Look at me when I'm talking to you:

A psychotherapeutic exploration into working with adults with High Functioning Autism/Asperger's

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Abstract

Studies indicate that the rates of diagnosis of ASD are rising. Despite the fact that it is a lifelong disorder, much of the current literature focuses on ASD in childhood. There is no consensus on its treatment in adulthood, and just a small body of literature exists around psychotherapy as a medium of working with adults with High Functioning Autism/Asperger's. Using Thematic Analysis, this qualitative study offers an insight into the work of five psychotherapists who work specifically with adults in this field. Three themes emerged from this study: "the therapeutic relationship", "challenges within therapy" and "the creativity of the therapeutic process". The findings of the research indicated that although working with adults with HFA/AS brings challenges to traditional psychotherapy; the very nature of psychotherapy lends itself to the malleability that is required to work in this area.

A willingness to be flexible, a viewpoint of ASD as a way-of –being as opposed to a diagnosis, and the openness towards incorporating an educational aspect to the therapeutic work were found to be factors necessary for psychotherapists working in this area.

"You can't judge a person by their looks. But once you know the other person's inner self, both of you can be that much closer. From your point of view, the world of autism must look like a deeply mysterious place. So please, spare a little time to listen to what I have to say"
(Higashida, 2013, p.17).

Chapter 1: Introduction

"We are not people made of Lego blocks that can be taken apart and put back together so that autism is no longer part of the puzzle. Our autism is not distinct from our being; it is infused in us down to our cellular core"
(Grandin & Barron, 2005, p.53).

1.1 Background and context

Until the publication of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders [DSM-5] in 2013, Asperger's Syndrome [AS] and Autistic Disorder were categorised separately, but now both come under the umbrella categorisation of Autism Spectrum Disorder [ASD]. High Functioning Autism [HFA] is a term used to distinguish between high and low functioning forms of ASD, and refers to a less acute form of the disorder. ASD, as described in the DSM-5, is a neurodevelopmental condition, which damages an individual's ability to interact and communicate with others, and is categorised by delays in language and communication development, which occur before the age of 3. Individuals also experience difficulty in mutual social interactions, and have restricted and controlled behaviours and interests. Both social and occupational functioning is impaired because of these traits (American Psychiatric Association, 2013). Goodman, Reed and Athey-Lloyd (2015) explain that in the DSM-4, AS was categorised as high functioning on the autistic spectrum. Though the distinctive terms of AS and HFA will be used throughout this thesis, HFA and AS will be discussed from a similar perspective in terms of working with them in psychotherapy, due to the close link and many shared characteristics between them.

It is estimated that up to 2.7% of the world's population have been diagnosed with ASD, and figures from Ireland indicate that 1% of the population are affected (Autism Ireland, n.d; Tebartz van Elst, Pick, Biscaldi, Fangmeier, & Riedel, 2013). According to Autism Ireland (n.d) figures for those diagnosed with ASD continue to rise, not just in Ireland, but in a worldwide context, which suggests that this is an issue that will present itself in psychotherapy. Currently, there is no uniformity among recommendations for the treatment of ASD or associated symptoms, and this research aims to explore psychotherapy as an approach to working with adults with HFA/AS.

Using existing studies and literature, and interviews with psychotherapists who are working directly with clients with AS and HFA, the challenges and possible benefits of psychotherapy with such clients will be explored.

1.2 Research Aims and objectives:

This research aims to explore psychotherapy as a method of working with adults with HFA/AS. Through an investigation of the possible challenges this may bring to traditional psychotherapy, this study will look at the possible benefits and implications of, and for, psychotherapy with individuals with these disorders.

Therefore, the specific objectives of this research are as follows:

- To review the existing literature around psychotherapy with adults with HFA or AS, in terms of the characteristics of the clients, the therapeutic relationship, and psychotherapy as a medium for working with ASD.

- To explore the experiences of psychotherapists who work specifically in this field.

- To contribute to the body of research which is available on the subject.

Chapter 2: Literature Review

2.1 Introduction

The literature review begins with establishing the history and the origins of the word autism, an outline of the first characterisations of associated traits of autism, and the classification and distinction of the disorder Asperger's Syndrome. Following this will be an overview of both early and modern theories around autism, and the most identified themes from the literature that correlate to autism and Asperger's will be examined, comprising of:

- The development of self as theorised through traditional attachment theory, and modern attachment theory.
- The therapeutic relationship, exploring the therapist's own lived experiences as an influence in their work, and the transferential processes within the therapeutic relationship.
- The common characteristics that adults with HFA/AS may present for therapy with, the comorbid symptoms associated with the disorders, the implications for psychotherapy and possible therapeutic approaches.

The research of this thesis will be informed by books and articles from academic journals in the fields of psychotherapy, psychoanalysis, neurobiology and neuropsychology, psychology; books and articles with a specific focus on autism/Asperger's; and articles that focus on psychotherapeutic methods to work with children and adults with HFA/AS.

2.2 In the beginning was the word: Historical overview

A derivative of the Greek word 'autos', which means self, *autism* was first used by the psychiatrist Eugene Bleuler in the early 1900s to describe a characteristic of Schizophrenia. The trait that Bleuler referred to as *autistic* was, as he observed, the complete withdrawal inwards into the self.

Consequently, Leo Kanner's (1943) studies built upon this term and he addressed what he termed to be *autistic disturbances* in his work with children. Within a study of 11 children, he observed what he described as rare and distinctive characteristics from any previously encountered. The children appeared to share and differ in characteristics that were, at that time, attributed to schizophrenia in childhood. Although the paper details 11 distinct cases in varying degrees of disturbance, Kanner began to group together similar characteristics that were shared between these 11 cases. He identified a desire for uniformity, a desire to be alone, and an inability to relate to others with a high level of intelligence. Kanner observed that the behaviour these children exhibited began at birth, and did not gradually appear over time like schizophrenic children. A key observation for Kanner was that the children all shared a lack of warmth in their relationships with their primary caregivers, all of which, Kanner remarked, were more concerned with intellectual affairs than interpersonal relations. He questioned the effect that this had on the children's development of autism since they experienced *aloneness* from birth.

Correspondingly, Asperger's (1944) work bears many similarities to Kanner's. Carried out at a similar time period, their work was independent of each other, and the distinction between the disorders identified in their studies would later bear Asperger's

name. Throughout Asperger's initial studies of 4 children, he observed them as having developed normal language abilities but inadequacies both in communication and social interactions. He noted that they had fixations on certain rituals and interests, poor motor skills and he suggested that a broad personality type exists among those with autism, even though there may be small individual differences within this. Asperger also looked at the link between autism and schizophrenia, but did not perceive any signs of the associated psychosis in the children that he studied.

Kanner (1943) and Asperger (1944) noted the family environment of the autistic child, and both appeared to look towards a hereditary cause for it**.** Bruno Bettelheim (1967) looked at autism through a psychoanalytic lens and placed great emphasis on the role of the primary caregiver in its development. Bettelheim's theory focused on the formation of self in early childhood, the relationship between the child and the primary caregivers, and failings within the primary relationships that he implied would lead to autism. His theories would become colloquially known as "The Refrigerator Mother theory" (Hill & Frith, 2003, p.282). Bettelheim wrote that it was possible that genetics could cause an infant to develop autism organically, but he placed more emphasis on its causality by a maternal deprivation. It appears, however, that Bettelheim did not look at the reciprocal nature of the mother-child relationship or consider that the coldness or *refrigeration* that he observed was a response to the infant or child's lack of, or inability to, engage with the parent in a relational way.

Contemporary research around ASD recognises that there is no definitive, proven causation for the disorder, with theorists exploring genetic/inherited origins and possible environmental factors. Frazier, Thompson, Youngstrom, Law, Hardan, Eng &

Morris (2014) carried out the largest study to date, to look at potential genetic and environmental contributions to ASD, and studied 568 ASD affected twins as part of their research. Frazier and colleagues conceded that high levels of autistic symptoms, which were quantitatively measured, were found to be hereditary without shared environmental factors, whereas less serious symptoms were deemed less likely to be hereditary. In terms of repetitive behaviours and the way those studied interacted and communicated socially, the results implied that these areas were influenced by common genetic factors.

There is an increasing body of research that looks towards a genetic cause for the disorder. Baron-Cohen's (1995, 2004) theories look at the possibility of AS being an empathy disorder or a *Theory of Mind* disorder, and his work focuses on the behavioural implications of the disorder. Baron-Cohen, Frith and Leslie (1985) suggested that three central characteristics of autism are connected to a breakdown in the development of *mindreading*. This term refers to the ability to recognise the states of minds of others. These three characteristics are the anomalies in development of communication skills, social intelligence, and in imaginative play. Baron-Cohen and colleagues studied 20 autistic children against two control groups, the first of normal children and the second of children with Down's syndrome. They concluded that the autistic children do not use a theory of mind, meaning that they could not attribute beliefs to or predict the actions/behaviour of others.

Frances Tustin (1993) refers to autism as an interruption in psychological development, a withdrawal from relationships and interest in others, and a preoccupation, sometimes obsessive, with inanimate objects. Interestingly, Tustin was of the belief that this

withdrawal inwards occurred in response to pain caused by a specific trauma rather than a genetic component. In the same vein as Tustin's explorations, Aldo Spelic (2015) also explores the concept that autism originates in the psyche. Spelic (2015) writes that building a psychotherapeutic approach to working with ASD requires looking at the disorder through its psychogenesis, rather than through a biological or medical approach. His work, essentially, views that symptoms associated with the disorder can be improved through psychotherapeutic work.

2.3 The development of a self

The existing literature around ASD shares a fundamental belief that normal development is affected in children with ASD. There is a long existing body of research that looks at attachment as an integral factor in an infant's development.

The development of attachment theory is credited to John Bowlby (1969) and Mary Ainsworth (1978). Bowlby's (1969) theory of attachment looked deeper than just a child's instinctual reactions towards their mother/primary caregiver. Attachment behaviour, according to Bowlby, was the behaviour a person would adopt to stay close to a primary caregiver that they felt was better equipped than them to survive in the world, thus ensuring their own survival. Central ideas of Bowlby's attachment theory are the existence of separation anxiety and the formation of defensive processes, which can affect attachment styles in adulthood. Defensive processes can result in attachment behaviour where first infants, and subsequently adults, find it difficult to form emotional connections and relationships.

Viewed from Ainsworth's (1978) perspective, attachment is comprised of three distinct styles: *secure, anxious-avoidant and anxious-ambivalent*. Ainsworth, Blehar, Waters & Wall (1978), carried out a study on 1-year-olds called "The Strange Situation". Ainsworth and colleagues observed that the mothers of the securely-attached infants were more responsive to their child's signals than in the cases of the other two attachment styles. They concluded that the caregiver's behaviour directly affected the attachment style of their child. Interestingly, Ainsworth (1980) noted that those that were securely attached as one year olds performed better in tests that examined their developmental and language abilities, than infants with either of the other two attachment styles. Ainsworth argues that the attachment style of a one-year-old impacts their emotional and cognitive development.

As well as defining attachment styles, Ainsworth also introduced the concept of a *secure base*. In a securely attached relationship, an infant has a secure base from which they can go and return to, and explore the world. In line with this, Bowlby (1988) theorised that attachment behaviour centred on the need for a secure base. He believed that a child's internal model of self is directly impacted from their interactions and relationships with their caregiver, and this consequently becomes recognised cognitive structures. This researcher contends, therefore, that the infant's self is greatly impacted by their early relationships.

Contemporary attachment theory looks at the neurological impact of attachment. Alan Schore's (2014) theory of attachment hypothesises that the development of an infant's right brain, which is the side of the brain that is responsible for the emotional self and non-verbal communication, is directly influenced by right-brain-to-right-brain

communication, and being regulated, by and with its mother. The right side of the brain also holds the unconscious mind, which can influence the left hemisphere's language capabilities. Daniel Siegel's (1999) theory of attachment is similar to Shore's writings. He also supposed that the development of the right brain was influenced by attachment, where the function of the right brain includes the ability to interpret social and emotional signals. The right brain communicates non-verbally, contrasting with the left-brain's verbal method of communication, but both have equal importance in communicating our intended messages.

2.4 Self and sexuality

The concept of attachment highlights the impact of early relationships in the development of self. The unifying theme among the vast number of varying themes around ASD speaks about an *absent self* (Frith, 2003). Heller & LaPierre (2012) link dis-regulation or a lack of attunement with self, to issues with the development of sexuality. Demetrious Haracopos' (1992) research into the area of sexuality and Autism found that communication and social interactions were influences on the development of sexuality, both of which are areas where those with ASD have difficulty, according to the literature discussed thus far. There are confines to Haracopo's (1992) research, however, in that there was limited classification between High and Low Functioning Autism, and the study looked more at sexual behaviour rather than sexual fluidity or preference. The study also focused on adolescents rather than adults, but it did find that those with HFA show a relatively normal desire to form a sexual relationship with an other.

Turner, Briken and Schöttle (2017) propose that there are greater differences in sexual orientation among females with ASD than with males. Their findings suggest that females on the Autistic spectrum are more sexually experienced than their male counterparts and seek sexual and romantic relationships more often. This appears to be an underexplored area within ASD research currently.

2.5 The therapeutic relationship

The concept of relating to an other emerges as a central theme in the development of self. If relationships are at the foundation of what it means to be human, then the relationship between the client and the therapist can be used as a means of self-exploration (Kahn, 1997). Lavinia Gomez (1997) reflects this belief and writes that the therapeutic relationship is fundamental in psychotherapy and central to its practice. When writing about his encounters with children with autism from his paediatric practice, and adults that he encountered with the disorder, Asperger encouraged individual work where professionals, in this case teachers, would engage with students from the student's subjective perspective. His writings advocated a one-to-one methodology to this work, which is similar to the psychotherapist's approach. (Asperger, 1944; Frith 2004) Similarly to this idea of entering the client's world, Baron-Cohen (2000) and Cohler & Weiner (2011) both detail the importance of the professional holding the notion that ASD should not be viewed as an insufficiency in the client, or as something that needs to be removed. In this manner, ASD is not viewed as a deficiency but is more of a reflection of the client's world and how they exist within it.

This idea is mirrored in Nick Hodge's (2013) investigations into counselling clients with autism. His research looks at the manner in which ableism can be present in the therapeutic space and how it can influence the processes within it. Referring to the concept where clients can find themselves marginalised by their diagnosis and feel discriminated by being viewed as *not normal*, he suggests the importance of the therapist not *othering* these clients but rather attuning to the client present in the room. This concept is at the core of the practice of psychotherapy.

Attunement can also involve responding to the non-verbal communication of the client, in both a verbal and nonverbal capacity. This can render a sense within the client of feeling both understood and recognised by the therapist (Shore, 2003; Siegel, 1999; Wallin, 2007). Wallin (2007) describes the complexities involved with dealing with clients who have constrained nonverbal behaviour. Though referring specifically to people with avoidant attachment styles, the rigidity of the described behaviour is interpreted by this researcher as similar to the descriptions of the classic nonverbal communication of those with ASD. Shore (2001, 2003) speaks about the receptivity of emotions through nonverbal communication, concerned with right-brain-to-right-brain communication. In line with this belief, it seems that feelings and experiences can be conjured up in both people, and between two people, within the therapeutic alliance.

Ann Heathcote (2009) explores the various different factors that influence an individual's decision to become a psychotherapist, or a *helper*. Her article muses over the different schools of thought around the subject, citing reasons such the therapist seeking a reparative experience influenced by their own lives. Heathcote (2009) writes about her own personal motivations of seeking to heal a fractured relationship with her

mother through her work as a psychotherapist. This reinforces Greenson (1960) theory that the therapist enters this field of work, influenced by a desire for reparation in their early childhood relationships. Although both of these authors speak of the therapist's early experiences, they refer to significant relationships shaping and guiding the desire of the psychotherapist.

Marilyn Barnett (2007) explores the desire to train as a psychotherapist and proposes that personal experiences influenced potential trainees' decisions. She discovered, through her research interviews, unconscious motivations regarding a desire for reparation, a requirement to feel needed, or a sense of being able to help with a certain issue. This is similar to findings of a study carried out by Sofie Bager-Charleson (2010), where the motivations of a vast number of counsellors and therapists regarding their incentives for choosing their career were surveyed. 75% of those questioned cited a personal experience as a motivating factor. Interestingly, her research also concluded that a "crisis" of some kind also had a strong influence on their decision to enter the profession (p.31).

Transference and counter-transference occur through unspoken emotions and communication. Because a person's way-of-being and their patterns of relating are expected to be present within the therapeutic space through a repetition of past behaviour, so too are transference and counter-transference through these patterns (Barnett, 2007). Unconscious aspects outside of their awareness can also influence the way that the therapist works with transference, as counter-transferential experiences can be connected to the therapist's own life experience. Sidney J. Blatt (2013) suggests that sometimes counter-transference can become problematic, reflective of the therapist's

needs and colouring the needs of the client. Blatt (2013) notes the intricacy of these reactions, which echo Wallin's (2007) theories of their unconscious nature. Robin Holloway (2013) records her countertransferential reactions to working with an adolescent client with HFA, where she spoke about feeling both detached from her client, and insulated within the therapeutic process. The therapist was able to make the connection between the emptiness that she encountered and the way the client experienced himself. This insinuates that often the non-experience or a lack of connection can itself translate into something powerful, if explored within the therapeutic relationship.

Blatt (2013) writes about the positive aspects of working with transference. Writing from a Rogerian and person-centred perspective, the author mentions that transferential projections from client to therapist may include strengths and positive attributes that the client has difficulty owning or recognising as their own. They can be resolved within the therapeutic relationship and this can encourage the client to internalise and integrate these attributes. Excluding this process could result in the loss of opportunity for an integration of positive characteristics on the part of the client. J.P Shaft (2011) describes her psychotherapeutic work with a four-year-old girl with AS, over the course of three years. The author's account of this work highlights the benefits of using transference and counter-transference to determine what her client was feeling and experiencing, when the client could not communicate this herself. Working with the transference and counter-transference strengthened and deepened the therapeutic alliance to one where the client could engage, experience, and express her feelings in an environment that both tolerated her and allowed her to learn to tolerate her feelings. Shaft (2011) writes that the client felt that the therapist engaged with her from an equal perspective, *like a*

toddler. This theory could be applied to work with adults; the therapist needs to be aware and communicate with their client from the client's perspective, or from a position that they feel they can relate to. A therapist working with ASD would therefore need to be very self-aware and in touch with their own internal regulatory system in order to be aware of transferential processes within the therapeutic relationship. This includes their own non-verbal communication and possible negative transferential reactions towards their client.

2.6 Characteristics of HFA and AS in adults.

Autism is a lifelong disorder, and to understand it in adulthood it has felt necessary to look at its origins in childhood. Tustin (1993) writes that the pain of trauma causes children with autism to retreat inwards and away from relationships with others. The hurt that comes from this trauma can be re-enacted later in life, causing more hurt, which encourages the adult with autism to seek help. The vast majority of clients with ASD seek out psychotherapy only on the advice of someone else (Ramsay, Brodkin, Cohen, Listerud, Rostain & Ekman, 2005).

Tebartz van Elst, Pick, Biscaldi, Fangmeier, & Riedel, (2013) explain the co-morbid symptoms that clients with ASD may be diagnosed, and present for therapy, with. These conditions can be depression, Borderline Personality Disorder, Obsessive Compulsive Disorder, schizophrenia simplex or anxiety. Frith (2004) explains that depression and extreme levels of anxiety are widespread among individuals with autism. Van Elst & colleagues (2013) explain that the comorbidity of symptoms in people with ASD often leads to misdiagnoses by medical professionals. Traits of ASD, such as a lack of expression emotionally or the inability to interpret situations or emotions, can be

misdiagnosed as schizophrenia simplex. The ways in which those with ASD react to stressful situations, such as dissociating or experiencing a higher pain threshold resulting in behaviour where there is a risk of injury, can result in the individual being inaccurately diagnosed with BPD. Undoubtedly, there is a need, therefore, for psychotherapists to be aware of comorbid symptoms in terms of working with adults who have or have not been diagnosed with ASD.

A misdiagnoses for a client in general, be it for a physical or mental issue, denies the correct and most effective treatment. Comorbid symptoms co-exist but they are only one part of the diagnoses for a client, and one part of the presenting issue to work with. A client will not benefit fully from therapy if just one part of their condition is recognised. This is where a thorough discussion of the client's history, and an exploration into developmental characteristics of ASD should be carried out if the therapist has any doubt around a presenting condition being a comorbid one.

2.7 Implications for psychotherapy

Shah, Catmur, & Bird, (2016) introduce the theory that people with ASD may also simultaneously experience alexithymia**,** which is the inability to express one's own emotions and the inaptitude to understand those of others. The authors further describe alexithymia as resulting from weak interoception in an individual, and explain that interoception is the sense an individual has to read their own regulatory system and ability to be aware of their own internal state. They carried out a study with 42 individuals, 21 with ASD and 21 without, to deduce whether decision-making and the framing of decisions in adults with ASD was a factor of ASD, or due to the co-occurrence of alexithymia. They inferred from their study that emotional and

interoceptive indicators did not influence the decision-making of individuals with ASD, to the same level of those without the disorder. This implies that those with ASD have reduced emotional and empathetic awareness, as they are not sensitive to emotional signals; their own or others. (Shah, Catmur, & Bird, 2016) This poses challenges for the therapist in working with clients with ASD, whether they are high functioning or have been diagnosed with AS. If one cannot read their own internal states, one does not react to them, thus does not provide any of the non-verbal communication that psychotherapists can use to judge their clients emotions, such as facial cues, tone of voice and body language reactions.

Frith (2004) describes the concept of mentalising, which refers to the ability to understand and perceive the intentions of others, and the normal outcomes of this, which include a natural inclination to discuss personal emotions with other people. Goodman, Reed and Athey-Lloyd (2015) write that children with AS have a shortfall in their capacity for mentalisation, and it could be assumed that the same can be said for adults with AS too. HFA and AS share much of the same characteristics and the ability to read their own and others' mental states is a characteristic common to both. Frith (2004) describes a study carried out with 27 participants with ASD which was made up of 19 participants previously diagnosed with AS, and 8 with HFA, who were asked to complete a questionnaire to determine whether or not they experienced alexithymia. Both groups scored high on the questionnaire, which would indicate the presence of alexithymia, and the biggest area of difficulty was found to be with recognizing and naming their own feelings and emotions.

2.8 Psychotherapy as a creative process

Donald Winnicott (1971) describes how the therapeutic space should be a facilitating environment, where the therapist responds accordingly to the needs of each individual client as they differ and present themselves within that space. Edith Weigert's (1964) ideas around the creative process of psychotherapy reaffirm the idea of the facilitating environment, as he writes about the recognition of each client's individual reality and the importance of the therapist entering this reality with him/her. In his opinion, psychotherapy is a process that involves adapting to a client's needs, and bringing psychological and sociological processes together. This process is effective in working with clients to help them feel more at ease within themselves and in the world. Psychotherapy, therefore, is fundamentally creative and is capable of being fluid and flexible to take whatever form the clients need.

Ramsay et al., (2005) describe the benefits of Cognitive Behavioural Therapy [CBT] for adults with AS, and the manner in which it is effective in working with comorbid symptoms such as depression and anxiety. Their investigation into the psychotherapeutic relationship with adults with AS focuses on a form of CBT which merges with psychoeducation to help clients with AS work on their emotional capacity and social situations. Ramsay and colleagues (2005) concede that traditional psychotherapy and psychoanalysis have not been as successful in working with adults with AS. They highlight the ways in which traditional psychotherapy works with symbolism and the manner in which the therapist invites the client to make interpretations, which they concluded are difficult for individuals with AS. However, Ramsay and colleagues (2005) expand upon the ways in which living with AS, whether diagnosed before adulthood or not, affects the individual, with many having

experienced bullying, social isolation and emotional abuse. A relationship with another person, in a safe psychotherapeutic environment where these negative experiences are not repeated, could provide a corrective experience for the client with HFA or AS.

Dr. Brion P. Sweeney (2007) writes about the increasing amount of research to support the view that psychotherapy and psychotherapeutic interventions benefit and support individuals with issues from less severe to acute personality disorders. In terms of working with adults with HFA and AS, much of the literature that currently exists focuses on a CBT approach. Results from therapies such as CBT are simpler to gather than others, as it is a results-focused therapy with standardised interventions. Psychotherapy, as an approach, is more concerned with the relationship between therapist and client, and the client's way of being in the world, so it does not lend itself to results-focused studies. However, research into the benefits of psychotherapy highlight that it is relationship between client and therapist that has the greatest influence on successful outcomes in therapy (Clarkson, 2003).

While Ramsay et al., (2005) and Shaft (2011) differ in their view of the benefit of traditional or psychoanalytic psychotherapy in working with clients with HFA/AS, they share a view that the therapist should, and can, adapt the way they work specifically with clients with HFA/AS. Therapists should be mindful of the literal nature of those with HFA/AS, and their language should be adaptive to this. Exploratory sentences used in therapy which invites clients to make interpretations, can be taken literally by clients with HFA/AS. Psychotherapists may, therefore, need to adapt a more direct approach when working with clients with HFA/AS. Ramsay and colleagues explored a therapeutic approach which combines CBT with psychoeducation, allowing the client to

role-play possible social situations within therapy. However, their research did not investigate combining CBT with integrative psychotherapy. They theorise that adults with HFA/AS often present for therapy because they have endured negative treatment socially and emotionally, and therefore may need a longer period of *settling into* the relationship that the average client. Traditionally CBT is a short-term model of therapy, and their writings allude to adults with HFA/AS being better suited to this model of therapy. A short-term model does not, however, allow for an adjustment period, implying that a solution could be better found by having a more flexible or integrative approach.

K. Mark Sossin (2015) describes how a therapist who is open to non-verbal tools using creative methods such as art or music can enter into the client's autistic world, which can help them to feel understood and 'known'. Carl Rogers (1961) also wrote about the creative process of psychotherapy, and the potential of the relatedness that could emerge from the experimentation and investigation of the unknown. He spoke of the conformist nature of society and the option that being creative affords us to step out of this. This conformity of social norms poses difficulty for clients with ASD, it has been shown through the material discussed. The creative process and nature of psychotherapy could offer an opportunity for clients to explore themselves, and the world, in a different way.

2.9 Conclusion

This review begins with a description of ASD, or at least *autism*, as a long recognised disorder, originating in the early 1900s. Despite a vast amount of research into the disorder, there is no uniform theory on causality or its origins. ASD is a spectrum, including HFA and those who have been previously diagnosed as AS. Because of the

nature of a spectrum, while there are some defined characteristics, there is a large degree of variance to the way in which they are experienced by those with ASD as some people function at a high level and others at an extremely low level.

Regardless of the lack of a common theory on causality, overall there is a shared recognition amongst the literature and different schools of thought, that ASD affects the self and the development of the child. Much of the literature concentrates on the affects of autism and Asperger's in childhood, whereas the effects on the life of the adult appear to be under-researched. Sexuality is a huge component of the self, but little appears to have been researched in this area within the field of ASD in adulthood.

It is suggested in the literature that there may be forms of psychotherapy that can work with HFA/AS in adulthood, although no particular approach, or the possible implications for the therapeutic relationship have been explored in depth. Although some of the literature looks at the effects on the therapist working in the field and considers the transferential process, the area of the therapist's own experience of ASD and the manner in which this enters the room appears to be under-scrutinised. This research attempts to explore how psychotherapy may function as a method to work with HFA/AS in adulthood, and the factors within psychotherapy that influence the relationship.

Chapter 3: Methodology

3.1 Introduction and Aims and Objectives

This methodology chapter will give the outline of the methods used in undertaking the research process. Firstly, the research design will be discussed followed by the sample selection and recruitment. The method of data collection and analysis will be examined, and following this will be an overview of any ethical issues associated with the research.

This research aims to explore the challenges faced by psychotherapists working with adults with HFA or AS. Through an exploration of these challenges, this thesis will look at the possible benefits and effectiveness of psychotherapy to individuals with these disorders. The specific aims and objectives of this study are outlined below:

- To understand the characteristics of both AS and HFA; their similarities and differences and uniformed classification under the DSM-5.

- To investigate the comorbid symptoms associated with AS or HFA.

- To examine the presenting symptoms of adults with HFA or AS to psychotherapy.

- To explore current research into the effectiveness and challenges around psychotherapy with adults with HFA or AS.

- To contribute to the body of research which is available on the subject.

3.2 Methodological Approach

This research uses a qualitative approach to explore the experiences of psychotherapists who work with adults who are classified as high functioning on the AS spectrum.

McLeod (2001) describes the benefits of using a qualitative approach, or qualitative inquiry, to research in areas "that were previously not understood" (p.1). A qualitative approach is adaptable and is suitable for research into sensitive topics and therefore is suitable for this area of research (McLeod, 2001)

This research aims to explore the individual therapist's experiences of working with adults on the higher functioning end of the Autistic spectrum. A qualitative approach supports this exploration as it focuses on human experience and insight. It is the therapists' personal account of their work within the therapeutic process that will offer a window into the challenges they face in working with HFA and AS, and an insight into the possible benefits to the client, as they have experienced. There is much research on psychotherapy with children who have ASD, but only new and recent research on work with ASD adults. The nature of this less explored area lends itself to qualitative research, as it is exploratory at its core.

3.3 Thematic Analysis

Braun and Clarke (2006) describe Thematic Analysis as a way to define and group themes that emerge from data, and as a method of analysis that allows for unexpected perceptions. For those reasons, it is the mode of date analysis that was applied to this research. Thematic Analysis does allow for some preliminary anticipation of themes and, as a mode of data collection, it compliments a qualitative approach.

Patterns between, and within, the five semi-structured interviews from the research sample were connected and compared, in order to explore the data further and more

deeply. All five interviews were transcribed and the transcripts were coded. This allowed for the identification of themes and patterns represented in the data collected. Codes were organised into possible emerging themes, and the data from all of the transcripts was divided and attributed to each potential theme. Thematic analysis affords the researcher the opportunity to look for the patterns in human feelings, or the answers of the interviewees in this case, without a loss of power or complexity to the analysis (Braun and Clarke, 2006).

Three superordinate themes emerged from the analysis, and as part of the fine-tuning two subordinate themes emerged under each of those. These themes were chosen by the researcher to investigate, as they appeared consistently throughout the data collected from the five interviews, and they were representative of the therapist's experiences of psychotherapy with adults with HFA/AS. The researcher was conscious of selecting themes on this basis, and not because of a bias due to knowledge already uncovered throughout the course of preparing the literature review.

3.4 Sample and Recruitment

Purposeful sampling was used to recruit participants for this research, due to the nature of the research question. The research aims to explore the experiences of psychotherapists who work with adults on the higher end of the ASD spectrum, so it was necessary to use purposive sampling to recruit therapists for whom the research question had significance.

As this is a specialised area of psychotherapeutic work, it seemed appropriate to also look outside Ireland for the research sample. Participants were identified from two

sources: a UK based organisation that works with adults who are high-functioning on the ASD spectrum, and a similar organisation based in Ireland. The psychotherapists listed on the website of the organisations were subsequently researched to ensure they met the accreditation standards for psychotherapy, and then approached directly. Participants were given two documents ahead of the interview: an information sheet and a consent form (Appendices 1 & 2). The information sent ahead of the interviews only informed the participants that it was about their work as a psychotherapist with adults with HFA/AS. Below is an overview of the participants:

Pseudonym	**Michael**	**Rosie**	**Mary**	**Laura**	**Beth**
Gender	Male	Female	Female	Female	Female
Age group	45-50	40-45	60-65	50-55	50-55
Accreditation	Yes MIAHIP	Yes - MBACP	Yes MBACP	Yes - MBACP	Yes - UKCP
Years in practice	20	2 years	28 years	18 years	8 years
Years in practice in this field	10	2 years	20 years	10 years	5 years
Therapeutic orientation	Psychoanalytic Psychotherapy	Person-centred, Humanistic	Body orientated.	Psychodynamic systemic family therapy	Gestalt

Table 1. *An overview of the sample of participants*.

3.5 Data Collection methods

The data was collected in the form of five semi-structured interviews. The five interviews were approximately 60 minutes long, and were carried out via Skype, with the exception of one face-to-face interview. The interviews were recorded by a digital Dictaphone and a video-recording application, and were transcribed verbatim following the interviews. Field-notes were taken immediately after the interview to note any content that the researcher found particularly impactful, or any utterances that seemed significant to a possible identified code or theme. The transcribing process provided a deeper and more thorough exploration of the data and informed the beginning of the data analysis.

A list of questions were prepared and generated in advance of the interviews, and examined with peers and supervisors to allow for more fluid phrasing to gauge the openness of the questions, and to identify if any questions conveyed researcher bias or appeared leading. A pilot interview was carried out with a peer to sharpen the focus of the questions and to check for their clarity. Tests were carried out on the technical aspect of the recording to ensure that these issues would not infringe on the interviews.

To begin, participants were asked to fill out a demographic sheet (see Appendix 3), which included information about their place of training, years in practice in this particular field, and their therapeutic orientation. Participants were reminded of the content of the consent form, outlining data protection, privacy and their right to remove themselves from the research at any point. They were given an opportunity at the end of the interview to ask any questions that they had regarding the research.

The recorded interviews were transferred and stored, using pseudonyms, on an encrypted hard-drive. Transcripts, once completed, were also stored under pseudonyms on an encrypted hard-drive. A fine coding and analysis of transcripts followed, to identify commonalities and differences regarding themes. This was initially carried out within each individual transcript, and then across all five interviews (Harper and Larkin, 2011).

3.6 Ethical Considerations

Before undertaking this piece of research, a proposal was first submitted to the DBS Psychotherapy Ethics committee in May 2017 and it was approved without any recommendations for change.

Informed consent is integral to qualitative research, and all participants within this exploration were provided with clear, written information regarding the topic and the design of the research. The participants were asked to give their written consent prior to the interviews, and were informed that they retain the right to retract their involvement during the research process. All participants taking part in this research were informed about the right to their confidentiality, and they have been referred to by pseudonyms at all times. The interviewees were asked to refer to their clients using pseudonyms or by vague terms only, and were reminded not to provide any identifying information regarding their clients. The final document is available to read publicly, but retains the anonymity of those involved.

All interviews, recordings and transcripts have been stored on a password protected, external hard-drive. The researcher will remain the only person to have access to this

drive at all times to ensure confidentiality. The original recordings were disposed of following submission of this research.

Chapter 4: Findings

4.1 Introduction

Five therapists participated in this research and were asked about their experiences of working with adults with HFA/AS psychotherapeutically. All interviewees differed in their therapeutic approach, working from a psychoanalytic psychotherapeutic, Gestalt, Integrative bodywork, person-centred and psychodynamic systemic perspectives respectively. Present throughout all interviews was the description of the work as being short-term, for the most part, and the general consensus was that clients do not self-refer for therapy, but rather come through a referral process often by a family member, partner or parent.

Following an extensive thematic analysis of these interviews, three main themes emerged from the interview data. The results of this research with be presented and discussed under the following three superordinate themes:

- The therapeutic relationship
- Challenges within therapy
- Creativity of the therapeutic process

Within each of these themes, subordinate themes were identified, under which the results of this research will be presented and discussed.

SUPERORDINATE THEMES		
1. The Therapeutic Relationship	**2. Challenges with therapy**	**3. Creativity of the therapeutic process**
SUBORDINATE THEMES		
i) Personal experience ii) Transference	i) Style and nature of therapy ii) Sexuality and self	i) Creativity in therapy ii) Psychoeducation

Table 2: Table of themes

This chapter will present excerpts from the participant's interviews to support the research findings under each relevant theme.

4.2 The therapeutic relationship

A concurrent theme in all five participant interviews was the centrality and importance of the therapeutic relationship. All participants recognised and referenced the importance of this in their work with all clients, but stressed the increased significance and difference of the therapeutic relationship in their work with clients presenting with HFA/AS. Congruence and acceptance were noted as more vital within their work in this area.

> Beth: "I think the most important thing he is getting is connection with someone who really seeks to understand how his mind works and that is huge for him.

> And so he will say 'what I am really getting out of this is that you get me', and so it is a journey of discovery".

Rosie echoes Beth's views on the importance of the therapeutic relationship with clients with ASD:

> Rosie: "I think for me, that is the key to any therapeutic work but I think for clients on the spectrum they have to get a sense that the therapist is going to understand them and gets them".

Given the broad nature of the therapeutic relationship, this theme has been divided into two subordinate headings: 1) Personal Experience and 2) Transference.

4.2.1 Personal Experience

Consistent across all five interviews was an experience of HFA/AS in the therapists' personal lives. Three of the five participants reported being a parent of a child on the spectrum, while a forth, Michael, shared that he recognises some of the traits associated with HFA/AS within himself. The fifth participant worked with children with autism in a different capacity prior to training as a psychotherapist.

Michael presented his personal experience as being 'humorous' but nonetheless he offered this as his answer to what motivated his work in this particular field:

> Michael: “Sorry the slightly humorous bit was that he said to me that they were looking for a counsellor and he said something like I think you might be suited to it because I think you have a couple of traits yourself, jokingly”.

Michael goes on to describe how his personal style of therapy, and his own personal preferences and needs around space, are particularly suited to working with clients with HFA/AS:

> Michael: “Perhaps this goes back to something of the joke I made earlier when the guy said to me that you have some traits yourself. I would as a therapist in general - for instance I sit a little bit further away from my clients than other therapists. My tendency is to give a lot of personal space but I notice people with Autism really want that. Again a generalisation, but I certainly don’t get in their space”.

Beth’s daughter was diagnosed during her training, and she provides an insight into the way that this affects her understanding and experience of Autism as a therapist:

> Beth: “And then of course I had my own daughter and when you have a child on the spectrum the whole thing takes a different slant and you have a really embodied… I know I have to work with a very autistic process every minute of every day of my life. So I have a completely different sense of it as it is embodied in me”.

Laura's portrayal of personal experience resonates with Beth's account of having a child on the spectrum and the added dimension that this has during training:

> Laura: "I developed a specific interest because one of my children is Aspergers, so I learned a lot, I mean he is now 26… so as he was little and I was also training I was also obviously getting a lot of information about ASD from my personal experience".

When asked what influenced her work in this particular field, Mary was direct in her answer, connecting her own experience with her interest in working in this area:

> Mary: "My daughter has Asperger's syndrome".

4.2.2 Transference

Transference can be a useful therapeutic tool to uncovering feelings around current or past relationships in therapy and this was referred to in various ways by each participant. Each participant noted the differences in their ways of working with transference with their clients with HFA/AS, than with other clients.

Laura expressed that she worked with transference differently with her clients with HFA/AS, reporting that she feels interpreting and working with transference inhibited the therapeutic work with these clients. She highlighted the use of an existential perspective rather than a psychodynamic perspective when working with transference with clients on the spectrum:

> Laura: “I use very little. I might be aware of it. I might be aware that there is some transference, but I am very careful, I am not trying to make interpretations of transference to them because very often they don't... it is not worth mentioning for me because it doesn't really help the work. So I take more of an existential or systemic stance, that we are cooperating in trying to help them make meaning of what they are feeling and experiencing rather than working from a perspective. I use more… rather than an introspective idea that what you are experiencing is based on your internal world, I encourage more of an experiential and existential relating to things around them”.

Michael initially stated that he worked with transference in the same manner with both his clients with HFA/AS and his neurotypical clients. His particular therapeutic stance is to not over-interpret the transference:

> Michael: “Like with any client, maybe my own position is that I certainly don't over interpret the transference and if I feel the transference is getting in the way, as much as possible I try and not let it be problematic”.

Reflecting on the transferential processes in his work with clients on the spectrum, he later circled back to his answer to stipulate the difference in working with transference in these cases. Michael describes what he feels can happen if intense feelings and transference is left to play out:

> Michael: "I suppose for clients with Autism, if the transference were somehow becoming too intense, my instinct would be to try and diffuse it. You know? Because look I mean relationships in general can become very intense for people with Autism and that intensity can lead to what many people with autism themselves describe as 'the meltdown', the chaotic experience, and in my opinion people have enough of that experience. It is about trying to help them not go to that place".

Although she spoke about not experiencing transference, Mary's response could be read as an insight into her own counter-transference process:

> Mary: I don't think I have experienced lots of transference. And that might be because they are not long-term clients, right? But also, I suppose the one thing you could say is perhaps consistent with all people with Asperger's, it is not called the me, me, me syndrome for no reason right?"

Mary also has a daughter with Asperger's syndrome. Her answer could belie her personal experience, which plays out in the therapeutic space. Is there a reluctance to explore the transference because of what will play out, or is her answer indicative of how her clients experience her reactions towards them?

Similarly, Beth's manner of dealing with transference illustrates how the therapist's personal experience with HFA/AS can be brought into the therapeutic space:

> Beth: “Funny, I am laughing because I am thinking about my transferential feelings towards my female autistic client and the thing that I feel is how often I feel very playful. So when I think about feelings that come up strongly and me being in the room with her, sometimes there is a maternal feeling, there will be a strong maternal transference”.

Beth gave descriptions of feeling playful and she laughed when she spoke about her work with this particular client, echoing the playful tone of her answer. Beth’s daughter is nine years old and it could be possible that her own transference plays out by her client taking up the position of her own daughter. Her reactions could also be counter-transferential and she may be fulfilling a role in a mother-daughter relationship that lacked a sense of fun in childhood for this particular client.

4.3 Challenges within therapy

Three of the five participants in this study reported limiting their work with adults with HFA/AS in their practice to below twenty per cent. Another has a relatively small client base of five clients with four having HFA. Only one of the five participants works with adults with HFA/AS, on a full-time basis, where more than 80% of his clients have this diagnosis. The data shows that the participants who limit their work with such clients shared a consensus that this was due to the challenges of working in this particular area and a desire to keep a balance within their practice. Beth expressed her feelings around balance:

> Beth: "At the moment I have a total caseload of 12 and 2 of those have HFA. I don't want to do too much because I like to keep the balance in my practice, so I don't really want to do more than 2 at a time at the moment".

Presently 80% of Rosie's practice is made up of working with clients with HFA, but she stipulates:

> Rosie: "I only have a case load of 5 clients at present, so 4 clients with HFA is not too much".

4.3.1 The style and nature of psychotherapy with adults with HFA/AS

The short-term nature of the therapeutic relationship can have an impact on the style of therapy with clients in this particular field. Peppered throughout all of the participant's interviews were descriptions of the work as being temporary:

> Mary: "No I would have one all the time, probably just one all the time. So they don't stay long… in my experience Aspergers clients don't stay long themselves. They come and they have a little crisis and then they go away (laughs)".

Psychotherapy, by its nature, involves the building of a relationship, and traditionally it is long-term work, however this is contradicted in the findings for much of the work for psychotherapists working with HFA/AS. The imposition of a time limit, or the temporary nature of the therapeutic relationship can bring about a challenge to the core

nature of working psychotherapeutically. Laura reiterates the short-term nature of this work too, as reflecting the needs for structure for many people on the spectrum:

> Laura: “I don’t think I have ever worked long term, so open-ended. They generally they like to know there are a certain number of sessions and you know we review, so it is kind of more structured in that way”.

While the interviewees were reluctant to state specific similarities that apply to all of their clients presenting with HFA/AS, they were able to list shared traits and patterns that they have identified which, in turn, add challenges to the traditional nature of psychotherapy.

Beth named some qualities of her clients with HFA/AS that she has encountered that present challenges to the way that she works therapeutically:

> Beth: “You know they are a little… just a loose diagnoses, they are a little rigid, and they are a little single-track and not easy to think things widely”.

She further clarified some of the aspects that she finds challenging working with clients in this area by adding:

> Beth: “I wanted to say that perhaps they don't have as much emotional language. I would say that that's kind of a vague rule of thumb”.

This lack of emotional language referred to by Beth can mean that a therapist has to readjust the language that they use, or the interpretations that they may make working from a particular perspective. Rosie also reported using language differently in her work with clients with HFA/AS, and stresses the importance of meaning and intention:

> Rosie: "OK, so the way that I talk about information and break things down into smaller chunks. Even if someone is high functioning, I give someone time to process information, in between things that I am saying. I always make sure that their understanding is the way that I have intended it to be".

Michael also mentioned language as a difference in his work in this area, challenging the traditional uses of both language and silence, and the bearing that this can have on traditional models of psychotherapy:

> Michael: "I think a person with autism, their relationship to speech often is quite problematic and so the therapy becomes about helping them to speak. And sometimes that involves the therapist speaking more in order to help the person to come in to speech. Whereas maybe in classic Person-centred therapy or classic psychoanalytic psychotherapy one might sit in silence, yes? That could really exasperate the situation for a person with Autism, as they are probably uncomfortable enough with the prospect of speaking. So sometimes you have to put out some speech, in order for the person to link to it, and you have to put out some vocabulary in the field so that the person can come in to the conversation".

Laura's experience of dealing with interpretations with clients on the spectrum is similar to Michael's in the manner in which it affects the perspective from which she may work:

> Laura: "I would say that they are probably not very easy to attach. They are very, as far as they are concerned, it is far more obscure to them to do psychodynamic interpretations of a dyadic nature, like 'perhaps you related to your mother'... you know, I don't think that works at all for them. So it is a different kind of therapeutic relationship".

The concept of language with adults with HFA/AS is its own challenge in working in this sphere, and one that adds an added dimension to the work according to Michael. This is a challenge that, in his experience, is more prominent for clients on the spectrum and an additional task for the therapist to manage:

> Michael: "That we are anchored into a body but yet we try to exist in speech and we are always trying to manage those two things. But I think for someone with Autism the stakes are much higher in that regard. That very often, if you like, means their sensory experience of the world is more dramatic, perhaps, or more fraught than for what we might call the neurotypical. So it is about trying to help people to manage that".

Language can also be used as a learned defence mechanism in order to present oneself appropriately, as Beth describes through the idea of clients camouflaging their symptoms, particularly female clients:

> Beth: “I think particularly women learn to mimic that language and that psycho-babble just as they might learn to mimic other forms of language. So I think girls talk with other girls and they use this kind of language and parrot it back but they don't know what it means”.

The language used by clients with HFA/AS may form part of a learned behaviour to defend against difference, and this poses a challenge to the nature of the therapy as the therapist must be able to decipher that which the client means, and that which they have learned.

4.3.2 Sense of self and sexuality

Four of the five participants mentioned either their client’s sense of self, or their sense of themselves sexually, as bringing challenges to the therapeutic space.

Mary, who works from a body-orientated perspective, describes her clients with HFA/AS as being disconnected from their physical selves and lacking in attunement to their own bodies:

> Mary: “Because often it feels to me like they are struggling to feel themselves physically or tune in to their energetic presence”.

Laura describes her experience of clients being out of sync with their bodies and their difficulty in identifying different sensations and emotions that they are physically experiencing.

> Laura: “But sometimes you know they don't even identify when they are hungry. They don't even identify physical feelings. So you know they might come in with a coat and it is extremely hot and I have to check with them are they ok and they will say ‘why is it hot?’ ‘Yes, it is hot’ and then they say ‘ok, I am never quite sure when I should take my coat off’, that kind of thing (laughs)”.

Although, in her experience, clients on the spectrum can be less connected to their physical sense of self, their quest for identity and an understanding of self are no different from that in other clients:

> Laura: “I think that a lot of people come here with ASD they are searching for identity and meaning as much as people that come here that might be not on the spectrum”.

For Beth, this search for an identity and sense of self is often linked with sexuality, particularly with her female clients. She has found that gender fluidity is especially prevalent among females on the spectrum and links it with identity:

> Beth: “The other thing that is important here is that particularly women on the spectrum tend to be gender fluid. This will be a big difference actually and it is something I didn't say. Gender fluidity, who am I, who is my self?”

She gives further information from her experiences around homosexuality with clients on the spectrum, and conveys that she feels that this is higher among females clients with HFA/AS:

> Beth: "That is a real thread, and particularly with girls, around sexuality. A lot of girls on the spectrum are gay. It is really high, or bisexual. It is almost the norm".

Sexuality and a sense of self-identity seem to be linked significantly in this work, and Michael also speaks about therapy as being a medium for clients on the spectrum to explore their sexuality. He spoke specifically about his experience with a female client in this area and the impact that an exploration of sexuality brought to her life:

> Michael: "I think her being able to speak about her sexuality and about even enjoying her sexuality and even having the enjoyment of sexuality, as therapists... I was promoting that, if I can use that word, permitting that or something. This was certainly I think of great… of use to her because I think it transferred into her work in college and allowed her to blossom".

4.4 Creativity of the therapeutic process

Despite varying in their therapeutic orientations, all 5 interviews share a similarity in describing using different methods in their psychotherapeutic work with clients with HFA/AS. The data collected shows shared descriptions of the need to be creative in their mode of working with clients on the spectrum, which differs to their work with neurotypical clients. Reports of the physical set up of the therapeutic room as being

unlike the set up for other clients were common with all participants. This appears to be a part of the creative process of their work. The creativity of the therapy expanding to allow for an educational piece was also evident throughout the interviews, with four of the five participants discussing this.

4.4.1 Creativity in therapy

> Beth: **"**One of the things about working with people on the spectrum is that it is easier to be creative strangely enough. So it is easier to say do you want to bring music in? There is something around the fact that they know they are different. The boundaries seem strangely more malleable"

The participants spoke about the creativity that can emerge from their work with clients on the spectrum, and the fluidity that it can bring to the boundaries of the set-up of the therapy room. Adapting to suit their clients' needs and wishes not to sit in a direct eye-line, the participants mentioned various alterations that they make to play with the traditional layout of the room:

> Rosie: "I do know that facing direct is not that popular. Often it will be at a slight angle, or side by side as opposed to face to face, and it gives an opportunity not to give people eye-contact"

> Beth: "For example, one of my clients really likes to sit on the floor, so I say where do you want to be in the room? We sit on the floor and she likes to bring food in and eat, which or course I wouldn't normally do, or encourage, with other clients".

> Michael: “My tendency is to give a lot of personal space but I notice people with Autism really want that. Again generalisation but is that I don't certainly don’t get in their space”.

This playing with space and adapting their way of working, all noted, was unique to their work with these particular clients. Moving the creativity of the space further along, one therapist spoke about taking her work with one particular client outside of the room:

> Mary: “A lad and I used to go walking with him sometimes with my dog, he loved my dog and it was a good way of him feeling comfortable and empowering him and so sometimes we would walk. So walking is very grounding, right?”

The physical adjustment to the needs of the clients on the spectrum appears to allow an element of creativity to the therapeutic space, and also the nature of the work within it. This also offers the client’s the opportunity for self-exploration and self-identity, by exploring and sharing what their own needs are, what makes them most comfortable, and uncovering the reasons behind this.

> Beth: “This is the other thing I suppose, how do you like to learn? Do you know that there are ways that you learn or find easiest? So one of them, for example, is really visual and loves visuals so I have to adjust my style because that is not so much me”.

Michael speaks about how entering the frame of the client with HFA/AS, rather than expecting the client to enter the therapist's is key to this world. It could be seen that entering their world, then, allows for a creativity that may be dampened in more traditional work:

> Michael: "I suppose I do think that maybe often autism is conceptualised. It is conceptualised by people that don't have Autism and then we sort of try to make people who have autism, to help them to be more like people who don't have Autism, you know? And that's the challenge of psychotherapy, I think. At least the certain type of psychotherapy I practice runs counter to that. It is about, to use a Rogerian thing, it is about entering the frame of the person who has autism and helping them to find their own best position in the world, you know?"

Beth also confirms the importance of entering the world of the client with Autism, and speaks about the creativity that comes from her work with a specific client:

> Beth: "I will often lie on the floor with her propping my head up in my hands and we giggle a lot. There is a lot of play and so I notice how her boundarylessness, or difference brings out my difference or feeling of being able to work differently, and I think 'wow isn't this fun, we can do it like this'. I suppose I love that about working with people on the spectrum… the slightly craziness and other worldliness and the different worlds you can enter".

4.4.2 Psychoeducation

The Psychoeducational aspect to working with clients with HFA/AS was mentioned by all five participants. The learning that they described highlighted a creative facet to their work.

The participants use Psychoeducation to help the clients make better sense of the world around them. All described a creativity that evolves from the clients being able to use the therapeutic space, and the therapist, as forms on which they can *try out* life outside the room inside the room.

> Laura: "And so we might do a bit of rehearsing, 'How do you go? Who will be the best person?' and they say 'I think my mum would be the best person' and I say 'OK how are you going to ask your mum?'. So they also sound with me how it might go… really role-playing sometimes how they are going to ask for something... or sometimes they bring me something to have a look, to check with me how does that come across. So we kind of… there is a little bit of mothering crafting in that, of helping them actually judging if it is, perhaps, socially acceptable or not".

The creative role-playing allows clients to test experiences that they will encounter outside the room, and it also gives them a chance to experience themselves within that encounter from a safe position. This can also offer the client insight into the 'other' in the relationship too, an aspect that Mary incorporates into her work with these clients:

Mary: “And I think for Aspergery people, often they can do some quite practical learning about what it is like to be on the end of them”.

Laura spoke about her work with a particular client and highlighted the Psychoeducational aspect to this work. The example she gave showed how an educational aspect to the work, coupled with a facilitating therapeutic environment, helped the client to move through to a different stage in his life:

Laura: “I have been working with an 18 year old changing from college into work, and that was a piece of work that I did with him. It was probably 15/16 sessions, really helping him to make sense of what are the social interactions and how does he change from college and peers to work, and you know different ways of relating that obviously doesn't necessarily come with, you know… they are not very quickly picked up by someone on the autistic spectrum”.

The Psychoeducational methods described also include ways of helping the clients to become more embodied, and two of the participants described methods that they use that make recognising their own internal states more concrete for clients with HFA/AS.

Beth: “What happens in your body, how would you recognise it, what are you like when you are in the window of tolerance or just right and then, so for example, with both of my clients I got them to draw it for themselves like a whole table. And actually then think if I am too low what helps me get into just right. If I am too high what things bring me down”.

Rosie: “But I have got a really good set of goal-based outcome cards called the next step cards and they came from a Kalms service that I used to work in. I sometimes use them with other clients, but they are really useful for clients on the spectrum because it breaks tasks down and goals down, so rating things on a scale of 0 – 10. If you are at 2 what do you need to do to get to 3”.

4.5 Summary

The rich data gleaned from the interviews highlighted the themes above. The subsequent chapter will expand upon these themes, referring back to the literature discussed in Chapter 2.

Chapter 5: Discussion

5.1 Introduction

The central aim of this research was to explore psychotherapy as an approach to working with adults with HFA or Asperger's syndrome. The objective of the study was to investigate the experiences of psychotherapists who work directly in this field. Consequently a qualitative approach, using Thematic Analysis, was selected in order to develop an insight into psychotherapy in this area.

Three superordinate themes emerged from a data analysis of the participant's interviews, which provided a comprehensive window into the nature of this psychotherapeutic work. Following the presentation of these themes in Chapter 4, this chapter will focus on the current literature that exists in this area, as explored in Chapter 2, relating it to the findings of this research. The findings are discussed with regard to each of the three themes, connecting them with the literature discussed in Chapter 2.

5.2 The therapeutic relationship

The importance of the therapeutic relationship in work with clients with HFA/AS was consistent throughout the transcripts. This corresponds to literature around the centrality of the therapeutic relationship in psychotherapy (Gomez, 1997; Kahn, 1997). Participants in this sample highlighted the concept of entering into the client's subjective world and meeting them there, as opposed to trying to impose their sense of the world on these particular clients. This is consistent with the existing literature that

emphasises against viewing HFA/AS as an insufficiency in the makeup of the client, and stresses the deficit in psychotherapy where ableism is present in the relationship (Asperger, 1944; Baron-Cohen, 2000; Cohler & Weiner, 2011; Frith, 2004). This approach was reflected in Mary's work with clients on the spectrum and she noted that "I feel like I am going to tilt my brain to get inside the brain of someone with AS". Peppered throughout the other transcripts were phrases such as "understands them" and "gets them", echoing Mary's approach.

This illustrates that the therapist is attempting to meet and form a connection with the client within the client's subjectivity. This is reflected in Hodge's (2013) research into counselling clients with autism.

Current literature and studies show that the therapist's life experiences can influence their motivation for becoming a therapist (Bager-Charleson, 2010; Barnett, 2007). The data collected as part of this research correlates with these findings, certainly pointing to the fact that the therapist's life experiences can influence their work in a particular area of psychotherapy. An unprecedented result of the participants interviews found that 3 out of 5 have a child on the ASD spectrum (Beth, Mary, Laura), with one other, Michael, stating that he began working in this particular field of psychotherapy because he had "similar traits" to those with ASD. Current research that looks at the elements which influence a career in psychotherapy, offer reasons such as a desire for reparation in past relationships, personal life circumstances or a crisis in the therapist's own lives (Barnett, 2007; Bager-Charleson, 2010; Heathcote, 2009). These factors are visible in vignettes presented by Beth and Laura, who speak specifically about their children and the insight that having a child on the spectrum offered them into ASD. Barnett (2007) emphasised that the desire to train as a psychotherapist can be influenced

unconsciously. Applying this to the data gathered in this research piece, the findings suggest that the therapists interviewed were shaped by their own experiences with ASD, and compelled to work in this field. Mary described Asperger's as "The me, me, me syndrome", offering an insight into her personal experience of the disorder. This researcher puts forward the possibility of a desire for reparation in their own relationships with their children, or within themselves in the case of Michael, as influencing factors for working in this field.

Transference and counter-transference have been established as processes that occur within the relationship in psychotherapy, through unspoken emotions and patterns of communication. These processes are influenced by one's patterns of relating, and transference and counter-transference occur through these patterns (Barnett, 2007).
A common thread throughout all of the research transcripts was a difference in the way that participants worked with transference with clients with HFA/AS, as opposed to their neurotypical clients.

Some participants spoke about diffusing the transference earlier so that it did not manifest too intensely. Laura felt that working with transference had the potential to inhibit the therapeutic process, emphasising that she had to "be careful" when interpreting it. Michael also expressed a cautionary approach, aiming for it not to be "problematic", "too intense" or the cause of a "meltdown" in the client. If the therapist is indeed guided and shaped by past experiences and patterns of relating, then the therapist's countertransference is equally present within the therapeutic space. This has the potential to influence the way that the therapist works by influencing his/her needs, unconsciously, within the relationship (Blatt, 2013; Wallin, 2007). The way in which

the therapist works with the transference, as with all therapeutic interventions, should be based upon what it best for the client. Both Laura and Michael's modes of working with transference reflect this sentiment in their cautionary approach to working with it. However, one participant, Mary, stated that she had not experienced "much transference" at all in any of her therapeutic relationships. It is worth mentioning that this particular therapist is one of the three interviewed that has a child on the spectrum, and her reaction may be rooted in unconscious residue from her own experience. Not experiencing transference could be a counter-transferential reaction in itself, or a reluctance or defence on the part of the therapist to acknowledge these processes more deeply. This is reflected in Blatt's (2013) writings where she suggests that countertransference may reflect the therapist's own needs, rather than those of the client.

Beth spoke about the transference that she experiences towards a female client. Highlighting this particular client as an example of successful psychotherapy in working with HFA, she described that a maternal transference often occurs. She described often feeling "playful and giggly" with this client, sitting with her on the floor. Beth's daughter also has a diagnosis of ASD so there may be a dual transferential process occurring within that therapeutic relationship. It was observed from the literature that working with transference can bring positive experiences to the therapeutic relationship, where projections can encourage a client to integrate strengths and characteristics of themselves that they had previous difficulty in recognising as their own (Blatt, 2013). Excluding this process could result in the loss of opportunity for an integration of positive characteristics on the part of the client.

5.3 Challenges within the therapy

A concurrent theme throughout participant interviews for this research was the lack of self-referral for clients with HFA/AS. The participants interviewed revealed that, for the most part, it was on the recommendation of a family member, partner or doctor that these clients came to them for therapy. Studies into the referral process of psychotherapy found that the source of the referral could influence the dynamic of the therapy, making the person who made the referral a *third person* within the therapeutic relationship (Muller, 2017). Applying this theory to the data collected in this research, the referral process could be challenging when beginning a psychotherapeutic relationship with a client with HFA/AS.

This research establishes that working with clients with HFA/AS is mostly a short-term process. Mary noted that clients "don't stay long" and Laura also conceded this element of the work, stating that she "has never worked long term" with a client on the spectrum. The nature of psychotherapy is that it is usually a long-term process, but the experiences of the psychotherapists interviewed for this paper give accounts of relationships that are usually short-term. Rosie refers to one client in particular that attends therapy in 6 session blocks, and Michael also refers to similar practices. However, it was observed that long-term work could be applicable to clients with HFA/AS, with Rosie and Beth acknowledging that they have worked with clients for one year or more. Michael rationalises the nature of the work, stating that although clients attend in blocks, they do return. This is reflected in the writings of Volkmar (2011) who describes long-term work with clients with ASD as being possible and beneficial.

The difficulties in language and expression associated with ASD have been reflected in the literature (Baron-Cohen, Leslie, Frith, 1985; Moran 2010). This research reveals that the psychotherapists have encountered these difficulties and have had to adjust their way of working with clients with HFA/AS accordingly. Beth acknowledges the difficulties that exist, and describes a "rigidity" and a "lack of emotional language" as common themes among her clients on the spectrum. This is reflected in vignettes across the interviews, where Rosie explains that she "breaks information down into small chunks" and Laura avoids "psychodynamic interpretations". The complexities of language and expression of their clients is reflected in their approach to working with it. Michael reflected that he "speaks more" in order to help his clients with HFA/AS to speak.

Literature and studies around the relationship in psychotherapy also stress the non-verbal aspect of the working relationship in therapy. Existing research in the field of psychotherapy highlights the fact that responding to, and working with, non-verbal communication is a component of attunement (Shore, 2003; Siegel, 1999; Wallin, 2007). However, participants in this research piece expressed a reluctance to work with it explicitly. Michael spoke specifically about silence and his avoidance of it in his work with clients with HFA/AS, and explained that he felt its use could "exasperate" client's difficulties in speaking and in expressing themselves. Beth's experience of clients with HFA/AS employing language as a defence mechanism corresponds to the literature around social camouflaging or masking of symptoms associated with the disorder (Baron-Cohen & Wheelwright, 2004; Frith, 2004; Hull et al., 2017). She describes the prevalence of this, particularly among female clients, who "mimic" and "parrot" social language. This researcher asserts that these difficulties in language bring

a challenge to the nature of psychotherapy, which is fundamentally a talking-therapy. Difficulties in language can have effects on the client's sense of self.

Oberman and Ramachandran (2007) present a theory that there is an absence in recognising representations of self in infants with ASD. Although this research is concerned with adult clients, an understanding of the formation of self is applicable to discuss, as this was a common theme throughout the participant interviews. In this study, Mary and Laura drew attention to the fact that clients are often unaware of their bodies and internal states. Laura gives examples of clients not understanding when they are hungry, or of their body temperatures, with one client checking with Laura as to whether or not it is too hot to wear a jacket indoors. This parallels studies around alexithymia, which posits that those on the spectrum lack interoception or an awareness of their internal states (Shah et al., 2016).

The concept of *self* was interspersed throughout all of the transcripts, with all therapists noting that the desire for self-exploration among clients with HFA/AS is no different that with neurotypical clients. Participants of this research made connections between the search for self-identity and sexuality, with both Beth and Michael describing clients searching for a sense of their sexual self, and their identity in this aspect of their lives. Speaking specifically about her work with female clients with HFA/AS, Beth spoke about noticing a greater fluidity of sexuality among females than with neurotypical clients. This is reflected in studies by Turner et al., (2017), who found that there are greater differences in the sexual orientation of females with ASD than with their male counterparts.

A point of note is that both client examples that Michael and Beth spoke about were females, and these examples were shared in response to the question around an example of a client for whom psychotherapy had been particularly beneficial. Both therapists felt that the untangling of sexuality was felt as transformative for the clients. Heller & LaPierre (2012) made a connection between a lack of attunement with the self and the development of sexuality. Therefore, with these particular clients, the psychotherapeutic relationship aided self-attunement and self-exploration, which helped them to integrate their sexuality.

5.4 Creativity of the therapeutic process

The creativity of psychotherapy and the psychotherapeutic space was reflected throughout the participant's interviews. This is consistent with the literature that exists around the creative nature of psychotherapy. Its fluidity and adaptability to the particular needs of clients was indicated throughout the examples of their work with clients with HFA/AS, given by each of the 5 interviewees. The concept of the therapeutic space as a facilitating environment was also reflected throughout these vignettes (Weigert, 1964; Winnicott, 1971).

Beth gave examples of adapting to the needs of different client's with HFA/AS, and highlighted that there was a difference in her way of working with these clients. She described sitting on the floor, drawing, colouring, making collages, and allowing one particular client to bring food to eat within the session. On considering her work in this particular field, she mused that it was "easier to be creative" and that "boundaries are more malleable". This malleability could be seen throughout all 5 interviewees in the boundary of the room set-up. All 5 made adjustments to the arrangement of chairs with

these clients, creating a space where the client felt most comfortable, with all citing the discomfort with direct eye contact as reasons for this. This playing of space was present in all accounts, and Mary spoke about taking the therapy outside of the room to walk her dogs with a particular client with AS, to help him to feel more embodied. These findings correspond with Weigert's (1964) writings about the importance of adapting to a particular client's needs in psychotherapy, to foster a sense of ease within the clients.

Existing studies around creativity in psychotherapy describe the therapist as being more able to enter into the subjectivity of the client when they are open to using non-verbal, creative methods such as art and music (Sossin, 2015). This openness to explore creative mediums was highlighted by Beth in particular, who attempts to make the work "as visual" as possible.

Carl Roger's (1961) theories around the creative process of psychotherapy resonated with Michael's approach to "enter the frame of the person with autism", and Michael highlighted his influence specifically. Roger's (1961) described the conformity that exists within society and that creativity can allow us to step outside of this to access the potential in investigating the unknown. Echoing this, Michael described the conceptualisation of autism by those who do not have the syndrome, but being open to the client's world allows both the therapist and client to experience the world more deeply. This creativity offers an opportunity for a deeper relatedness and connection.

This study found a Psychoeducational aspect to the work in this area, where clients could learn about themselves and the outside world from within the safety of the

therapeutic space. The body of research that exists around autism postulates that *Theory of mind* is absent in those with HFA/AS (Baron-Cohen, Leslie & Frith, 1985).

All five participants of this study spoke about a Psychoeducational aspect to their work, where creative role-playing allowed them to try out real-life situations within the confines of the therapeutic space. Rose named elements such as "rehearsing" or "role playing" with these clients, while Mary remarks that practical learning also allows for some deeper self-insight, where clients can get a sense of the *other* in their relationships. These exercises allow the clients the opportunity to make better sense of social situations and to test specific experiences that they may encounter.

Psychoeducation was also seen as a means to help clients become more aware of their own internal experiences. Three out of the five interviewees described using Pat Ogden's, (2006), theory of *The Window of tolerance* to help clients recognise when their arousal and regulation was raised/lowered. Rosie uses charts and cards to help the clients describe their regulation, and Beth created a chart with one of her clients to take to her place of employment to teach her colleagues about her states of arousal. The transcripts are coloured with terms such as "concrete" "practical" and "solid", referring to the learning aspect of the work. It is note-worthy, however, that the therapist's interviews did not show a consistent, or "solid" approach to this, rather they took their lead from their clients in this area. The findings of this study support the literature that reports benefits to a Psychoeducational programme for children with ASD (Mukaddes, Kaynak, Kinali, Beşikci & Issever, 2004). Although this research is concerned with adults with HFA/AS, the psychotherapists interviewed spoke of the practical, supportive and beneficial aspects of creating an educational component to the work.

5.5 Limitations

The Autistic spectrum is, by its nature, exactly that: a wide-ranging spectrum of non-uniform characteristics with huge variability between those who are diagnosed. The implication of this is that it is difficult to undertake empirical research into the field of HFA/AS.

The participant's interviews produced an abundance of themes, but due to the restriction of the word count some of these themes had to be excluded from this research document. Consequently, the researcher chose the themes that emerged most strongly, but a number of sub-themes also emerged that could warrant further investigation. Much of the literature that looks at ASD through a psychotherapeutic lens focuses on childhood rather than looking at the syndrome from the perspective of adults. ASD is a lifelong disorder, and sometimes only diagnosed in adulthood. This research identified a lack of studies with adults and hopes to contribute towards future research in this area.

Explorations into sexuality and ASD are limited, and much of it is concerned with hyper-sexuality and other forms of sexual behaviour, rather than focusing on homosexuality, or the link between sexuality and self in people with ASD. Braun and Clarke (2006) explain that often the significance of a theme is not quantifiable, but should be viewed in light of what it adds to the overall purpose of research. Although just two participants spoke about sexuality, the researcher chose to explore this, as it added to the theme of *self* and also contributed to the overall aims of the study of exploring psychotherapy with adults with HFA/AS.

5.6 Strengths

This qualitative and comprehensive investigation into the experiences of the practitioners, who work with adults with HFA/AS, provides a constructive insight into the benefits and challenges of working with these clients psychotherapeutically. The emergence of personal experience, and sexuality and self, as themes from the analysis addresses a lack of existing explorations into these areas when working with ASD. This research addresses a gap in current investigations, by exploring these themes and by focusing on adults with ASD.

In particular, the personal accounts of working with specific clients and the methods explored by these therapists in their private practice offered insights into the challenges of this work, and also the benefits. Emerging from the research was the fact that psychotherapy lends itself to creativity, which is especially beneficial to working with clients in this field. Much of the existing literature around the psychotherapeutic treatment of ASD focuses on CBT only, but focusing on a singular approach could disrupt the subjectivity of the therapeutic space, hindering the therapist's ability to step into the client's world.

Finally, this exploration presented the malleability and adaptability of psychotherapy as a form of self-exploration and self-awareness for clients in this sphere.

5.7 Recommendations

A number of recommended areas for further exploration emerged from this research. These areas emerged to a small extent in the data, but were not consistent enough to be explored fully in this study, however they would warrant a more in depth investigation.

Included in the suggested areas for further study are the implications of a diagnosis/misdiagnosis and the affects of labelling. Timimi, Gardner & McCabe (2011) put forward the argument that a diagnosis of ASD is unhelpful, and they question the validity of the label. Citing the fact that for a diagnosis to be helpful to the person it is given to, there needs to be evidence of specific characteristics, either scientific or biological: neither of which exist around ASD despite years of research into biological or genetic studies into its causation. The variance in the diagnosis and supposed symptoms, the varying schools of thought around the origins of ASD, and the lack of an agreed form of treatment for it are all put forward by the authors as reasons for ASD to be an unhelpful label. Further investigations into the impact of labelling on the client in psychotherapy would be helpful.

There was a significant gap in literature that looks at sexual fluidity or homosexuality, and self, in adults with HFA/AS. From the data explored in this research piece, there were two strong incidents linking sexuality and self, specifically with these clients and in particular with female clients. This significant link would warrant a greater and more thorough investigation.

The findings of this study suggested that the therapist's own life experiences around ASD could have an effect on the psychotherapeutic relationship, namely the transferential processes within it. However, there is a lack of research that looks specifically at the therapist's motivations or the effects of personal experience when working psychotherapeutically with clients on the spectrum. It would be beneficial to investigate this area more fully.

Another area that would be beneficial to look at more deeply is the impact of the referral process when working in this area. A study around this could examine the effect of the referral, specifically on the therapeutic relationship, and to look at whether or not a referral creates a triad in therapy between therapist, client, and the person who refers the client. An investigation into this may be suited to a different type of qualitative study with a greater number of psychotherapist participants.

5.8 Conclusion

This research piece explored psychotherapy as a method of working with adults with HFA/AS. As a disorder without a common consensus for its origination/causation, it is also a disorder without a consensus around its treatment. The literature has shown that psychotherapy has been considered as a treatment, however much of the literature studied psychotherapy regarding autistic children.

For the purposes of this research, five psychotherapists that work specifically with adults with HFA/AS were interviewed regarding their work in this area. Through the analysis of their interviews, themes were drawn and looked at in light of existing literature. This research concurred with much of the existing literature around the symptomology of ASD, such as issues with language, social difficulties, theory of mind, and the ability to mentalise.

This research highlighted the possible benefits to working psychotherapeutically with adults with HFA/AS, and brought to light the implications and challenges of the work. The therapists in this study, although working from different orientations, shared specific characteristics of their work in this area. There transpired to be a Psychoeducational aspect to this work, where clients could learn and try out social and life situations in the safety of the therapeutic space. Therapists encountered challenges around language, and the importance of breaking information down through language so that it can be processed more easily and in a more concrete way.

The findings of this research suggested that the therapist's own life experiences could shape their motivations for working in this particular area, and that their own

experiences can be present in the therapeutic relationship through transferential processes. On exploring the data, this study proposes that this is an area where it is important for the practitioner to be self-aware, so ensuring that their own process is not colouring the needs of the client. Further research would be beneficial in this area, to ascertain what impact personal experience can have on transferential processes in particular.

In contrast with much of the literature that speaks about the rigidity associated with ASD, there was a creativeness and flexibility in the work of the therapists with their clients on the spectrum. From the initial set up of the room or working outside of it, to making the work visual and using educational aspects, the therapists in this study spoke about adapting specifically and creatively to each individual client. Much of the literature that exists around specific approaches to working with clients psychotherapeutically references CBT. Given that working with clients with HFA/AS is often short-term, one can assume that this is why the majority of the studies have leaned towards focusing on a short-term model of therapy. However, this research has shown that psychotherapy can be used as a medium of work with clients with HFA/AS, as it is fundamentally creative which allows for the adaptation to these specific needs, which is how integrative psychotherapy should be. The therapists working in this field should, however, be open to incorporating educational aspects to their work, as this emerged as an integral component. A psychotherapist who is loyal to one specific therapeutic approach may find this work too challenging. Remaining fixed on one approach could also disrupt the therapeutic relationship by disrupting the therapist's ability to enter into the client's subjectivity.

Finally, this research points towards psychotherapy as being a suitable method of working with clients with HFA/AS, as long as the therapist is open to adapting traditional forms of therapy. An overarching sentiment emerged from this study: that HFA/AS should not be viewed as a diagnosis by the therapist, but an indication of the client's *way of being* in the world.

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Appendices

Appendix 1: Participant Information Sheet

INFORMATION FORM

My name is Ruth Kerins and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project, which is concerned with the challenges, and benefits, of psychotherapy for adults with High Functioning Autism and Asperger's Syndrome. I will be exploring the views of people, like you, who work in this field.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, given your psychotherapeutic work with HFA/AS. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Confidentiality

All information obtained from you during the research will be kept confidential. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Audio recordings and transcripts will be made of the interview but again these will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION
I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.
I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____
Signature_____
Date / /

Appendix 2: Consent Form

Research Title:

A psychotherapeutic exploration into working with adults with High Functioning Autism/Asperger's

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

☐**Yes** ☐**No**

I understand that my participation in this study is entirely **voluntary** and that I may withdraw at any time, without giving reason.

☐**Yes** ☐**No**

I understand that my identity will remain confidential at all times. ☐**Yes** ☐**No**

I am aware of the potential risks of this research study. ☐**Yes** ☐**No**

I am aware that audio recordings will be made of sessions ☐**Yes** ☐**No**

I have been given a copy of the Information Leaflet and this Consent form for my records. ☐**Yes** ☐**No**

Participant _____ _____

Signature and dated Name in block capitals

To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/here to ask questions on any aspect of the study that concerned them.

_____ _____ _____ _____

Signature **Name in Block Capitals** **Date**

Appendix 3: Demographic Information Sheet

Female ☐

Male ☐

Age Group < 30 ☐ 30 - 40 ☐ 41 – 50 ☐ 51 – 60 ☐

60 + ☐

Place of Training

_____

Psychotherapeutic Orientation

_____

Years in Clinical Practice ☐

Years working with HFA/AS ☐

Additional training for HFA/AS ☐

Appendix 4: Guide Questions

What has interested your work in this particular field of psychotherapy? What came first, your interest in autism or a client that you felt was presenting with it?

What percentage of your work is made up of working with clients with HFA/AS?

Tell me a little but about the ways in which your clients inform the way that you work?

Have you noticed patterns/similarities in the ways in which your clients with HFA/AS relate to others, and can you tell me about this?

Can you talk about the way the therapeutic relationship functions in your work with these clients?

Can you explain, from your experience, the way in which the therapist works with the transference/countertransference within this particular field?

Is there a difference in the ways that you work with non-verbal communication with clients with HFA/AS and clients without?

Do you feel that the aims of therapy for clients with AS/HFA are in any way different from other clients? If so, how?

How do family experiences present within therapy?

What, if any, similarities do you notice in the way your clients with HFA/AS communicate?

Can you tell me about a specific case where you felt that psychotherapy was particularly beneficial to a client with HFA/AS?

What, in terms of therapy, would you see as having the biggest impact on adults with HFA/AS?

Can you talk to me about a particular case where the work was challenging?

Is there anything else that you would like to add?