clients of the therapeutic relationship in humanistic and integrative psychotherapy has yet to be carried out and it would be critical to hear, learn from and amplify these voices. Research into how accessible and accommodating psychotherapy trainings and professional bodies are for and of autistic trainees and psychotherapists would be important for both therapists and clients. In most of these cases, IPA could be useful as a means to gain first insights into previously unexplored areas. Research in the area of autism will be stronger, more valid and contribute more to the end of stigmatisation and othering if it is carried out by, or in partnership with, autistic people.

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Appendix A – Declaration of ethical consideration Institute of Technology Carlow

UNDERGRADUATE AND LEVEL 9 TAUGHT MASTERS PROGRAMMES

RESEARCH INVOLVING HUMAN PARTICIPANTS

FORM REC 1/L6-8/9T

DECLARATION OF ETHICAL CONSIDERATION

FORM REC 1/L6-8/9T

DECLARATION OF ETHICAL CONSIDERATION

NOTE: This form, (together with sample participant information sheet and sample informed consent form in the case of research to which Section C of this form applies) must be submitted to the supervisor with research proposal prior to commencement of research project.

This form (and additional documentation where Section C applies) shall be retained by the supervisor. The documentation shall be retained to be available for inspection by the REC as required and shall subsequently be attached to the completed research project once submitted for assessment.

In the case of research to which Section C of this form applies, the signature of a second supervisor is required to independently confirm that all relevant ethical issues have been adequately considered and addressed.

Research projects submitted for assessment which have not followed this procedure, shall not be assessed.

Section A

Learner Details:	
Name	**Felicity Connolly**
Email	**felicityconnolly@hotmail.com**
Department	**Lifelong Learning Carlow**
Programme	**CW_HRHIP_M**
Year	**5**
Module	**DISSH5R09**
Project Title:	
Main Research Supervisor	
Name	**Janet Murray**
Email	**tivoliinstitute@gmail.com**
Department	**Research**

Section B

TO BE COMPLETED PRIOR TO COMMENCEMENT OF RESEARCH

Does your proposed research project involve (circle as appropriate):

1. A requirement for participant information sheets and receipt of informed consent?

   YES x NO

2. Management and retention of personal data of participants?

   YES x NO

3. Vulnerable groups (e.g. children, prisoners, individuals who require assisted living or individuals for whom English is not the primary language)

   YES NO x

4. Sensitive topics that may make subjects uncomfortable (e.g. sexual behaviour, illegal activities, racial bias or religious affiliation)

   YES NO x

5. Use of Drugs

   YES NO x

6. Invasive procedures (e.g. blood or tissue sampling)

   YES NO x

7. Physical stress or discomfort

   YES NO x

8. Psychological distress

   YES NO x

9. Deception of, or withholding information from subjects

   YES NO x

10. Access to data by individuals or organisations other than the researcher

    YES NO x

11. Any conflict of interest relating to or arising from the research project

    YES NO x

12. Any ethical dilemma relating to or arising from the research project.

YES NO x

If the answer to all of the above is NO, please sign this form and include it in your final project/thesis/dissertation

If the answer to any of the above questions is YES, please proceed to complete Section C

Learner Signature	
Date	
Main Supervisor Signature	
Date	

Section C

To be completed PRIOR TO COMMENCEMENT OF RESEARCH where you do not qualify for an exemption under section B.

Please declare that the following control measures will be implemented in the case of your research thesis/ project/ dissertation:

I have assessed, identified and can demonstrate within the attachments to this document the potential risks associated with my research.

I confirm that the dignity and respect for participants will be adhered to at all times.

I confirm that I will communicate effectively to all potential participants that their participation in the research is voluntary and that all participants have the right to withdraw at any time

I have carefully considered the potential physical, psychological and emotional impact of my research on participants and will put in place appropriate safeguards in place to protect, support and minimise risk to those participating in the project

Where risks to the well-being of participants becomes apparent during the course of my research, where such risks were not foreseen at planning stage and/ or commencement of my research, I will immediately put appropriate safeguards in place to minimise such risks. (Details/ Examples/ Evidence of such safeguards shall be set out in an appendix to my completed project/thesis/dissertation)

I will not offer incentives to my research participants.

My methods are respectful and designed to fully consider the needs and vulnerabilities of my participants.

Every effort will be made to obtain full, voluntary and informed consent from all participants (including where appropriate, parents/ guardians/ gatekeepers)

I will provide a detailed information sheet to all participants. The information provided makes each of the following explicitly clear:

- What exactly the research involves (i.e. purpose and methodology);

- What the participants will be expected to do during the research process (including all known risks however slight associated with participation);
- The full set of inclusionary and exclusionary criteria for participation in the research
- What measures will be put in place to deal with any potential risks to participants;
- If the research involves the taking of samples (e.g. blood, tissue etc.), how those samples will be taken, how they will be stored and how and when they will be disposed of.
- The expected benefit/s of the research;
- For what purpose/ purposes the data provided by them will be used;

- That the data relating to each participant will be kept only for the purpose/ purposes specified (and that it may be included in future publications where that possibility is envisaged by the researcher);

- That data collected will be securely stored and electronic material will be password protected;
- Who will have access to the data and why;
- That all data relating to participants will be kept confidential and anonymity of participants will be preserved (apart from situations where limits of confidentiality and anonymity may apply);
- That any potential limits on confidentiality have been properly explained (for example in circumstances where information is provided by a participant which must be disclosed to the Gardai and/ or other relevant authorities or where material is subject to a court order/ judicial ruling);
- How long the data will be retained by researcher;
- How the data will be disposed of (so as to preserve confidentiality);
- That participation is entirely voluntary and that participants have a right to a 'cooling off period' (where reasonably practicable) entitling them to a change of mind before commencing participation.
- That participants are otherwise free to withdraw from the research at any time.
- That feedback on research findings will be made available to participants and how this will be achieved.

I confirm that the information sheet detailing all of the above will be provided to the participants, (including, where appropriate parents/ guardians/ gatekeepers), and that it is drafted, in terms of the language used, in a manner that is appropriate to the participants involved

I have also included a copy of the template Informed Consent Form to be signed by participants at Appendix II of this form. [x]

I confirm that I have read the IT Carlow Policy on Ethics in Research and the IT Carlow Guidelines on Research involving Human Participants prior to completion of this form. [x]

Learner Declaration:

I hereby declare that the above measures have been taken by me in respect of my proposed research thesis/project/dissertation.

I understand that failure to comply with the above shall constitute a breach of the Institute's policies and procedures regarding research conduct and ethics in research

Learner Signature: Felicity Cully

Date: 27/01/21

Supervisor 1 Declaration:

I declare that I have discussed with the learner the ethical considerations surrounding his/her proposed research and the operation of the control measures indicated above.

Supervisor Name (Printed): _____

Supervisor Signature: _____

Date: _____

Supervisor 2 Declaration:

I declare that I have reviewed the documentation submitted and that all relevant ethical issues in the proposed research have been adequately considered and addressed.

Supervisor Name (Printed): _____

Supervisor Signature: _____

Date: _____

Appendix B – Participant profiles

Table B.1 Participant profiles

Participant	Years of experience	Therapeutic modality	Accredited
Mike	< 10 years	Humanistic and integrative	Yes
Lisa	>10 years	Humanistic and integrative	Yes
Rose	< 10 years	Humanistic and integrative and play therapy	Yes
Tom	>10 years	Humanistic and integrative	Yes
Claire	>10 years	Humanistic and integrative	Yes

Appendix C - Recruitment email

Subject: Research participants for study on psychotherapy with autistic clients

My name is Felicity Connolly and I am currently completing an MA in Humanistic and Integrative Psychotherapy with the Tivoli Institute/ IT Carlow. I am carrying out a qualitative study titled 'Experiences of humanistic and integrative psychotherapists of the therapeutic relationship with autistic clients: An Interpretative Phenomenological Analysis'.

I am looking for psychotherapists who might be interested in participating in this study. Participation would involve being available for a one hour semi-structured interview via Zoom towards the end of February or in March 2021. Inclusion would require the therapist to consider themselves to work in a humanistic and integrative way, be fully accredited, have three years post-qualification clinical experience and to have some experience of working with adult autistic clients.

If you are interested in participating and fit the criteria above, please contact me at felicityconnolly@gmail.com or 0876224488.

Thank you for your time.

Kind regards,

Felicity Connolly

Appendix D – Participant information letter

Researcher Name: Felicity Connolly

Research Title: Experiences of Humanistic and Integrative Psychotherapists of the Therapeutic Relationship with Autistic Clients: An Interpretative Phenomenological Analysis

Supervisor: Janet Murray

Degree Title: MA in Humanistic and Integrative Psychotherapy

Dear Participant,

Thank you for your interest in my above mentioned research project.

My confirmation to you:

- The dignity of and respect for participants will be adhered to at all times.
- Participation in the research is voluntary and all participants have the right to withdraw at any time.
- I have carefully considered the potential physical, psychological and emotional impact of my research on participants and will put in place appropriate safeguards to protect, support and minimise risk to those participating in the project.
- I will not offer incentives to my research participants.

- My methods are respectful and designed to fully consider the needs and vulnerabilities of my participants.
- I will provide a detailed information sheet to all participants.

The following information sheet intends to make each of the following <u>explicitly</u> clear:

The purpose of this research is to explore the lived experiences of Humanistic and Integrative psychotherapists of the therapeutic relationship with autistic clients.

A qualitative research methodology called Interpretative Phenomenological Analysis (IPA) will be used as the framework for exploring and interpreting the data
provided by you, the participant.

You will be asked to engage in a one hour long semi-structured interview. This will be conducted remotely via Zoom or another suitable digital platform and will be scheduled at a time that is suitable for you. Prior to the commencement of the interview you will be asked to read and sign the consent form. There will be approximately 10 questions. The interview will be recorded digitally and later transcribed for analysis.

To be eligible to participate in this study, you will need to be a qualified psychotherapist with a minimum of three years post qualification clinical experience. You will need to be accredited with one or more of the relevant accrediting bodies such as, The Irish Association for Counselling and Psychotherapy, (IACP), The Irish Association of Humanistic Integrative Psychotherapy, (IAHIP), The Irish Council for Psychotherapy, (ICP). Additionally, you will need to consider yourself to work in a Humanistic and Integrative way. Convenient sampling will be used to assemble a participant group with the appropriate experience.

The potential risk identified to participants in this study is minimal. However, in adherence with protocol, a list of relevant supports will be provided.

The expected benefits for you as a participant are that you will have the opportunity to share your clinical experience. It is hoped that this study will be published, adding to the literature and current understanding of the topic, benefitting autistic clients and psychotherapists who work with them.

The information supplied by the participants will be transcribed by the researcher and the contents analysed according to an Interpretative Phenomenological methodology. Samples of this data may be included in an

anonymised format in future publications. Pseudonyms will be used to protect the identity of participants. The final dissertation and the contents of it will be the property of IT Carlow and The Tivoli Institute.

That data collected will only be used for the purposes specified above.

The data will be securely stored and electronic material will be password protected.

The only person who will have access to the raw data will be the researcher for the purpose of transcription and analysis.

All data relating to participants will be kept confidential and the anonymity of participants will be preserved (apart from situations where limits of confidentiality and anonymity may apply).

Statutory limits of confidentiality may apply where there is disclosure of a child or vulnerable person being at risk of harm; disclosure of risk of harm to oneself or another adult; disclosure of unreported child sex abuse. The researcher will work in conjunction with you the participant, to disclose this information to the Gardai and/or other relevant authorities or where material is subject to a court order/judicial ruling.

The data will be retained for a period of not more than two years after completion of the MA dissertation.

After this period in accordance with current GDPR regulations, and in order to preserve your confidentiality, all data, (transcripts and digital recordings), will be disposed of by shredding and/or complete deletion from any computer/recording device.

A cooling off period of a week will apply for all participants entitling a change of mind before commencing participation. Participants are otherwise free to withdraw from the research at any time and without prejudice.

A copy of the final research dissertation can be made available to participants upon request to the Researcher.

Researcher Name: Felicity Connolly

Researcher Signature:

Appendix E – Informed consent form

RESEARCH ETHICS: CONSENT FORM

Full title of Project: Experiences of Humanistic and Integrative Psychotherapists of the Therapeutic Relationship with Autistic Clients: An Interpretative Phenomenological Analysis

Name: Felicity Connolly

Position: Researcher

Contact address: Sherwood Healing Arts Clinic, East Green, Dunmanway, Co. Cork

Please Initial Box

I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	☐
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.	☐
3. I agree to take part in the above study.	☐
4. I agree to the interview / consultation being audio recorded	☐

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Appendix F – Interview schedule

List of interview questions

1. Can you tell me a little bit about your experience to date of working with autistic clients?

2. Where did you learn about autism?

3. How do you imagine your autistic clients feel when they are with you for therapy?

4. How do you go about building the therapeutic relationship with a new autistic client?

5. Can you tell me whether this differs from how you build the therapeutic relationship with your non-autistic clients? (Prompt: can you give examples? Similarities? Differences?)

6. Can you tell me about a time when you felt challenged in your work with an autistic client?

7. Can you tell me about a time you felt satisfied in your work with an autistic client? (Prompt: How are you affected? How do you feel?)

8. What support and advice would you offer to fellow psychotherapists who might work with autistic clients in the future?

9. Have I missed anything important that you would like to add?

Appendix G – Samples of IPA coding of transcripts

The following is an extract from Tom's Interview with original transcript in the centre column, initial coding in the right hand column and emergent themes in the left hand column.

P = participant; I = Interviewer.

Figure G.1 Sample of IPA coding from Tom's transcript

	I 7:14 Okay. And I'm wondering about, how do you go about building the therapeutic relationship with a new autistic client? P 7:27	
Relationship varies client to client Building relationship according to client needs Forming relationship through client's interest	I suppose, again, that depends very much on the autistic client. Am sometimes autistic clients will have very specific areas they're interested in and be quite am, obsessive about those areas. So that can be a good way of forming a relationship in the, to develop a knowledge with them, from them around the areas they're interested in. To talk	How P builds therapeutic relationship depends on the client Some clients have specific areas of interest Obsessive about areas of interest Using clients specific interest to form relationship Learning from client about their interest Talking to client about interest

Exploring client's view of their autism Client perception of their autism Perceived impacts, benefits and costs Helping not labelling Each autistic person so different Differences across autistic clients Different in their relationship with their autism Differences in client perception and understanding Checking how client feels about autism Are clients accepting or only see difficulties	about that. to explore that. Am often I will build a relationship too by exploring their view of their autism, and looking at how they perceive it, what their relationship is with their autism, how they feel it impacts their life, what benefits them, what costs they perceive that it has. So rather than identifying them as a label, it's about helping, because each autistic person is so different, you know, there isn't a one size fits all, there isn't even a one size fits all high functioning, or mid functioning or, you know. They're, each individual is very different. In their, they'll be different with their relationship with their autism, their understanding of their autism, and how they perceive it. Am do they have an accepting relationship with it? Can	Building relationship by exploring client's view on their autism Looking at client perception of and relationship with their autism Perceived mpact of, benefits and costs of autism Not about labelling but helping Each autistic person is so different No one size fits all A lot of variation within autism and functioning levels Each individual is very different Difference in each person's relationship and understanding of their autism Checking do they have accepting relationship Checking can they see strengths

Diagnosis often gives list of what you can't do Focus on deficits limits options Role of therapist as being aware and understanding Important to understand what is challenging for client Asking what can therapist and client do about challenges Grow up with the negatives of autism Autism as a condition Family knowing but not disclosing diagnosis Family hiding autistic identity	they see strengths in it? Do they only see difficulties in it? That's really important. And we always have to remember that diagnoses are often given with a list of what you can't do. And as therapists we have to be really aware of that. Because if all we're seeing is what somebody can't do, then we're limiting their options completely. And I think as therapists what we need to understand is, first of all, what does the person find difficult, what is challenging for them? What are they there for? What bits do they struggle with? But then coming from the point of view of well, what can you do about that? So we often have to remember that people that will come to us will have grown up with the negatives of their condition. Also their	Checking do they only see difficulties Importance of checking acceptance level Diagnosis often gives list of what you can't do Therapists need to be aware of deficit model Only seeing deficits limits options completely Reflecting on role of therapists Most important is to understand what the client finds challenging Asking why client is in therapy Coming from point of view of what can therapist do to address client struggles Remembering clients will have grown up with the negatives of autism Family may not have disclosed diagnosis to client 30 year old men never told about their diagnosis

	family may not have told them about their condition. I've had 30 year old men who've never been told they have autism, and their families know.	Families knowing but not disclosing to child

The following is an extract from Rose's Interview with original transcript in the centre column, initial coding in the right hand column and emergent themes in the left hand column.

P = participant; I = Interviewer.

Figure G.2 Sample of IPA coding from Rose's transcript

	I 20:48 Ah wow. And if I'm remembering correctly, I think you introduced that example, as a, as an example of a challenging one. Did I hear that P 21:01 Yes. I 21:02 Correctly? Okay. So what were the challenges in it for you?	
Challenges of working with somebody who is non-verbal Challenge that level of attunement has to be really high	P 21:07 Yeah, so the challenge would, the challenges would have been em, when you're working with somebody who's non-verbal, your level of attunement has to be really high eh, to make	Challenges of working with somebody who's non-verbal Therapist level of attunement has to be really high

Risk of retraumatising if attunement not really high Voice gives a lot information Tone, speed and prosody of voice gives a lot of information Voice gives therapist information about client autonomic nervous system	sure you're never em, retraumatising somebody. To make sure that you're em, you're picking up on, you know, we get so much information through the tone of voice? Not necessarily the words that somebody's saying? I 21:38 Mm P 21:39 But how quickly they're speaking, for instance. Or somebody can be talking about an experience in an animated way, but then get a flat tone. And so you can tell that there's something in the telling, something has happened in an autonom-, autonomic nervous system level. I 21:59 Okay, P 22:00	High level of attunement needed so as not to retraumatise Make sure you're picking up Tone of voice gives so much information Not necessarily words, but tone of voice gives information How quickly someone is speaking gives information Talking in an animated way and then getting flat tone Can tell something has happened in ANS by change in tone of voice

When voice is missing, therapist is missing potential information Less information on safety and client regulation when voice is missing	So when you're missing the voice, am, you're potentially missing, you know, a lot of what what could be em, good information in terms of safety. Like emotional regulation safety, and your therapeutic practice. I 22:17 Mmm	Missing the voice means missing potential information about safety Missing information on emotional regulation safety

Appendix H – IPA analysis samples

Table H.1 Sample of superordinate themes table based on Lisa's emergent themes

Transcript 2 Superordinate Themes - LISA			
Wanting to connect	**A history of othering**	**Understanding the nuances**	**Identity and expectations**
Client holding gaze as sign of starting to connect	Background in working with people with intellectual disability	Looking at the spectrum	Working in difficult job
Took 6 months for therapist to know there was connection	Big increase in referrals since mid 90's	Interest in difference in client perspective	List of expectations
Therapist visualising self sitting in the corner, high up in room	Historically, little differentiation between different forms of intellectual disability and autism	Continuum from 1 to 10 of people on spectrum	The future; challenges; fears
Visualising self where client's line of sight/ connection was	Experience with adults mainly and some children	Aspergers	Client not able to manage the emotion at all
Therapist need to make client comfortable enough	Focus was on functionality, not diagnosis	Hates using labels	Client presented with terror
Client comfort allowing him to talk about his life	Historically, diagnosis of autism was rare	Highly intelligent people misplaced	Wanting to be the same as everybody else
Very difficult for client to hold gaze	From early 90's, diagnosis increased	I learned at the coalface	Client terror of being made feel different
As the trust built, holding gaze came	Placing autism in historical context in Ireland	Meeting people where they are	Developing sense of self
Therapist 'yes!' moment when she felt connection and trust	Importance of European Convention on Human Rights for disability	Total mismatch in terms of communication	Little room to grow in other relationships
Client holding gaze signifying trust	Increase in funding for service provision	Learned without working clinically	Experience of life was very low
Client looking at therapist meaning he didn't feel threatened	Autistic people had a voice and they were seen for first time	Reflecting on own learning at the coalface	Client didn't feel safe
Emotional connection	Historically, autistic people were hidden away	Learning on the hoof	Sense of self was very low
Therapist using herself and her experience	Change from medical to social model	Meltdowns and challenging behaviours as communication of utter frustration	No room in my head for another room
Many hours of frustrating sessions	Explosion of autistic people staying in their homes and communities	Frustration of not being understood	Client as a sexual being

Always holding the person that's in the room	Community living taking place of institutionalisation	Not fitting into society	
Holding the person	Parents fighting for services	Changing way of being as therapist to facilitate autistic clients	

Figure H.1 Map of theme hierarchy from Tom's transcript

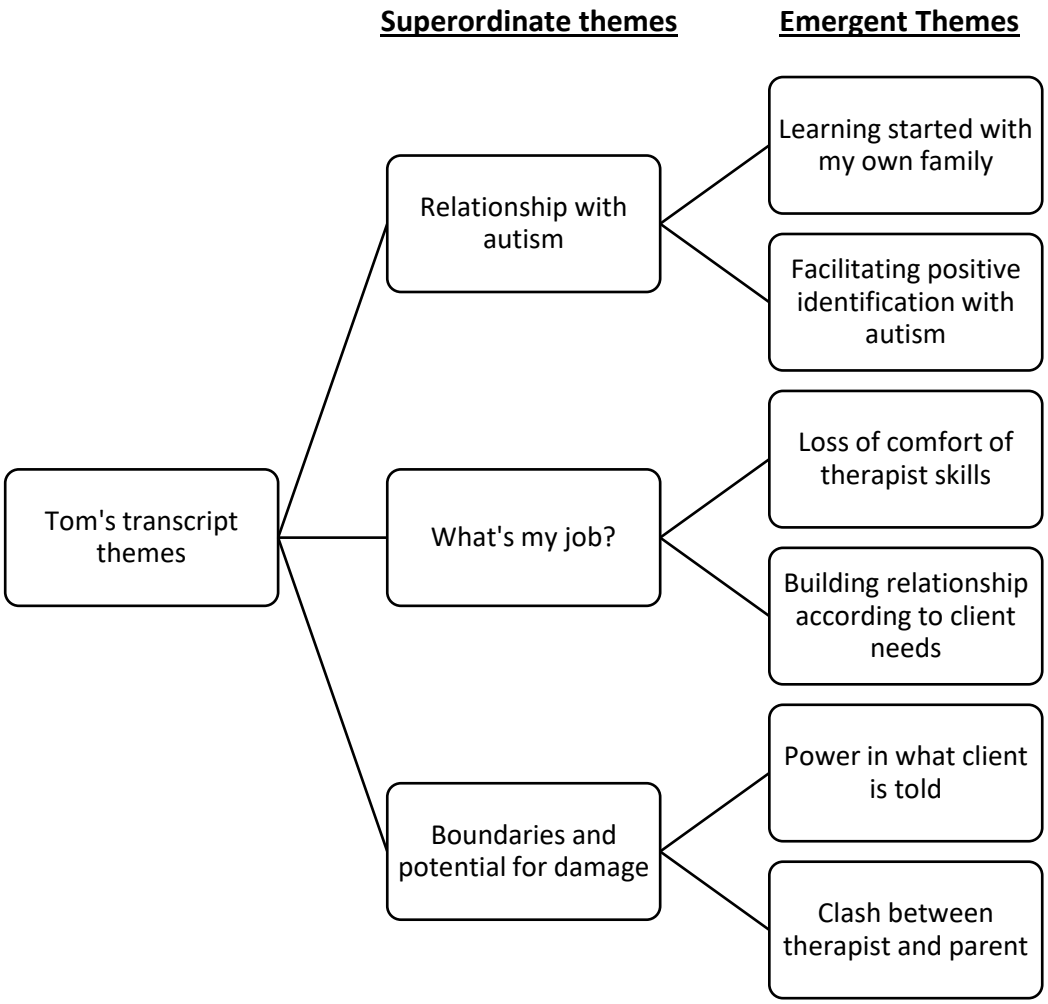

Table H.2 Superordinate themes of each participant

Participant Superordinate Themes				
Mike	**Lisa**	**Tom**	**Rose**	**Claire**
Facilitating Connection	Wanting to connect	Relationship with Autism	Experience of autism	Learning and unlearning around autism
Challenges of relating	A history of othering	What is my job?	Trusting and attuning	Carefully attuning to build trust and safety
Understanding autism	Understanding the nuances	Boundaries and potential for damage	Advocacy and empowerment	Evolving Indentity
Just be the way you are	Identity and expectations			Disconnection and the body
The uncertain self				

Appendix I - Data extracts from transcripts

Table I.1 Data extracts on subordinate theme of 'Carefully attuning to build trust and safety'

Data extracts on subordinate theme of 'Carefully attuning to build trust and safety'	
Participant	**Transcript Extract**
Mike	Oh, yeah, that's where he asked me twice. Heartbreaking to hear it. He said 'um, was that a good session now?' I went aww (laughs). He was like a little delicate. He wanted to know was the session, he wanted.. I said, 'why were you looking..' We explored that one day, like, 'why are you looking for approval? Do ya, do you have to do everything?'. 'Well me Dad's always criticising me.'
Lisa	And, you know, so it came on to himself as a sexual being. Am and that was very difficult for him to express. And it came in time with patience. And me saying to him at times, 'I really understand how difficult this is for you to talk about.' So 'we'll take it at your pace'
Tom	Am it really made a massive difference then to have a safe place to come and talk, where he wasn't judged, where I wasn't shaming, where he was allowed to be a man, a young man with a high sex drive.
Rose	So the relationship built up from that place. From like an early developmental am back and forth where he needed to to know he could trust am.. that I was attuned.
Claire	If they're holding their chest I would mirror that just so that there's a feedback going back to them. Because it can be very, it can be very cerebral and lots of talk. And my interest would be to try and get into the body bec- to get them to get into their bodies, because that's often where the, you know, the stress response is going to be with the anxieties or any traumatic material. It's going to be in the body.

Table I.2 Data extracts on subordinate theme of 'Learning and unlearning'

Data extracts on subordinate theme of 'Learning and unlearning'	
Participant	**Transcript Extract**
Mike	Funny enough now in fairness, the transgender thing is not something I know a lot about but there was more of the male energy off him than there was a female energy. There definitely was even though he was 15. And he was changing to male. Am there definitely was a more male energy. And so that's, I can't I can't say how I quantify that.
Lisa	I have found my experience has certainly led me to, to realize that therapy with somebody that has that has autistic tendencies, am my way of working has been to do it in chunks. So you know, when people are ready to finish I might not necessarily be ready finish.
Tom	I suppose my learning initially started within my own family. And I would have done courses with the HSE originally, but that weren't very beneficial from a psychotherapy point of view.
Rose	If I had gotten something wrong he might have gone back into himself […] So that for him would have just looked like a pause in, in inactivity. So his hand might rest back down. He might sit in silence for another bit and it could be a period of 30 seconds, one minute, three minutes perhaps.
Claire	My son is on the spectrum. But I wouldn't have known that […]But what I know about it now, he definitely, he would have, he's on the spectrum.

Table I.3 Data extracts on subordinate theme of 'The uncertain self'

Data extracts on subordinate theme of 'The uncertain self'	
Participant	**Transcript Extract**
Mike	That's a big question now, how do you work with them? I wonder is there a way you should? Would I be, I'd be working probably

	unsure that I'd be doing the right thing. But it's there, but I wouldn't let that overwhelm me because then I wouldn't be able to do anything […] I like the statement from counselling, 'sitting with the not knowing'. That suits.. that happens a lot (laughs)
Lisa	I had to, to use myself and my experience amm.. in facilitating many different ways and many hours of frustrating sessions as well.
Tom	They want answers. Which is challenging for me as the therapist because that's not my job to give answers. But at the same time, if I just give questions, there is no benefit.
Rose	So when you're missing the voice, am, you're potentially missing, you know, a lot of what what could be em, good information in terms of safety. Like emotional regulation safety, and your therapeutic practice.
Claire	Whereas I know as a therapist one's supposed to, to try as much as you can to- to keep the keep the eye contact but sometimes I don't. And it doesn't seem to upset my other clients. But for them, I think it might. So I'm really careful […] To- to make sure that it's welcoming. That, that the space is welcoming for them to come back into.

Appendix J - Sample entries from reflexive log

Table J.1 Sample entries from reflexive log

Date	Entry
24/01/21	As a researcher – I noticed myself smiling and nodding along to what [name of pilot interviewee redacted] said when I personally agreed with or liked what he was saying. How do I remain engaged with and encouraging of the participant regardless of whether I agree or not. Notice how my bias affects me in interview.
08/03/21	After interview with Mike, I felt excited by what he had to say. I felt a lot of it aligned with my own sense of 'sitting with the not knowing'. I want to allow for this excitement but also be aware this could be a bias which I could let creep into my analysis. I want to learn to leave space and openness in me for difference. Can I really hear and count the things said that don't align with my values/ views? I had an interesting experience several days ago where someone on the Neurodiversity Affirmative Facebook group posted a comparison of NT with ND individuals – I felt judged, reduced to a stereotype and frustrated helplessness. This could be a good insight into how autistic people might feel in a world in which they are a minority and 'othered'.
09/03/21	I have just finished the third interview and am left wondering how much am I getting detail on the lived experience of the therapist ie. His feelings, reactions, frustrations, discomfort. Perhaps I could have asked him to tell me more about how he felt challenged by one of the clients he mentioned who was 'obsessive' around sex […] During the interview I was anxious to move on to next question due to time but am left wishing I

	heard more from Tom about what it was like for him to work with this client/ issue. He brought it up as important and I feel I did not explore/ acknowledge that enough. This is interesting as it shows the 'power asymmetry' in a way because I as researcher decided to ask next question rather than ask further around Tom's example of when he felt challenged. I am wondering at the moment if there is an imbalance between the knowledge I am gaining about the therapists making sense of their clients versus the therapists making sense of their own experiences in session? Perhaps there is a natural tendency in the therapist to want to keep the focus on their clients – slow to reveal their own internal experiences/ vulnerability? As I am coding Lisa's transcript I feel I want to hear more than I am about her feelings – there are hints at her frustration for example but lack of detail on this.
18/03/21	I had interview with Rose two days ago. I felt a brief struggle at the beginning of the interview as Rose did not know how to respond to my question ' how do you imagine your autistic clients feel when they are with you?'. She said each ct is so different and even the same ct can be so different on a different day. I am left wondering about how useful or unhelpful this way of questioning by asking about the general experience of a particular group is. Rose made such a good point that each individual is unique so generalising does not work for her or fit her experience. Yet I also hear shared experiences from the autistic community which I want to learn about and help disseminate this information.
06/04/21	I have felt very stuck for the last week around coding. I have been fearful of not doing it 'right' but am trying to remind

	myself that there is no set way to do this, rather, an intentional reflexive way of my choosing. In my coding of themes, I am trying to balance keeping enough detail with representing my understanding of the processes being described. I find I am leaning more towards capturing the relational processes as I go along, as this is the focus of my research. In assembling the themes into groups of superordinate themes, I first believed I had to include each emergent theme somewhere. Upon further reading of the Smith, Flowers and Larkin book, I now understand that I can 'discard' themes that do not apply to my research question. This makes the task seem so much more manageable. Yet the thought of discarding themes makes me anxious. It feels like I have a lot of power over inclusion and exclusion. I can only try to do this process mindfully and reflexively. Hopefully this period of feeling stuck will prove to be a useful process of fermentation rather than fomentation of thought.
21/04/21	I had a meeting with my supervisor this morning. I am feeling overwhelmed at the moment with the task ahead of me of sorting through the subordinate themes to produce overarching themes. I find myself fearful of not doing justice to my participants, their clients and the autistic community. An issue I have which we discussed in my meeting was around how to decide on what to include and what to leave to the side as I simply cannot include everything in my limited word count. So many interesting themes have appeared and I am challenged by the fact that I cannot discuss and do justice to them all. After talking to my supervisor I feel clearer that I need to focus on the quality of the relationship as represented in the themes. Themes which I have thus far identified including

	attunement, connection, othering, challenges of relating. Given the specific lens of my research question, it is appropriate for this to be my focus in assembling the final themes.

Appendix K – Literature review search terms and dates

Table K.1 Table of literature search terms and dates

Semantic Scholar, Google Scholar and Carlow IT library searches	
Search terms	**Search date**
CBT and autism	14/01/21
Humanistic and autism	14/01/21
Humanistic counselling and autism	14/01/21
Humanistic and integrative psychotherapy and autism	14/01/21
Person centred counselling and autism	14/01/21
Polyvagal and autism	21/02/21
Qualitative and (counsellors or counselors or therapists or psychotherapist or psychologist) and (autism or asd or autism spectrum disorder or asperger's or asperger's syndrome or autistic disorder or aspergers)	21/02/21
(therapeutic relationship or therapeutic alliance or working alliance) and (autism or asd or autism spectrum disorder or asperger's or asperger's syndrome or autistic disorder or aspergers) and (psychotherapy or therapy or counseling)	21/02/21