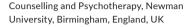ORIGINAL ARTICLE

WILEY

How talking therapists experience working with adult clients who have autism

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Abstract

This research aims to gain new insight by exploring the thoughts, feelings and experiences of therapists working with clients who have autism. Three professional talking therapists participated in the study. Unstructured interviews were conducted and analysed using interpretive phenomenological analysis. Six main themes and 13 sub-themes were found which include therapists' validation of autism, how therapists integrated autism when addressing mental health problems, how their personal experiences of autism impacted on their work and how they experienced the situation in which autism emerges during the therapy. Helpful suggestions are made for clinicians, namely, to zoom-in and zoom-out of autism, hold the knowledge that people with autism process information differently, incorporate working with trauma, consider disclosing a personal connection to autism and consider carefully whether, or not, to tell a client that they may have autism.

KEYWORDS
autism, adults, counselling, psychotherapy

1 | INTRODUCTION

The purpose of this qualitative research study was to explore how talking therapists experience working with adults who have autism spectrum disorder (ASD), otherwise known as autism. Autism is thought to be a neurological condition; however, it is not fully understood and there are no clinical biomarkers. The most likely cause is genetic, and environmental factors are also believed to play a part (Joon et al., 2021). Autism affects a person's ability to process information, which manifests in different behaviours. These behaviours vary from person to person, but may include difficulties with social communication, especially in unfamiliar environments, repetitive restrictive behaviours and sensory sensitivities which can lead to overwhelm (NHS, 2020).

A systematic review and meta-analysis have shown that people with autism have a higher prevalence of mental health problems, including depression, anxiety, ADHD, OCD, sleep–wake disorders, behaviour disorders, bipolar and schizophrenia (Lai et al., 2019). Personality disorders are also found to be more prevalent in people with autism, especially borderline personality disorder in women with autism (Rinaldi et al., 2021). From a diagnostic point of view, the overlap between autism and personality disorders is problematic. First, autism is often overshadowed by another condition, such as bipolar or ADHD (Brown et al., 2019; Saul, 2014, p. 179). Second, there is current debate about whether autism and personality disorders can be differentiated or whether they are comorbid, that is, co-occurring (Rinaldi et al., 2021). There are many unanswered questions in relation to the overlap between autism and mental health problems; however, the need for improved services is clear and well-documented (Murphy et al., 2016).

There is some evidence that talking therapy relieves mental health problems for people with autism (NICE, 2012; NAS, 2020).

Qualitative research findings show that people with autism want their experience of autism acknowledged and want equal access to a full relational therapeutic services (Wilson, 2016; Peckover, 2020). There is also research to show that therapists often do not provide this (Henthorne, 2010; Wilson, 2016; Peckover, 2020; Mack, 2019). This indicates a discrepancy between the needs of people with autism and the service provided by therapists. The research also suggests that the discrepancy may be due to therapists' perceptions of, and attitudes towards, autism. A study with a phenomenological underpinning which explores therapists' thoughts feelings and experiences is, therefore, warranted.

This research paper first presents a thorough review of the literature covering how autism is perceived in society, how autism affects mental health and how autism is accommodated in talking therapy. Qualitative studies which have explored the experiences of therapists working with clients who have autism are reviewed, and the findings are summarised in themes. These themes are acknowledging autism, stereotypical assumptions, separating autism from mental health, thirst for knowledge and persistence.

After the literature review, the methodology takes the reader through each stage of the research process, including recruitment, data collection, ethical considerations and data analysis. The findings are then presented and discussed. Themes cover how therapists validate people who have autism, how therapists integrate autism and mental health care and the challenges that therapists face in their work with people who have autism. Finally, limitations of the research are considered, and suggestions for further research and clinical practice are made.

2 | LITERATURE REVIEW AND RATIONALE

2.1 | Autism as an evolving concept

Autism was first discovered in 1943 by child psychiatrist Leo Kanner (Baron-Cohen, 2015). Since then, decades have been spent developing consistent criteria for medical diagnosis. At the same time, there was growing recognition of the variation in the presentation of autism across people, age and gender (O'Reilly, 2020, p. 143). Autism spectrum disorder is the medical name given to autism in the DSM (DSM 5, 2020). Two main criteria are used to diagnose autism, namely impairments in social communication and repetitive restrictive behaviour. The term "spectrum," coined by Lorna Wing, is thought to be an important addition to encourage criterion to be applied broadly (Wing et al., 2011). As well as being categorised as a mental health disorder, autism is categorised as a disability under the Equalities Act (Gov. UK, 2011).

The medicalisation of autism has been contested by the antipsychiatry and neurodiversity movements. The main points of contest are that one cannot medicalise behaviour and that autism is a way of being that does not require a cure. The counterargument to this is that without medicalisation, the suffering which people with autism experience will go unrecognised (Dyck & Russell, 2019, p. 170).

Implications for Practice and Policy

- Interpreting autism as a difference in information processing may support therapists integrating autism and mental health.
- The notion of zooming-in and zooming-out of autism during counselling sessions may support therapists in validating autism whilst responding to their client's mental health needs.
- Therapists working with autism should incorporate working with trauma.
- Therapists may need to consider whether or not to tell a client that they think they have autism.
- Disclosure of having a close personal connection to autism is a worthwhile consideration when starting to work with a client who has autism.
- All the above would be useful areas to cover in autism training for talking therapists.

Taking a social constructionist point of view, autism is a psychiatric category, a mental health condition, a disability and a natural human variation, depending on one's personal experience and viewpoint (O'Reilly, 2020, p. 144).

Variation in the conceptualisation of autism is reflected in the language used to describe people with autism. Research shows that people with autism prefer disability first, that is autistic person. This is because autism is a key feature of who they are. It also adheres to the principle of positive pronoun before a noun. In contrast to this, health professionals prefer to use person first language, that is person with autism. Reasons stated for this centre around the importance of treating a person as an individual rather than as a condition (Kenny et al., 2016). Within this research paper, person first terminology is used because the findings are aimed at mental health professionals.

2.2 | Autism in society

A survey in England found the incidence of autism in the adult population to be 1% (NHS, 2007). This is thought to be an underestimation because the assessment tools used in the study were based predominantly on male "typical" behaviours (NHS, 2009). Studies have indicated that the incidence of autism in the adult population is significantly higher (Mandell et al., 2012; Brugha et al., 2018). The considerable challenges that adults face, particularly women, when seeking an autism diagnosis are well-reported and include extremely long waiting times, biased attitudes of health professions and inadequate assessment tools (Organisation for Autism Research, 2018). Diagnostic overshadowing, which is when autism is covered up by another condition, is also thought to be a barrier to diagnosis (Rinaldi et al., 2021; Brown et al., 2019).

The dominance of the medical perspective means that the DSM criteria, based on male "typical" behaviours, are frequently used to define autism within the literature and the media (Mandy, 2018). This may have contributed to stereotypes of people with autism, which are prevalent in society (Wood & Freeth, 2016; ALP, 2022; Draaisma, 2009).

2.3 | Mental health and autism

Autism is passed on through generations and has a snowball effect on mental health, that is, parents with autism struggle to raise children who also have autism (DeWeerdt, 2017). The fact that people with autism can go unidentified for years may compound their suffering because of living with a feeling of difference (Lehnhardt, 2015; Loomes, 2017). A phenomenon called masking is when, from an early age, people with autism deny their true feelings and develop compensatory "built-in" strategies, so that they can fit in socially (Lehnhardt, 2015). It is thought that masking is comparable with developmental trauma in that, from an early age, feelings are split off and the true self is denied (Grandin et al., 2019, p. 9). The overlap between autism and personality disorders has also been described in terms of shared phenomenology, resulting in an unsatiable appetite for love or a grandiose sense of self (Rinaldi et al., 2021).

Given that the incidence of autism is at least 1%, and the increased risk of mental health problems for people with autism, there is a need for research which explores the provision of talking therapy for people with autism. Furthermore, it is important that any research which is undertaken does not exclude people with autism who have already been excluded by an inadequate diagnostic system. For this reason, this research seeks to explore talking therapists' experiences of clients who self-identify as having autism and those who have a diagnosis.

2.4 | Talking therapies for people with autism

There is evidence to suggest that short-term cognitive behavioural therapy (CBT) may reduce anxiety in adults with autism (NICE, 2012; NAS, 2020). Less research has been carried out into the effectiveness of longer term therapies, which have a relational approach (NICE, 2012; NAS, 2020). A relational approach is commonly defined as a collaborative relationship between the client and the therapist, which serves as a model for future relationships (Psychology Today, 2022). Although not peer reviewed, there are research dissertations published online which explore the counselling experiences of people with autism and the experiences of talking therapists who have worked with clients who have autism. These studies include counselling provided by private practitioners using a range of therapeutic approaches, including relational open-ended therapy. The findings consistently suggest that people with autism want access to a full relational therapeutic experience,

which includes being challenged by their therapist (Wilson, 2016; Peckover, 2020; Mack, 2019). In a peer-reviewed composite case study, Gould (2018) demonstrated the benefits of psychodynamic psychotherapy for women who have autism. Peckover (2020) found that some participants preferred private psychotherapy because the relationship with their therapist felt more equal and collaborative compared with the relationship they experienced with an NHS therapist. Wilson (2016) and Peckover (2020) consistently found that clients with autism valued their therapists being open-minded, curious and embracing their individuality. For most participants, this was more important than their therapist's knowledge around autism, providing that their experience of autism was acknowledged and accepted. In view of the findings that clients with autism value a full relational therapeutic experience, it was decided that this research study would only include therapists who take a relational approach. This will increase the relevance and usefulness of the research findings.

Two PhD theses by Mack (2019) and Henthorne (2010) have explored the experiences of therapists working with clients who have autism. The more recent thesis by Mack (2019) was carried out in Canada, which, in terms of counselling services, has a similar profile to the UK (KCPC, 2022). On comparing the findings from these theses, and the findings from the research dissertations on counselling experiences of people with autism, five themes emerged. These are separation, acknowledgement, stereotypical assumptions, thirst for knowledge and persistence. Inevitably, these themes are influenced by the author's personal feelings towards autism; however, the themes fit into the wider context around autism, such as the medicalisation of autism and the increased risk of mental health difficulties, thus demonstrating reliability.

2.5 | Separation

As mentioned earlier in the literature review, for the purpose of making accurate clinical diagnoses, the medical profession has voiced a need to differentiate autism from mental health disorders (Rinaldi et al., 2021). In relation to the provision of talking therapy, separating autism also appears to be an issue. For instance, in Mack's study (2019), half of the participants only worked with clients who had autism. Published expert opinion suggests that counselling people with autism is seen as a specialism requiring specialist knowledge and a tailor-made therapeutic approach. Autism-friendly counselling models designed to accommodate typical behaviours associated with autism are advocated by Strunz (2018), Rosslyn (2018) and Nicholson (2016). The opposite opinion in relation to counselling people with autism is also evident. In a recent article, Gregory (2020) advocated the suitability of gestalt therapy for people with autism and recommended that therapists do not acknowledge autism for fear of damaging the client's self-esteem.

People with autism are also separated in terms of the type of therapy that they are offered. The NHS and the National Autistic

Society suggest that people with autism are less suited to analytical therapies and more suited to structured, solution-focussed therapies (NICE, 2012; NAS, 2020). Indeed, the literature on talking therapy for people with autism indicates that CBT is more common (Peckover, 2020; Mack, 2019; Wilson, 2016). Henthorne (2010) carried out a PhD thesis on psychoanalysts' beliefs and experiences around clients with autism and found that therapists held back their analytical approach for fear that it was not suitable. The findings indicated that the decision to hold back was based on an assumption that a person with autism had set characteristics rather than psychological manifestations (Henthorne, 2010).

As well as separating clients with autism from other clients, there was also a tendency to separate clients' autistic traits from their mental health issues (Mack, 2019). This was also the case for some clients (Peckover, 2020). This echoes the finding in Henthorne's (2010) study and, again, was associated with therapists and clients assuming that autistic traits are set behaviours, which define a person, as opposed to being coping strategies that may or may not need to be worked with. In contrast to this assumption, some of the therapists in Mack's study held the view that people with autism have mental health difficulties which need to be addressed just the same as everyone else. As this quote demonstrates:

if you like excuse it because of autism, that doesn't make sense. If you took the autism away, anybody else that came in with that set of problems, you'd say, yeah, we need to process through that, you need to heal from being bullied .... and I'm like people on the spectrum need those exact same things. (Mack, 2019, p. 195)

2.6 | Acknowledgement

In the study by Mack (2019), all 11 participants talked about the importance of validating their client's feeling of being different and their lived experience of autism. This level of understanding came from the therapist's experience of having a friend, relative or close family member with autism. In contrast to this finding, three separate studies showed that some therapists dismissed autism in their clients (Wilson, 2016; Peckover, 2020; Henthorne, 2010). In Henthorne's (2010) study, psychoanalysts disbelieved clients' diagnoses of autism because they did not fit their preconceived ideas about how clients with autism present.

2.7 | Stereotypical assumptions

The literature consistently demonstrates the negative consequences of stereotypical assumptions held about people with autism. Henthorne (2010), Wilson (2016) and Peckover (2020) found that stereotypical assumptions can lead to therapists dismissing autism in their clients or withholding beneficial therapeutic interventions. A key component of this research, therefore, is the exploration of therapists' beliefs about autism and how those beliefs influence the work with their clients.

2.8 | Thirst for knowledge

Many of the participants in the study by Mack (2019) felt strongly that counsellors working with clients with autism should have specialist knowledge and education. Interestingly, those who had received education felt disappointed with its effectiveness. Some of the participants felt that only experience of counselling people with autism had prepared them for working with the condition. Henthorne (2010) found that therapists' lack of knowledge about autism was compensated by them being empathically attuned to their clients, enabling them to adjust their communication, so their clients could understand and engage fully with the therapy.

2.9 | Persistence

All participants in Mack's (2019) study reported feelings of doubt in their ability to work with clients with autism. Some participants sensed that suicidal ideation was more marked, and defences were more embedded in clients with autism. There was a feeling of frustration, anxiety and "getting stuck," which mirrored the client's experiences. Slow progress, being patient and persistent, was another dominant experience of the participants in Mack's study. This was accepted and understood to be a consequence of the processing delay which is a key feature of autism (NHS, 2020). Interestingly, therapists reported a strong sense of reward and personal and professional development. These benefits were directly linked to the struggles with clients who have autism, which had taught them to be persistent, direct and authentic with all of their clients.

The slow progress of clients with autism reflects the findings of a large ($N = 40{,}792$) quantitative study (Anderberg et al., 2017). In this retrospective comparative study, people with autism achieved the same level of benefit from counselling as neurotypical people after receiving, on average, twice as many sessions. The study concluded that counselling takes longer to improve mental health for people with autism. This finding reflects the research, presented above, on people with autism having increased mental health problems.

2.10 | Research aims

There is a clear rationale for a British study to explore the beliefs and experiences of relational therapists working with clients who have autism. This study aims to explore the following:

- How therapists experience clients with autism
- How therapists' beliefs about autism influence the therapeutic relationship and their therapeutic approach
- What are the challenges of working with clients with autism and how are these managed?

3 | METHODOLOGY

3.1 | Recruitment and participants

The researcher posted a message on three online UK counsellor Facebook groups. These were Counsellors UK, Counsellors in Birmingham and Counsellors Connect. The message briefly advertised for study participants and provided a link to a recruitment notice on the BACP research notice board. All Facebook group administrators provided implied consent to use the group to recruit research participants. The researcher was not known to the groups before the advert was posted, which reduced the possibility of recruitment bias and ensured equitable access to participation (BPS, 2017).

Within a week of messages being posted, three therapists offered to participate. Once the inclusion criteria had been established via email, prospective participants were sent a participant information sheet and a consent form. Once the consent form had been signed and returned, a participant number was sent along with a demographic questionnaire and suggested dates for interview.

Participants met a minimum professional standard of being a counsellor or psychotherapist registered with a UK professional regulatory body, such as the United Kingdom Council for Psychotherapy (UKCP) or British Association for Counselling and Psychotherapy (BACP). All participants classed themselves as having a relational approach, which was professionally and academically defined on the recruitment notice. All participants practised in the UK, were English speaking and provided talking therapy to adults in the general population. Excluding participants who specialise in autism aimed at increasing the relevance and transferability of the study findings to general counselling services (Smith et al., 2012, p. 51). All participants had worked with a client with autism within the previous three years and so were able to remember a reasonable amount of the experience. The table below shows participants' clinical experience and their experience of autism.

3.2 | Participant profiles

Pseudonyms are used for participants to maintain confidentiality.

	Qualification and clinical experience	Experience of clients with autism	Personal experience of autism
Anna	Foundation degree in integrative counselling. Part-time private practice since 2021	Medium-term therapy (>6months) with several clients with autism	Daughter has autism. Previously volunteered for Autism West Midlands
Bill	MSc in integrative psychotherapy. Full-time private practice for four years	Medium- and long-term therapy with several clients with autism	Previously worked as a teacher in a mainstream school during a time when many children received an ASD diagnosis

	Qualification and clinical experience	Experience of clients with autism	Personal experience of autism
Carol	Level 4 integrative counsellor. Three years of experience. Part-time private practice and part-time school setting	Five weeks with one male adult	Son has autism. Works in a mainstream school with higher than average number of children diagnosed with autism

3.3 | Data collection

Semistructured interviews were conducted via the Zoom video platform. Providing the necessary technology is accessible to participants, and the subject area is not sensitive, video interviews are thought to be an effective alternative to face-to-face interviews in qualitative research (Nehls et al., 2015). Video interviews also allowed for the recruitment of participants from a wider geographical area. All the interviews lasted between 50 and 60 min. One interview was interrupted for five min whilst Internet coverage was improved. The missing dialogue was repeated.

3.4 | Ethical considerations

The ethics application for this research covered informed consent, confidentiality, data protection and the withdrawal procedure. Ethical approval was given by Newman University.

Participants were informed that confidentiality would only be breached if they disclosed intent to harm themselves or others, and in such an event, contact numbers for support organisations would be given. In case the interview raised difficult questions for the participant about their personal experience of autism, contact details were given for the National Autistic Society, Autism West Midlands and counselling services at Newman University.

3.5 | Data analysis

The step-by-step guide to interpretative phenomenological analysis (IPA) provided by Smith et al. was followed (2012, p. 82). A reflexive statement was kept in the author's view at all times to reduce bias interpretation. The three transcripts were consecutively analysed. Points of interest in relation to the study aims were identified within the data. The points of interest were described, linguistically analysed and conceptualised. These coded data were then summarised into themes, which were linked back to the data. This process formed a series of electronic tables, which were checked by the author's research supervisor.

Joining the themes across participants was more difficult, but the author kept the aim of finding shared meaning in mind. Themes

were renamed, joined together, split between other themes and subthemes. Several cycles of this process were carried out until the research supervisor was satisfied that the themes and subthemes sufficiently represented participant quotations. Because only data that were relevant to the research aims were coded, when divergent data emerged, they formed a theme on their own rather than being discarded.

4 | FINDINGS AND DISCUSSION

Six superordinate themes and 13 subthemes were produced.

4.1 | Theme 1: Validating autism

All the participants validated their clients' experiences of having autism. This theme also encompasses how participants validated autism and how the knowledge that their client had autism influenced the therapy.

For Anna, validating and empowering people who had lived with a sense of being wrong was her personal ethos and her passion:

...she felt that instantly that she could just talk about herself and there was no sort of – that look of you know – that's weird. It was instantly, you know, understanding and acceptance. So that's where I sort of – that's how I work - that's how I roll really, that sort of attitude, I guess and philosophy. (Anna)

Bill had a phenomenological ethos, and he entwined autism and human experience when validating clients' experiences of autism:

There are clearly autistic traits, but I'm not looking to fit the client into those traits. I'm looking for the client to tell me about those traits, um, because they are expressed in different ways with different people, just like anything. (Bill)

Carol wanted to support her client's knowledge of autism and support him on his journey of discovering himself as an adult with autism:

...have a chat more about what he knows about autism and how he's understanding the condition. ... I'm hoping to support him with – with that journey. (Carol)

4.1.1 | Zooming in to autism

At times, the therapists "zoomed-in," and autism was at the forefront of their minds when making clinical interventions:

And the way he was asking for help wasn't so much how do I understand myself better, but what do I do. Which again, is more of an autistic sort of question. Um and a light bulb came on for me. And I said to him, when somebody asks you a question about what you are interested in, I wonder what would happen if you tried giving a couple of sentences, like a headline. (Bill)

As well as being at the forefront of the therapists' minds (illustrated above), the subject of autism was sometimes at the forefront of their work:

If someone in the assessment, and this particular client where she - she comes with it, it's definitely a conscious thing because it's – it's of the work she comes with .....so it's the focus. So I might explicitly bring it in ... (Anna)

4.1.2 | "Autism at the back of my mind"

As well as focussing on autism, therapists talked a lot about it being at the back of their minds:

It's just probably connected to autism. So that means I'm aware of that and I'm monitoring that at the back of my mind. (Carol)

...definitely with communication, there's something about holding in mind. (Anna)

This "mindful" approach went hand in hand with making necessary adjustments—adjustments which aimed to make the therapeutic work possible, for example a slower pace, uncluttered therapy room and nonjudgemental attitude.

So I would be very conscious of the pace of the sessions .... And sensing how much they are taking in. (Anna)

I definitely think about sensory stuff, about the room, about what might be affecting them. I think about the time of the appointment. (Anna)

So this Peter Brugal painting, it's really really busy and if I think a client may be autistic or they tell me they are, I'm not going to stand in front of that painting. (Bill)

4.1.3 | A difference in information processing

A consistent consideration for participants was that clients who have autism take in a lot of information at once. This was almost like an autism trademark used by the therapists to attune themselves to clients with autism.

Let's just remember that it's a difference of how they take in information, retain it, understand it .....there's a difference there. So I definitely have that in mind. (Anna)

But one autistic process is the inability to differentiate ....it's all incoming information. (Bill)

As well as the literature which showed that validation is what clients with autism want (Wilson, 2016; Mack, 2019; Peckover, 2020), there is evidence that validation is psychologically beneficial for adults who have autism (Cage et al., 2017) and counters trauma associated with masking (Bradley et al., 2021). The data showing that therapists validated clients' experiences of autism, and attached significant importance to validation, were significant. It also complements the findings of Mack's Canadian study into the lived experiences of therapists providing counselling to clients with ASD (Mack, 2019). The nature of the

validation that the study participants provided was influenced by their personal values. This demonstrated a person-to-person relational approach, which, in itself, is healing (Clarkson, 2003, p. 15).

Not only did the study participants validate their clients' experiences of autism, they also attuned to their clients' experiences of autism. This included making focussed clinical interventions (zooming-in) and more subtle adjustments to therapy (zooming-out). Holding autism at the back of their minds enabled the therapists to make clinical interventions which focussed on mental health, whilst making subtle adjustments to accommodate their clients' experiences of autism. One can infer that this attunement was supported by the knowledge that autism is a difference in information processing as opposed to the perception of autism as a set of predefined characteristics.

4.2 | Theme 2: "Human experience regardless of autism"

Integrating autism with human experience was an issue for all participants. Carol struggled to integrate autism with human experience, which accounts for the subtheme "fragmented."

Bill felt strongly that clients with autism should not be labelled and stereotyped:

One thing that's really really important to me is that no person is an example of a label. A person is a person themself and so theory is really helpful to give us a structure within which we think about and converse with the client, but the mental structure is not the client, and we should never mistake one for the other. So, in that sense, there is no such thing as an autistic client. (Bill)

This philosophy allowed Bill to focus on the client's mental health problems:

The other thing that is really important to me in terms of thinking of the client as an individual person in their own right, and not an example of a label, is that one of the reasons I ask in the assessment for five words to describe each developmentally important person, is because that tells me about their human experience, regardless of autism. (Bill)

Anna used the therapeutic relationship to attune herself to the "whole" person and to integrate autism with the client's experience:

For me, the therapeutic relationship is everything, so I think I'm pretty consistent with whoever I'm with. I do meet whoever I'm with where they are at and join them and just try to understand them and, yeah, get them, so that's what I do regardless of who I'm sat in front of … (Anna)

The findings above contrast with the literature which has shown that some therapists perceive autism to be set behaviours rather than everchanging human experience. Bill clearly rejected the medicalisation of autism. It could be inferred that the integration of autism and human experience reflects a move in society towards the view that autism is natural human variation. Regardless of the underpinning ethos, therapists are validating

clients' experiences of autism whilst providing a full therapeutic service to individuals with mental health needs. However, not all the study participants found ways to integrate autism and mental health.

4.2.1 | Fragmented

Carol felt that the sessions with her client were separated into talking about the client's autistic traits and talking about everyday issues.

…how much energy I'm going to devote to looking at the autistic traits. Would that be beneficial to bring to the session, how he sees himself, or am I going to be giving that person centred support of his everyday challenges………. I feel it's a little bit fragmented. (Carol)

Carol's fragmented feeling reflects the findings of the literature review which showed a tendency of therapists to perceive autistic traits as set behaviours and to separate them from mental health problems. This may stem from the traditional medical view that experiences are either biological or psychological, nature or nurture. Carol's experience raises two questions. First, could autistic traits be used to excuse clients' distorted perceptions of reality that would benefit from clinical interventions? Second, does thinking in terms of autistic traits interfere with a therapist's ability to recognise distorted perceptions? In Mack's study (2019), therapists had a feeling of "getting stuck," which might be explained by their judgements being clouded by a perception of set autistic traits as opposed to more fluid human experience.

The integration of autism with human experience, within the therapeutic space, reflects the wider picture of autism in society. As described in the literature review, the medicalisation of autism and the need to make meaning, which is intrinsic to human nature, has led to predefined autistic traits which therapists sometimes use to stereotype (Henthorne, 2010; Wilson, 2016; Peckover, 2020). The difference in the experiences of the study participants in separating and integrating "autistic traits" could be interpreted as the ability of the therapists to resist the need to make meaning, to resist the medical definition and stereotypes of autism. The difference is also likely to be influenced by the therapist's personal values and therapeutic approach. From the findings, one can postulate that the interpretation of autism as a difference in information processing may help therapists to attune to the mental health needs of people with autism and avoid perceiving them in terms of set traits.

4.3 | Theme 3: Developmental trauma

All the therapists talked about their clients having difficult relationships with parental figures and difficult childhoods. One of the participants went into a lot of detail about how he experienced clients who had autism and had suffered developmental trauma. This formed the subtheme "manifestations of trauma and autism."

4.3.1 | Integrating trauma

For clients who had grown up with undiagnosed autism, Anna's clinical interventions aimed at integrating trauma. This involved teaching her clients the basic principles of polyvagal theory and how their body responds to stress in various contexts:

... there is work there because we talked a lot about um her nervous system and this sort of sense of safety seeking all the time, and if there's not that, then there's just anxiety constantly.....like I talk about that with all my clients, because I actually think that's quite central to anxiety, and it's made sense to her. (Anna)

4.3.2 | Manifestations of autism and trauma

Bill talked about developmental trauma at length and what he had learnt over the years of working with clients who had autism. Bill observed that autism and developmental trauma had similar manifestations, such as a cognitive and emotional split, and the need for order and structure to reduce anxiety. Furthermore, Bill believed that clients who had autism and had also suffered developmental trauma had more entrenched manifestations:

But if the person is autistic, that vertical split will have three walls instead of one, typically because of, well, whatever we think autism might be .... Um, but whatever it is, one of the typical features is, as I say, is this um, this split between emotion and cognition, which is typical of avoidant attachment, but is exaggerated in somebody who's autistic. (Bill)

Within the autism research community, the subject of trauma has recently gathered momentum (Morgan & Donahue, 2021, p. 24). There is evidence to support Bill's experiences and beliefs about the manifestations of autism being similar to the manifestations of developmental trauma (Morgan & Donahue, 2021, p. 93). There is also evidence to support Bill's experience of the manifestations of developmental trauma being more entrenched in people with autism (Morgan & Donahue, 2021, p. 96). These findings may explain the results of the quantitative study by Anderberg et al. (2017), which found that people with autism take significantly longer to benefit from talking therapy than people who do not have autism. Unfortunately, this study did not retrieve data on participants' experiences of the length of therapy. This would have been a useful area to explore with participants.

Bill and Anna experienced working directly with trauma, and this was in response to how their clients felt and behaved, irrespective of whether the client's history was autism alone or autism and developmental trauma. This demonstrates the integration of autism and mental health in which the client's experience can be viewed as an unhelpful manifestation of autism which needs to be addressed in therapy, rather than a set characteristic which has to be accommodated. The study findings also demonstrate how the diagnostic problem of differentiating between autism and mental health disorders becomes unimportant when people with autism attend therapy. This is because therapeutic interventions are tailored to their needs, irrespective of whether the client has autism or borderline personality disorder, or both.

4.4 | Theme 4: "It's personal"

Two of three participants had a personal connection to autism. In relation to their work, this affected them in both negative and positive ways.

4.4.1 | Personal experiences enhancing attunement

Both Carol and Anna had a child with autism, which helped them to convey a deep understanding to clients who had autism.

...a daughter ... seeing the pain and the suffering of being misunderstood and I get quite emotional. So, it's, it's uh, it's personal to me in that I see how difficult it can be ... (Anna)

4.4.2 | Personal experiences getting in the way

Carol and Anna also felt that their personal experience could potentially cast a shadow over the therapeutic relationship.

So I've got -I've always got a lot of guilt about that (misunderstanding) as a mom - so I'm very – I'm very conscious of that and I – I go to personal therapy and I take that there and – and process it, process that there. Um and I would take it to supervision if I thought it was getting in the way. (Anna)

That journey I went through with my own son, and I'm, I'm very aware of my strong connections with that experience where this young man is going, and I'm trying to make sure that I get to know my client rather than trying to, you know, think of my own experiences. (Carol)

Within the wider literature, sameness between a client and therapist is seen as an advantage in terms of establishing an initial rapport (La Roche & Maxie, 2003). Indeed, this would appear to be the case in relation to autism. However, both Anna and Carol were concerned that their personal experience may lead to a disruptive countertransference. Ridley (1995) raised the risk of therapists' overidentification with clients and suggested that where there is emphasis on shared experience, the opposite experience may be overlooked. In relation to Anna, who identified with the clients' need for empowerment, it may be worthwhile for her to consider whether her clients have grandiose or narcissistic tendencies.

La Roche and Maxie (2003) suggest that when therapists disclose a similarity to their client, the client is more likely to realise and integrate differences, which is associated with an increased sense of self and personal growth. The literature and study findings would suggest that disclosure of having a close family member with autism is an important consideration for therapists when they start to work with a client who has autism. They should, however, be cautious that the opposite issue, to the one that they identify with, is not being overlooked.

4.5 | Theme 5: To name or not to name autism

A theme which emerged for both Bill and Anna was the dilemma of whether to discuss autism with clients who they felt had autism, but who were not aware of it themselves. Working through the dilemma was a much more difficult experience for Anna.

4.5.1 | An important decision

The consensus here was that whether to name autism or not was an important decision to make. In making the decision to bring up autism, Anna sought support from her supervisor:

I took this particular client to supervision because I could - I could see, I didn't know exactly what was going on but I could see the worst scenario diversions - there was just a lot of boxes being ticked …. so we talked about it and he said 'I think I agree with you, I think that could explain a lot of what's going on. Um I think you should name it' … and in the end I did. (Anna)

4.5.2 | A difficult decision

With a different client, Anna decided against naming autism. Whilst keeping the thoughts about autism to herself, Anna experienced a lot of frustration:

We're holding a lot and we're keeping that because it's for them to discover for themselves at their pace …And even at that point, I'm like 'ok, if you want to talk a little bit more about it'; inside I'm screaming. (Anna)

4.5.3 | "Not a concern"

Bill, however, was of the opinion that unless autism concerned the client, it would rarely be necessary to address it in therapy:

…and usually for me the answer is no, because it's not the client's concern, why would I introduce it? (Bill)

The difference in Bill's and Anna's feelings about not telling a client may reflect their personal philosophies and therapeutic approach. For example, Anna believes the recognition of autism in oneself is empowering whilst Bill is concerned that the label may overshadow the importance of human experience.

4.6 | Theme 6: "Tangents"

Working with clients who have autism could often be an intense experience. Participants frequently experienced information overload, which caused them to lose their train of thought. Despite this, participants demonstrated resilience and found ways to work through their clients' tangents, which are presented as two subthemes: "persisting with challenge" and "persisting with basic skills."

…And sometimes the free-wheeling of the conversation that one point leads to a tangent, to another tangent, to another tangent, and before you know it, you don't even know what we're talking about anymore. (Bill)

In her interview, Carol frequently recalled feeling overwhelmed with all the topics and talking that her client brought to the sessions:

He brings an awful lot of things to the session. He crams it in so I feel kind of overwhelmed. (Carol)

4.6.1 | Persisting with challenge

Both Bill and Carol were persistent in their approach. Bill gently challenged his client:

It's really important with an autistic client …to keep them on track, to try and pull them back from the tangents, to explicitly say 'I want to know about this very well defined piece of your experience' but also because that's a very – because they're prone to the cognitive experience and there's this vertical split between the cognitive and the emotional, to keep asking about the emotional aspect of it … (Bill)

4.6.2 | Persisting with basic skills

Carol returned to basic counselling skills which she believed in and which supported her when she was feeling overwhelmed:

I just have to listen carefully and carry on the basic uh skills such as paraphrasing, summarising and validating him. (Carol)

This finding raises the challenges that may be experienced by therapists when counselling clients who have autism. It links with the experiences of the therapists in Mack's (2019) study, who felt stuck and frustrated with their clients, but they persisted, and consequently felt a sense of personal and professional development. Carol demonstrated resilience by trusting in herself and the therapeutic process. Bill managed to maintain his presence and challenge his client's cognitive and emotional disconnection. As it did for the participants in Mack's study, this resilience and persistence will hopefully provide growth and development for the study participants and for their clients.

4.7 | Limitations of the research study

During data analysis, there was tension between representing individual participant experiences and identifying commonalities across participants. This limited the generation of unique themes and may have reduced the depth of the findings (Noon, 2018). To overcome this problem, a greater sample size or a more homogenous sample would be required (Smith et al., 2012, p. 50). Another potential limitation was the language barrier of one of the study participants (English was not her first language). This may have reduced the linguistic element of data analysis which requires clear, rich responses (Noon, 2018). Nevertheless, the

findings were unanticipated, whilst being relevant to both the literature and to clinical practice, thus reinforcing trustworthiness and transferability.

4.8 | Suggestions for future research

- Further qualitative research should be carried out into the experiences of therapists working with people who have autism, with homogenous samples of less experienced therapists, more experienced therapists, specific backgrounds and personal experiences of autism.
- Quantitative research investigating therapy outcomes, with the focus on trauma, for people who have autism may also be a worthy avenue for future research.
- Qualitative research to explore the experiences of therapists when autism emerges in therapy is also warranted.

4.9 | Suggested learning points for clinical practice

- Interpreting autism as a difference in information processing may support therapists integrating autism and mental health.
- The notion of zooming-in and zooming-out of autism during counselling sessions may support therapists in validating autism whilst responding to their client's mental health needs.
- Therapists working with autism should incorporate working with trauma.
- Therapists may need to consider whether or not to tell a client that they think they have autism.
- Disclosure of having a close personal connection to autism is a worthwhile consideration when starting to work with a client who has autism.
- All the above would be useful areas to cover in autism training for talking therapists.

5 | CONCLUSION

This research has explored talking therapists' experiences of working with people who have autism. The literature consistently demonstrates that people with autism want and need acknowledgement of their experience. They also want access to relational psychotherapeutic services which both support and challenge them. The literature which explores both clients' and therapists' experiences of talking therapy would suggest that this is not always achieved. The perception of autism as a medical condition may be the cause of therapists treating autism as a separate mental health category with predefined set traits. It remains to be seen whether this will be addressed by the concept of neurodiversity gaining prominence over the medicalisation of autism.

Three semistructured interviews, analysed with the IPA method, produced six superordinate themes and 13 subthemes. Overall,

validating people who have autism was the primary experience for the therapists. There was also a commitment to work with, and to improve, the mental health of an individual with unique life experiences. Therapists employed strategies to do this, including bracketing their personal experiences and emotions, maintaining an open mind and curiosity, holding autism at the back of their mind and holding a perception of autism that penetrated predefined "autistic" characteristics, which is that people with autism process information differently. The way that the therapists integrated autism into trauma work was a perfect example of how autism can be integrated clinically to address mental health needs of a unique person with unique life experiences.

There are suggested learning points for clinical practice which could support therapists in their work with clients who have autism. The key message to clinicians is to zoom-in and zoom-out, whilst holding in mind that people with autism have a difference in information processing. More research is needed into the experiences of talking therapists particularly in the areas of trauma work, as well as therapists' experiences of autism which emerges during therapy.

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