On the Other Side of the Therapy-Room Door: Parents' Experiences of Their Children's Journey through Psychoanalytic Psychotherapy

Dr Martyna Chrzescijanska

A thesis submitted for the degree of Professional Doctorate in Child and Adolescent Psychotherapy

University of Essex

The Tavistock and Portman NHS Foundation Trust

June 2025

The word count: 27 880

I declare that the work presented in this thesis is my own

Abstract

This dissertation explores the lived experiences of parents whose children with Autism Spectrum Condition (ASC) received psychoanalytic psychotherapy within CAMHS. Structured as a three-article thesis, the project provides a layered and in-depth analysis of parental perspectives, combining theoretical review and qualitative inquiry. The first article critically reviews existing literature on psychoanalytic work with autistic children, the role of parents in therapeutic contexts, and the broader mental health landscape. It establishes the conceptual and empirical groundwork for the empirical studies that follow.

The second article investigates the processual aspects of parenting a child through psychotherapy. Drawing on semi-structured interviews with four parents and analysed using Interpretative Phenomenological Analysis (IPA), it traces a longitudinal journey through initial uncertainty, emotional disruption, and gradual transformation. The third article examines parents' reflections on the therapy itself, focusing on perceived benefits, challenges, and the parent–therapist relationship. Although based on the same interviews, it explores a different layer of meaning, highlighting how parents make sense of psychoanalytic treatment.

The three-article structure was chosen to allow focused engagement with different facets of the parental experience while maintaining coherence and depth. Findings point to the complexity and emotional labour involved in supporting a child through long-term therapy and underscore the importance of acknowledging parents as active participants in the therapeutic process. This research aims to inform both clinical practice and policy, while also amplifying the often-overlooked voices of parents navigating child mental health services.

Acknowledgements

I would like to express my heartfelt thanks to the many people who supported me throughout the journey of this dissertation.

To my family, thank you for your unwavering support, encouragement, and belief in me—especially during the moments when the process felt most challenging.

To my partner, Sohail—thank you for surviving yet another degree with me. Your patience, humour, and steady companionship have made this journey not only possible but meaningful.

I am deeply grateful to my supervisor, Dr Lucia Genesoni, whose thoughtful guidance, trust in the potential of this project, and steady presence throughout have been invaluable. Your encouragement at key moments helped me stay connected to the heart of the work.

I would also like to thank Dr Brinley Yare for supporting the development of my research skills and for offering me many generous opportunities to present, reflect, and deepen my thinking around the dissertation. Your insight and encouragement have had a lasting impact on my growth as a researcher.

Finally, I would like to extend my deepest gratitude to the parent participants who so generously shared their time, stories, and reflections. Your openness and honesty made this research possible, and I hope this work honours your experiences and the journeys you so thoughtfully entrusted to me.

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Introduction to a Three-Article Dissertation

This dissertation is structured as a three-article format, comprising distinct but interconnected studies that explore different aspects of parental experiences related to child psychotherapy. This structure was chosen to provide a comprehensive, in-depth analysis of the topic while ensuring a clear and focused approach to each aspect of the research. The three articles are as follows:

- **A literature review** – This article provides a critical examination of existing research on psychoanalytic approaches to working with children with autism, parental experiences of supporting neurodivergent children, and the mental health services available to them. It establishes the theoretical and empirical foundation for the subsequent research.
- **An empirical study on the parental journey through psychotherapy** – This article explores the broader, processual experiences of parents as they navigate their child's psychotherapy, from pre-therapy expectations to post-therapy reflections. The data were collected through semi-structured interviews and analysed using Interpretative Phenomenological Analysis (IPA). This study draws on one part of the overall data set, focusing on the longitudinal and developmental aspects of parental experience.
- **An empirical study on parental perspectives on psychotherapy** – This article examines parents' views on the benefits and challenges of psychotherapy for their children, offering insight into their experiences of psychoanalytically oriented treatment. While based on the same interviews as Article 2, this study uses a different portion of the data, focusing more specifically on the content of parents'

reflections on the therapeutic process and the parent–therapist relationship. IPA was also used to analyse this data, enabling an in-depth, interpretative exploration of meaning-making.

Rationale for the Three-Article Structure

The journey of this dissertation has been shaped by an evolving understanding of parental experiences in the context of child psychotherapy. As I embarked on this research, my initial focus was on exploring parental perspectives on psychoanalytic psychotherapy for children with autism. However, as the data unfolded, it became evident that the parental experience extended beyond reflections on the therapy itself. The process—the journey of seeking, engaging in, and reflecting on psychotherapy—emerged as an equally significant and deeply personal narrative. Recognising the importance of this broader perspective, I chose to structure this dissertation into three distinct but interrelated articles, each offering a different lens through which to explore this complex subject.

Recognising the significance of this distinction, the research evolved to address two primary questions:

1. How do parents of children with autism experience their journey through their children's psychotherapy?
2. What are parental perspectives on the psychotherapy provided to their children diagnosed with autism?

Structuring the dissertation in this way was not only a practical decision but also a meaningful one. The division into three articles allowed for a richer, more layered exploration of parental experiences, while also maintaining a level of coherence and focus that might have been lost in a single, more traditionally structured study. At the same time, this approach raised important methodological and ethical questions—how to honour the voices of all participants, how to navigate the inevitable exclusions that come with analysis, and how to ensure that the research remained both rigorous and deeply attuned to the emotional realities it sought to understand.

Practical and Ethical Considerations

In adopting a three-article structure, I was not only considering the best way to present my findings but also reflecting on the broader implications of how research is shared and applied. From a practical perspective, this format offers greater potential for publication, allowing these insights to reach a wider audience and contribute to the growing body of research in child psychotherapy. I see dissemination as a vital responsibility of researchers—ensuring that the knowledge gained does not remain static within academic circles but instead informs clinical practice and future research.

Ethically, this format also provided an opportunity to enhance participant anonymity. By structuring the research into separate articles, I was able to implement subtle but meaningful modifications—such as altering names and, in some cases, genders—within each article. These adjustments further reduced the likelihood of participants being identified through their narratives, reinforcing my commitment to ethical research practices.

Development of Group Experiential Themes

During the data analysis process, in line with the iterative nature of Interpretative Phenomenological Analysis (IPA), a larger number of Group Experiential Themes (GETs) were initially identified across the dataset. In the first stage of analysis, seven GETs emerged that captured aspects of parents' experiences over time. However, on closer examination, several of these themes overlapped conceptually and reflected different moments within a shared developmental trajectory. As a result, these were refined and consolidated into four overarching GETs, which are presented in Article 2 as representing the parental journey through psychotherapy.

Alongside this more chronological, process-oriented structure, a second cluster of themes emerged that focused less on temporal progression and more on the qualitative experience of psychotherapy itself. Initially, eight GETs were identified within this domain. However, some of these themes—particularly those relating to broader experiences of CAMHS as a service (including assessment pathways and other interventions), as well as the relationship between parents and parent workers—were considered less directly relevant to the central research questions. While important, they did not sufficiently illuminate parents' experiences of their child's psychotherapy specifically. These themes were therefore not included in the final analytic structure presented in Article 3, resulting in five final GETs.

This process of refinement resulted in a clearer distinction between two clusters within the data: one capturing the longitudinal, journey-based aspects of parental experience (Article 2), and the other focusing on parents' perspectives on psychotherapy as a therapeutic process (Article 3).

Structural Coherence

The three articles are not merely thematically connected; they are designed to complement one another structurally as well. The literature review (Article 1) lays the groundwork for the two empirical studies, offering a theoretical and contextual foundation. To maintain clarity and avoid unnecessary repetition, Article 2 provides a detailed account of the methodological approach—Interpretative Phenomenological Analysis (IPA)—as well as a reflexive statement, both of which remain relevant for Article 3. This structure ensures coherence while allowing each article to stand independently as a meaningful contribution to the field. More than anything, I hope that this work not only contributes to academic discourse but also honours the voices and lived realities of the parents who shared their stories with me. Their insights have shaped this research, and in turn, this research has shaped my own evolving perspective on the field of child psychotherapy.

Article 1

Literature Review: Psychoanalytic Approaches to Supporting Children with Autism and Understanding Parental Experiences

Abstract

This literature review examines the relationship between psychoanalytic psychotherapy provided to children diagnosed with Autism Spectrum Condition (ASC) and the experiences of their parents within mental health services. It aims to explore how psychoanalytic perspectives have evolved in their engagement with autism and parental experiences, alongside broader discussions of parental perceptions of autism diagnosis, therapeutic interventions, and service provision, particularly within CAMHS.

The review is structured into three sections. The first explores the historical and theoretical framework of psychoanalytic approaches to autism, critically analysing their evolution through alternative perspectives such as poststructuralism and contemporary research.

The second focuses on existing studies that examine the lived experiences of parents raising children with autism. The final section evaluates parental perspectives on services and support, considering their experiences within CAMHS and other mental health provisions.

A systematic search strategy was employed, using databases such as PsycINFO, PubMed, and PEP archives to identify peer-reviewed studies. The review highlights the need for improved communication, continued reflection, and a more parent-centred approach in service provision.

Keywords: Autism Spectrum Condition, psychoanalysis, parental experiences, family dynamics, stress, stigma, empowerment.

Introduction

This article is structured into three sections, each examining different aspects of the relationship between psychotherapy provided to children diagnosed with autism within mental health services and the experiences of their parents in relation to this treatment.

The first section explores the narrative and historical framework of psychoanalytic approaches to treating families with an autistic child. It also critically examines these perspectives through alternative lenses, such as poststructuralism and recent research. The second section focuses on existing studies concerning the experiences of parents who live with and care for a child with autism. The final section considers parental perspectives on the services and support they receive when their child is diagnosed with ASC.

The article begins by exploring psychoanalytic perspectives before shifting to the viewpoints of parents. This progression is intentional, as understanding parental insights is central to this dissertation. The structure of this article reflects the broader aims of the research project, which will be further detailed in Articles 2 and 3. These subsequent articles will transition from a clinical understanding of working with children diagnosed with autism to a deeper exploration of parental experiences in the context of psychoanalytically informed treatment.

The literature review is structured to encompass various aspects of parental experiences of psychotherapy offered to their children. Firstly, it is crucial to examine the psychoanalytically oriented psychotherapy approach—how it has evolved and how it can be critically assessed—to contextualise parental experiences of such treatment. Secondly, we need to consider what existing research reveals about parental experiences of living with their autistic children to determine whether these findings are reflected in the study presented in this dissertation. Finally, as the research question centres on parental experiences of support provided within a specific service (CAMHS), it is essential to explore what parents themselves say about their experiences of these services and the support available to them.

Due to the distinct nature of these three sections, separate searches were conducted for each, with the methodology outlined accordingly.

Psychoanalytic Approach to Working with Children and Families Affected by Autism

This segment of the literature review seeks to explore the relationship between psychoanalytic psychotherapy and its application in families with children diagnosed with ASC. A particular emphasis was placed on approaches to working with parents of children with autism. The key inquiries addressed here include the nature of psychoanalytically-driven therapy in such contexts and the evolution of this relationship over time. Additionally, this section provides a critical analysis of the approach.

Search Strategies and Process

To identify relevant literature, searches were conducted across PsycINFO, PubMed, and the PEP Archive. Search terms were combined using Boolean operators: *(psychoanal*) AND (autism OR ASC OR ASD)*. Inclusion criteria were limited to English-language publications from 1911 onwards, marking Bleuler's introduction of the term "autism." Given the historical scope of the review, recency was not prioritised.

The initial search yielded 1,260 records, supplemented by a small number of sources identified through hand-searching and prior familiarity with the field. Following removal of duplicates, titles and abstracts were screened, with exclusions made where studies were clearly non-psychoanalytic or not relevant to autism. Difficulties accessing some full texts meant that screening decisions were, in part, based on available abstracts and summaries.

A total of 25 full-text articles and chapters were accessed and included in the review. Reference list searches and citation chaining yielded an additional five sources, resulting in 30 core texts informing the analysis.

Overall, the literature base was relatively limited and unevenly distributed, with a strong emphasis on the British object relations tradition and comparatively little representation from other psychoanalytic schools, such as Lacanian approaches.

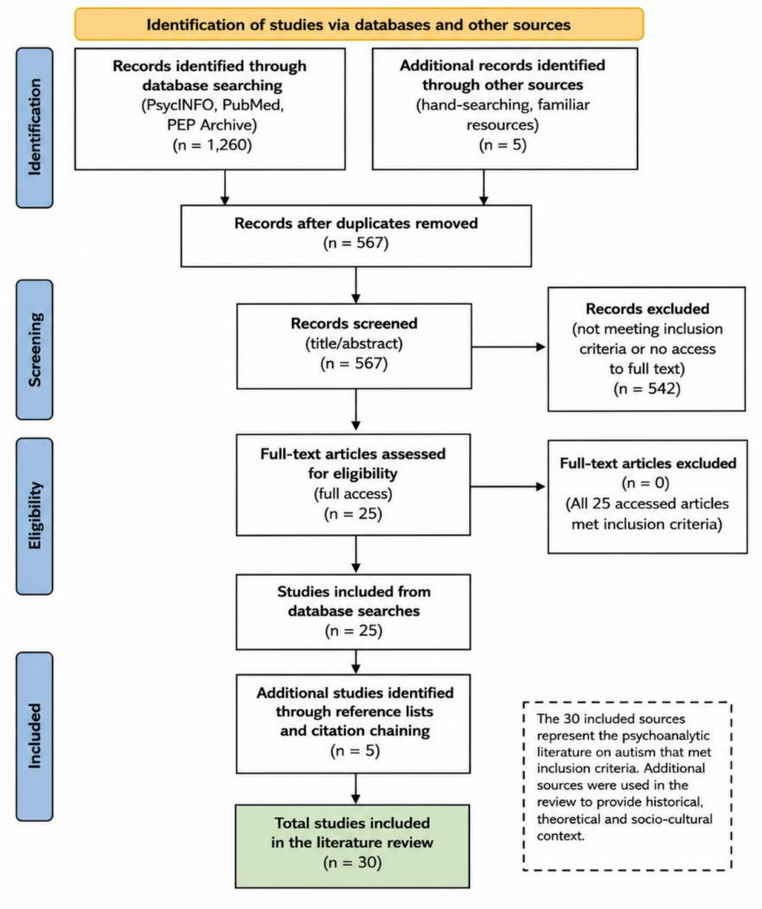

Figure 1

Background – Difficult Beginnings and Social Context

The early psychoanalytic conceptualisations of autism, often viewed as controversial, have influenced subsequent interactions between clinicians and parents of children with autism.

The foundational theory by Kenner in 1943, while acknowledging the innate aspects of autism, was overshadowed by a focus on parental roles, especially maternal deprivation, in the condition's development. Kenner observed the behaviour of parents in hospital settings, noting, for example, that “in the whole group, there are very few really warm-hearted fathers and mothers” (1943, p. 250). He remarked on the prevalence of college-educated mothers who worked outside the home. Kenner's insights into parental involvement and characterisations of their behaviour were, by his own admission, misinterpreted; he never claimed that “it is entirely the parents' fault” (Olmsted & Blaxill, 2010, p. 226). He argued, “the inherent solitude of children from the onset of life complicates attributing the entire scenario solely to the nature of early parental interactions with our patients” (1943, p. 217).

Over two decades later, Bruno Bettelheim (1967) popularised the notorious concept of “refrigerator mothers” in discussions about the aetiology of autism. Bettelheim, a prominent figure in psychoanalysis at the time, significantly influenced the psychotherapeutic interpretation of autism. He postulated that autism resulted from upbringing and “maternal rejection”, advocating that treatment for children with autism should centre on providing the love and emotional sustenance they lacked. Bettelheim's theories were impactful during that era, leading to the establishment of several clinics, such as Warrendale, which adopted his methods to treat children with autism (Briggs, 2020). Some programmes, like Thistletown or the Crèche, involved parents, predominantly mothers, inviting them to observe staff members working with the children (Landsberg 1965). Although contemporary psychoanalytic psychotherapy has moved away from Bettelheim's views, these initial theories and practices influenced certain aspects of therapeutic intervention, such as ideas about the professionals’ role in “correcting” parental responses to their children’s behaviour.

The narratives surrounding "damaging mothers" should be contextualized within the post-Second World War social milieu. The emergence of child psychiatry and psychology in North America and Europe introduced families to new forms of oversight and intervention by "experts". Mothering was no longer viewed solely as a natural or instinctive role but rather as a skill that could be developed and refined under expert guidance. As Nadesan posited, "The development of the child could not be pre-supposed; rather it became an accomplishment in itself" (2005, p. 70). Post-1940s, there was a surge in publications and programs dedicated to child-rearing, such as the child-rearing manual *Baby and Child Care* and *Parents and Children* by Groves and Groves, which disseminated psychological perspectives on parenting (Bakker, 2020). This spread of expert knowledge on child-rearing effectively set new societal norms, placing families, especially mothers, in a receptive, non-expert role. Winnicott, through his BBC radio broadcasts from 1943 to 1962, advocated for the importance of maternal instinct, albeit from an "armchair" expert standpoint.

The initial theories of autism emerged amidst significant societal changes in post-war Europe and the US. Mothers, as described by Kenner – being educated and employed – represented a new phenomenon. From post-feminist and post-structuralist standpoints, the early concepts of autism were formulated within the context of the evolving roles of women post-war, where professional women were often portrayed as "cold" or lacking the warmth associated with more traditional maternal roles (Wilson, 2006). Wilson notes, *"*First, from the early 1950s, many employed mothers began to challenge, although not overturn, the dominant discourse of the ideal mother as exclusively bound to the home*"* (2006, p. 207). This shift heralded a new dynamic between women as mothers and professionals such as psychologists and psychotherapists.

This foundational phase in conceptualising autism and its impact on families significantly influenced contemporary psychotherapeutic practices with autistic children and their families. The ideas promoted by Kenner and Bettelheim, despite being critiqued by many modern psychoanalysts working in this field (e.g., Alvarez and Reid, 1999), have had a lasting impact on current therapeutic approaches. The next section of this article will explore the key psychoanalytic strategies employed in working with families and children with autism, followed by a critical discussion.

Psychoanalytic Approach

The psychoanalytic approach to autism, primarily developed at the Tavistock Clinic by psychotherapists such as Francis Tustin, Maria Rhode, Anne Alvarez, Sue Reid, and Trudy Klauber, utilises psychodynamic and psychoanalytic methods, largely influenced by the British Object Relations school of psychoanalysis. This approach introduces a more individualised and dynamic framework for engaging with children diagnosed with autism. Rhode notes that "classifications of emotional conditions derived from psychodynamic considerations can diverge from descriptive psychiatric diagnoses" (2004, p. 2), highlighting a unique perspective of the psychoanalytic approach.

Despite its potential benefits, offering psychotherapy to children with autism remains a controversial topic among professionals, largely due to the perception of autism as a neuro-developmental deficit rather than a mental health issue (Aarons & Gittens, 1992; Frith, 2002). Child psychotherapists acknowledge the significance of biological and genetic factors in autism, but they also place considerable emphasis on the emotional challenges faced by children with the condition. They advocate for a multifactorial understanding of autism, suggesting that the emotional difficulties arising from the disorder should be an integral part of the therapeutic consideration (Rhode, 2004, pp. 4-5).

Consequently, psychotherapists often focus on addressing “the secondary negative consequences of the primary abnormalities” (Dawson and Lewy, 1989, p. xvii) associated with autism, rather than the condition itself. This nuanced perspective is pivotal to understanding the psychoanalytic approach in treating autism and underscores the importance of considering a broad range of factors in therapeutic interventions. Consequently, psychotherapists primarily address the secondary, usually emotional, difficulties developed as a result of autism rather than tackling autism itself.

Reid et al. (2001) stated that children with autism undergoing long-term psychotherapy exhibit developmental progress. Child psychotherapy developed specialised techniques aiming at reaching the “non-autistic” parts of a child. Additionally, the approach underscores the significance of involving parents and siblings of children undergoing psychotherapy.

Despite significant psychotherapeutic work over the past 60 years, robust evidence supporting its effectiveness remains limited (Sleed et al. 2022). The literature, however, does include numerous clinical accounts of successful treatments, primarily presented by psychotherapists themselves, which do not necessarily constitute strong evidence (e.g. Ahumanda and de Ahumada, 2017).

Francis Tustin played a crucial role in shaping the psychoanalytic approach to autism. In her seminal paper “A significant element in the development of autism: A psychoanalytic approach” (1966) and her book *Autism and Childhood Psychosis* (1972), Tustin introduced the concept of “autistic encapsulation”, based on her treatment of her first autistic patient. She examined the trauma associated with early physical separation, a time when the ego has not yet developed the ability to form symbols, and the emergence of self-protective strategies known as autistic defense mechanisms. Tustin suggested that an early, premature awareness of physical separateness from the mother could provoke profound anxiety, which in turn gives rise to defensive mechanisms.

Tustin (1981) distinguished between two different types of autism: shell-like, encapsulated children predominantly using adhesive mechanisms, and confusional, entangled children. The encapsulated child attempts to defend against feelings of separateness by immersing themselves in bodily sensations, thereby maintaining an illusion of contact with the mother’s body. In contrast, the entangled child seeks to protect themselves from the experience of separateness by creating an illusion of being physically stuck within the mother’s body. Tustin later expanded on these types, describing children who use autistic self-protective mechanisms to shield themselves from psychosis. While diverging from the ideas of Kenner and Bettelheim, Tustin maintained certain aspects of their perspectives, notably in her references to maternal emotional unavailability's contribution to autism (Tustin, 1990). Despite criticism for perpetuating the tradition of attributing parents' responsibility for their children's autism (Kenny, 2019; Taipale, 2023), Tustin also recognised the value of parental involvement in working with children diagnosed with autism. In 1972, she characterised the parents of children with autism as sensitive and committed.

Another prominent figure in psychoanalysis, Donald Meltzer (1975), expanded upon and developed Melanie Klein’s concepts, particularly those related to object relations, the paranoid-schizoid and depressive positions, and the importance of early maternal relationships, in his work with children diagnosed with autism. He posited that the mental functioning of autistic children is two-dimensional, lacking a three-dimensional sense of self and others, leading to their failure in using projective identification as a form of communication and reliance on adhesive mechanisms instead. Tustin and Meltzer both emphasised the role of sensuality in autistic children, who protect themselves from the awareness of separation by focusing on self-generated bodily sensations.

Another pivotal contribution to this field was *Mental Handicap and the Human Condition: New Approaches from the Tavistock* (Sinason, 1992). Valerie Sinason's (1986) introduction of the concepts of “primary handicap” and “secondary handicap” significantly influenced psychotherapeutic approaches to autism. The premise that living with a diagnosis and neurodivergence can lead to “secondary” challenges, often arising from a maladjustment to a neurotypical, social reality, is now widely acknowledged and utilised in psychotherapy. Furthermore, most studies indicate that children with autism often experience additional mental health issues, such as anxiety and depression, supporting some of Sinason’s theories. This notion of “secondary” symptoms has laid the groundwork for psychoanalytic treatment of children with autism, particularly in light of the predominantly neurodevelopmental nature of ASC.

Margaret Mahler (1952, 1965), a US-based psychoanalyst, drew significant inspiration from British object-relations theory. She identified what she termed “symbiotic psychosis”, which aligns with current DSM-V criteria for an autism diagnosis. Her focus was less on the existence of protective shell in autistic children and more on the absence of early separation from the mother during the child's development. Mahler perpetuated the tradition of conceptualising autism in the context of early relational experiences with the mother, particularly focusing on early separation.

The latest psychoanalytic approaches to autism have been significantly reshaped by child psychotherapists like Anne Alvarez (2012, 2012a). Alvarez has authored several books and articles delineating her experiences with autistic patients, with much of her theoretical progress being a direct result of her clinical work. She has pioneered new methods for working with children with autism. For example, she argued that traditional, more passive techniques might be inadequate, proposing instead that children with autism may benefit from "reclamation" through the lively presence of a therapist (Alvarez, 1980). Distinguishing between withdrawn and undrawn children, she further expanded on Bion's theories regarding the attacks on linking, introducing concepts about deficits in linking. Alvarez's work illustrates how psychoanalytic theory can evolve and adapt in response to practical applications, mirroring her own shift from a theoretical focus to an approach centred on what is effective for her patients.

Contemporary psychoanalysts, including Klauber, have increasingly focused on family dynamics in relation to autism. Klauber (1998) explored the traumatic impact of living with and caring for a child with autism on parents. She argued that the difficulties observed by clinicians in families with children facing severe challenges, such as autism, are often misinterpreted as the cause of these issues. Instead, she proposed that they should be viewed as the *consequences* of trauma and loss, the result of having and living with the referred child (1988, p. 87). This perspective marks a shift towards a more empathetic and understanding approach when working with families of children diagnosed with ASC within psychoanalysis.

This also sheds light on how phenomena such as parental stress, economic hardship, and social isolation, often noted by psychologists and psychotherapists, are not the cause of autism but rather the outcome of living with a child who has the condition. This view has been corroborated by more recent studies. A significant phenomenon that Klauber highlights is heightened parental stress and its impact on family dynamics. Research indicates that parents of children with autism experience elevated levels of stress, anxiety, and depression compared to parents of typically developing children or those with other developmental disabilities (McKenzie et al., 2019). The unique challenges autism presents, such as communication difficulties and behavioral issues, contribute to this stress, creating a cycle of negative emotional states that affect both the parents and the child. For example, Hastings et al. (2005) found that the psychological functioning of family members plays a significant role in the expression of behavioural problems in children with autism, suggesting that parental stress can exacerbate the child's difficulties. This suggests the importance of looking into parental experiences while working therapeutically with children with autism.

Criticism

The discourse of “blaming mothers” has been a prevalent theme in psychoanalytic thinking. Waltz (2023) observes that although this “blaming” aspect is not as pronounced as it was in the initial theories of autism, it has never been completely eradicated from psychoanalytic interpretation. He argues that the tradition of attributing autism to maternal deprivation has remained strong in psychoanalysis, exemplified by Mahler's theories about the role of traumatic events like temporary separation from the mother or illness, and Tustin's views on maternal depression around the time of a child's birth. Despite contemporary psychoanalytic approaches striving to distance themselves from these earlier understandings of autism's genesis, it is crucial to acknowledge that the roots of psychoanalytic thought are deeply embedded in the concept of “maternal deprivation”, as seen in the works of Anna Freud and Dorothy Burlingham from the 1940s, which focused mainly on early infant experiences. Bishop and Swendsen (2021) also highlight that the tendency to blame parents for their children's autism persists in the psychoanalytic treatment of children with ASC in France, emphasising the paradoxical nature of employing “talking therapy” for children with often compromised communication abilities.

Rhode (2004) advocates for child psychotherapists to concentrate on how parents respond to their children with autism, rather than viewing parents as the cause of the condition. She acknowledges that some parents may struggle with providing “helpful responses” to their autistic children due to their own experiences. Therefore, she asserts the importance of integrating psychoanalytically-oriented work with parents in conjunction with psychotherapy for children diagnosed with autism. This approach marks a significant departure from initial positions, such as Bettelheim's, but it still remains somewhat entangled in the narrative of “experts teaching parents”, often underpinned by normative or psychoanalytically-driven assumptions about expected parental responses. This inherent tension appears inevitable as long as psychoanalysts position themselves as experts, a situation that is likely in public services like CAMHS, where clinicians may both identify and be perceived as experts. This dynamic carries a potential risk, as it may limit the therapeutic space for families and parents to fully express their experiences and perspectives, potentially fostering a more hierarchical relationship instead of one rooted in collaboration and mutual understanding.

Despite numerous developments in theory and practice, the psychoanalytic approach originates from a discourse in which psychotherapists occupy expert roles within broader social structures that define ability and disability based on normative assumptions. Critical Autism Studies (CAS) (e.g. Woods et al., 2018; Waltz, 2014), challenge the definition of autism in terms of deficits, shifting the focus away from family dynamics to cultural and social frameworks that define ability and disability within normative contexts. It is imperative for psychoanalysis as a discipline to recognise its role in constructing the concept of “autism”.

This social and cultural aspect of constructing autism may be reflected in setting goals for psychotherapy for children with autism, which tend to be based on normative ideas about ability rather than the child's individual needs. Georgiou et al. (2021) found through critical discursive psychological (CDP) analysis of interviews with psychoanalytic psychotherapists that while they resist the medicalised discourse on autism, they also often perceive autism as “subordinate”, thereby creating a construct of autism similar to that of medical sciences, focused on the notion of abnormality.

The phenomenon of perceiving autism as subordinate can be traced to the historical context in which autism has been framed predominantly through a medical lens. Many psychoanalytic practitioners, while critical of the medical model, may still unconsciously adopt its language and constructs, thereby contributing to a discourse that emphasises deficits and abnormalities rather than the neurodiversity perspective that advocates for understanding autism as a variation of human experience (Emanuel, 2014). This reflects a broader trend where the medical discourse, which often pathologises autism, remains influential even among those who seek to adopt a more holistic and empathetic approach to treatment (Emanuel, 2014). Moreover, the discourse surrounding autism often encompasses themes of normality and abnormality, where the latter is frequently emphasised in clinical settings. This is evident in the way therapists may frame their understanding of autism in relation to societal norms, inadvertently reinforcing the notion that autistic traits are deviations from the expected developmental trajectory (Lester, 2014). Such framing can lead to a therapeutic environment where the focus is placed on "normalising" the autistic individual, rather than embracing their unique cognitive and emotional experiences.

Psychoanalysis needs to become more reflective regarding its position in the autism discourse, especially in its role as “experts” and how the understanding of autism and psychotherapy goals are constructed within a broader cultural and societal framework.

The psychoanalytic approach to parents of children with autism has evolved since its early formulations. Current trends place greater emphasis on working with parents, understanding their positions and experiences, as demonstrated by Klauber (1998) and other psychoanalysts. The impact of having a child with autism on parents is now receiving more attention. However, there remains a substantial gap in psychotherapists' understanding of parental viewpoints on the treatments provided to their children, as well as their experiences concerning psychotherapy and its impact. The following section of this chapter will explore our current understanding of the impact of living with and caring for a child with ASC on their parents and their experiences, knowledge essential for providing effective treatment for children and families.

Parents’ Experiences of Their Children's Autism

This section comprehensively reviews and synthesises various research studies and literature addressing the experiences of parents living with and caring for children diagnosed with ASC. The objective here is to present a thorough understanding of parental experiences in relation to their children's autism. The preceding portion of the literature review highlighted a notable gap in the psychoanalytic comprehension of parental experiences when psychotherapy is provided to their children. This segment, therefore, examines what is currently known from existing studies regarding parental perceptions and experiences of autism.

Search Strategies and Process

A systematic literature search was conducted using electronic databases such as PsycINFO and PubMed to ensure relevance and accuracy. The Boolean search string used was: *(Parent) AND ((autism) OR (ASC) OR (ASD)) AND ((experience*) OR (perspective*) OR (view*))**

This approach aimed to capture a broad range of studies exploring parental experiences of raising a child with ASC.

Inclusion and exclusion criteria (summarised in Table 1) guided the selection process. Only peer-reviewed studies published from 2010 onwards were considered, focusing on parents or guardians of children with ASC aged from infancy to 25. Studies could be qualitative, quantitative, mixed-methods, or meta-analyses.

The initial search yielded 3,383 articles. Abstracts were screened for relevance, and duplicates or inaccessible texts were excluded. This resulted in 44 full-text articles being included. A further five were added through hand-searching reference lists, bringing the total to 49 studies forming the basis of the review, as shown in Figure 2.

Table 1

Inclusion criteria 1
Peer reviewed
Published between 2010-now
Methodology: qualitative, quantitative, mixed method, meta-analyses
Participants: age range of children – between infancy to 25 years old (no age range for parents); the study has to involve the parents or guardians as participants
Study focus: the experiences of parents/guardians of their children's autism

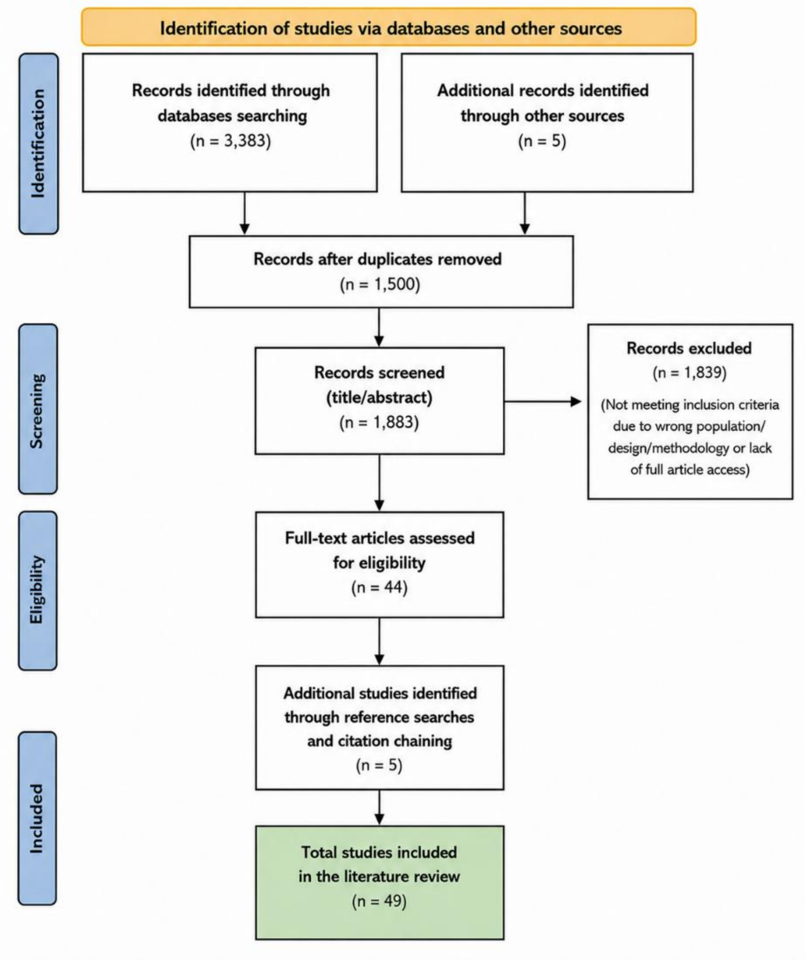

Figure 2

The selected articles were categorised into five distinct themes: 1) An overview of the key aspects of parents' experiences; 2) Stress; 3) Grief; 4) Self-efficacy and empowerment; 5) Stigma.

Overview of Parents' Experiences

The research revealed a plethora of studies focusing on parents' experiences of caring for and living with children diagnosed with autism, including literature reviews and meta-syntheses.

DePape & Lindsay (2015) conducted a comprehensive thematic synthesis of 31 qualitative studies, exploring these parental experiences. This synthesis identified six key themes: "prediagnosis, diagnosis, family life adjustment, navigating the system, parental empowerment, and moving forward" (p. 569), thus presenting a linear narrative of parents' experiences throughout the various stages of family life.

A notable finding was the lack of consistency in recognising atypical behaviour during the pre-diagnostic stage. While some parents did not notice any atypical developments in their children who were later diagnosed with ASC, others did, such as a lack of eye contact. Interestingly, some parents initially attributed these behaviours to causes other than autism. For example, one parent mentioned, “We thought he was deaf because he would not respond when we called his name” (Altiere & von Kluge, 2009, p. 144).

The emotional response to receiving a diagnosis was mixed among parents, with feelings ranging from relief to devastation. For some, the devastation was so intense that they likened it to experiencing a death in the family. Many parents speculated about the possible causes of autism, including black magic, genetics, allergies, and in some cases, self-blame, particularly among mothers. Other common issues raised by parents included frustration due to time constraints, feeling overwhelmed, anticipating further crises or behavioural challenges, and financial difficulties. Some parents also reported experiencing health problems following their child's diagnosis. The synthesis further highlighted that the diagnosis of autism significantly impacted family dynamics, including the relationship between the parents and with other siblings.

Another prevalent theme was the fear of negative public perception and incidents in public places. The experiences with services were mixed; some parents had positive experiences, while others found accessing services challenging, often due to financial constraints and the time required to travel to different service locations.

Ludlow et al. (2012) conducted a qualitative study with 20 parents of children diagnosed with autism and Asperger’s syndrome, ranging in age from 4-14 and two aged 26 and 29, from East England and London. The study found that the majority of parents (16 out of 20) identified their children's challenging behaviour as a major source of stress. Fewer parents (11 out of 20) reported significant concerns about their children's social isolation. Many parents expressed feelings of embarrassment and guilt, particularly in relation to public reactions to their children’s tantrums. A sense of lack of support and concerns about long-term dependence of their children on them were also common. Importantly, the value of contact with other parents of children with ASC was highly appreciated.

The experiences of parents living with adolescents diagnosed with ASC have been relatively under-explored, particularly in comparison to those with younger children. In their qualitative study, Mount & Dillon (2014) explored the experiences of parents with adolescent children diagnosed with ASC. The study involved nine parents, whose children, aged 11-16, were diagnosed with ASC and attended mainstream secondary schools in the East Midlands. Thematic analysis was employed to dissect the data, revealing seven main themes. Parents frequently discussed challenges such as rigid behaviour and non-conformity to social norms. Concerns were also raised about the impact on family dynamics, particularly the potential neglect of siblings without ASC due to the greater parental attention needed by the ASC-diagnosed child. The emotional significance of receiving the diagnosis was a prevalent topic among parents. School-related issues, especially worries about their children's well-being and ability to articulate their feelings at school, were commonly mentioned. Parents found solace in support groups, yet some reported a lack of adequate support surrounding the diagnosis.

Research indicates that parents' experiences of caring for their children with ASC are influenced by socioeconomic factors. For instance, children from lower socioeconomic backgrounds and rural areas tend to receive their diagnosis later (Braddock & Twyman, 2014; Harstad et al., 2013). Similarly, studies in the US suggest that African American and Hispanic children are often diagnosed later as well (Jo et al., 2015). This is significant, as other research points to early diagnosis and intervention being linked to better outcomes, such as enhanced social communication and brain function (Dawson et al., 2012).

Impact on the parents: Stress

In his comprehensive synthesis, Bonis (2016) presents findings regarding factors that influence stress levels in parents of children with ASC, as well as those affecting their decision-making in relation to service utilisation. The review included a substantial number of articles – 132 in total. It was found that parents begin to experience elevated stress levels from the pre-diagnosis stage, grappling with understanding their children’s behaviour and identifying appropriate support measures.

The research indicates that parental stress is comparatively lower when the children's ASC symptoms are milder (Moh & Magiati, 2012) and tends to decrease as parents adapt to their circumstances (Bekhet, Johnson, & Zauszniewski, 2012). The review underscores the crucial role of stress management in effectively managing the behaviour of children with ASC. The struggle in managing challenging behaviours emerges as a primary source of stress for parents. Bonis (2016) emphasises the importance of this finding for service providers, suggesting that interventions to support parents of children with ASC should take these stress factors into consideration.

Additionally, several studies have endeavoured to measure the quality of life of parents with children diagnosed with autism. For instance, Kuhlthau et al. (2014) involved 224 families from the US in their study. The participants, who were primary caregivers of children aged 4-17 with an ASC diagnosis, completed a survey using the CarerQool, a care-related quality of life instrument. The results revealed that although parents experienced a sense of fulfilment and meaning in providing care for their children, they concurrently faced challenges in balancing care with daily activities and financial burdens. Many also reported experiencing depressive symptoms.

It's noteworthy that most studies investigating the emotional state of these parents are based on self-reports, with only a few incorporating measurements of physiological stress symptoms. Padden & James (2017) compared self-reported stress levels with physiological indicators like cortisol levels. They discovered that parents of children with ASC reported significantly higher levels of anxiety and stress compared to other parents, but these findings did not correlate with the physiological data. The authors acknowledged the need for further research to understand the discrepancies between self-reported stress and physiological measures, considering the relatively small sample size (76 participants in total).

Understanding the emotional state of parents is critical, as it has a substantial impact on the wellbeing and outcomes of children with ASC. Parents themselves seem to be aware of this influence. In a qualitative study by Zhou & Yi (2014), which utilised grounded theory to examine the parenting styles of parents of children with autism in mainland China, most participants (32 parents, predominantly mothers) reported observing an impact of their emotional state on their children's mental state. However, the specificity of these findings to parents of children with autism is uncertain, given the qualitative nature of the study and the absence of a control group.

Further research supports the link between parents' emotional state and their children's behaviour. Colizzi et al. (2020) studied the impact of the COVID-19 pandemic on families with children diagnosed with autism, finding that increased parental stress was a contributing factor to heightened behavioural problems in children. The study also highlighted the importance of considering other factors, such as limited access to support and networks during the pandemic.

Grief

The emotional experiences of parents with children diagnosed with ASC have frequently been described in terms of "loss" and "grief", often accompanied by depressive symptoms (Taylor & Warren, 2012; Van Steijn et al., 2014). Commonly used terms to describe these experiences include "chronic sorrow", "ambiguous loss", and "non-finite grief". "Chronic sorrow" is defined as the long-term periodic sadness experienced by caregivers of the chronically ill in reaction to continuous losses (Lindgren et al., 1992), a description widely applied to the experiences of parents with children with ASC (e.g., Bordonada, 2017). It characterises a form of grief without a sense of closure.

The term "ambiguous loss" was coined in the 1970s by Pauline Boss to describe a sense of loss that occurs without physical loss, such as through death (Boss & Greenberg, 1984). This type of loss can occur in various situations like immigration, divorce, or ageing. Boss (2006) categorised ambiguous loss into two scenarios: 1) when a loved one is psychologically present but not physically (e.g., in cases of missing persons); 2) when a loved one is physically present but not psychologically. Researchers suggest that having a child with autism can be likened to the latter scenario.

In their qualitative study, Çelik and Halil (2018) confirmed some of these concepts through their exploration of the experiences of mothers of children with autism in Turkey. Conducting semi-structured interviews with 8 mothers and employing descriptive phenomenology for analysis, they found that most mothers spoke about their children's emotional inaccessibility, describing autism in terms of "ambiguity, obscurity, darkness, and uncertainty" (p.729). Some mothers expressed feelings of unresolved grief: "...there is a knife in my heart which has gotten stuck in there and will never be taken out… I am stabbed forever. If I were actually stabbed, it wouldn't hurt as much as this" (Çelik & Halil, 2018, p. 730). These mothers commonly reported feelings typically associated with depression, such as sadness, isolation, and hopelessness.

Other research, such as the study by Ho et al. (2018), suggests that while most parents initially describe receiving their child's diagnosis in terms of grief, they often become more hopeful over time, adjusting to the new reality. It is important to consider individual differences in responses to the diagnosis and the varying levels of support received by families.

Fernańdez-Alcántara et al. (2016) conducted a qualitative study to explore the feelings of grief and loss among parents of children with ASC. Drawing on previous research indicating that these parents experience a sense of loss akin to grief (Mulligan et al., 2012), the study also examined the concepts of "chronic sorrow" and "ambiguous loss" as they relate to the loss of hope and expectations for an "ideal" child in cases of chronic health conditions. Using grounded theory, the researchers analysed interviews with 20 participants (25% fathers and 75% mothers) of children with autism. They found that learning about the diagnosis was strongly associated with feelings of loss among all parents, with initial responses of shock and denial being particularly strong. Although most parents eventually adjusted, they continued to describe their feelings in terms of “sadness” and “distress” when considering autism.

The study observed differences in responses based on the gender of the parents. Fathers tended to respond to their emotions by taking practical actions more frequently than mothers, who reported experiencing greater emotional challenges. Given the higher participation of mothers in the study, the reliability of these findings across a broader population is uncertain. Fernańdez-Alcántara et al. (2016) also noted that parents’ responses to their sense of loss were characterised by two processes: acceptance and developing a new relationship with the child, and coping with the challenges that this process entails.

Self-Efficacy and Empowerment

Several studies have concentrated on the themes of empowerment and self-efficacy among parents caring for their children with ASC.

In a significant meta-analysis by Boshoff et al. (2016), the perceptions of parents regarding advocacy for their children with ASC were examined through 19 qualitative studies. The findings were categorised into two main areas: “challenges of advocacy” and “benefits of advocacy”. A notable theme identified was the role of advocacy as a coping mechanism, enabling parents to exert control over their situation and mitigate feelings of helplessness. Another key theme involved the difficulties faced by parents in balancing the needs of their ASC-diagnosed children with other familial and personal responsibilities. The study also highlighted the importance of network support in facilitating advocacy and instilling hope, while noting that parents often felt isolated when such support was lacking. This meta-analysis underlined the vital role service providers play in supporting and acknowledging the challenges faced by parents in their advocacy efforts.

Empowerment is also recognised as a crucial aspect of the parental experience. Another meta-analysis conducted by DePape in 2015 reviewed 31 articles, with 20 addressing the subject of parental empowerment. This encompassed a range of activities from accessing information about ASC, assisting children with learning, to applying various therapeutic techniques at home. The articles detailed a variety of coping strategies employed by parents to adapt their family life to be both functional and inclusive for a child with ASC.

Understanding the factors associated with self-efficacy and empowerment in parents is crucial. The study by Weiss et al. (2016) delved into the perceived self-efficacy of parents of children with autism in Canada. Self-efficacy was defined as the “perceived competency to meet the demands of providing and obtaining care for their children” (p. 425). The association between increased self-efficacy and a reduction in parental depression, anxiety, and children”s behavioural problems was emphasised (Weiss et al., 2013). Involving 324 parents of children and young adults with ASC (aged 12-25), predominantly mothers (93.8%), the study was part of a larger project examining service usage by these parents. It assessed the correlation between various factors and parents' sense of self-efficacy, finding only modest correlations (all r<0.30). Factors linked to higher self-efficacy included having younger children, being born in Canada, easier access to services, absence of psychiatric comorbidities, and reduced caregiver burden. The study observed that immigrant mothers and parents of older children tended to have a lower sense of self-efficacy, confirming previously discussed variations in parental experiences based on socioeconomic status.

Stigma

The stigma experienced by parents of children diagnosed with autism is often categorised as “affiliate stigma”, a concept introduced by Goffman (1984). This type of stigma is internalised by individuals who are closely associated, for instance, as family members, with people stigmatised by society.

In their comprehensive literature review, Liao et al. (2019) analysed the findings from 25 articles that explored the experiences of stigma among parents of children with ASC. The Affiliate Stigma Scale, developed by Mak et al. in 2000, was utilised in 36% of these studies. The authors categorised the articles based on cultural regions, revealing that the majority of studies (11 out of 25) were conducted in Western countries. A key finding was that the socioeconomic status of parents significantly influenced the intensity of stigma experienced. Studies indicated that parents from lower socioeconomic backgrounds appeared more susceptible to stigma (Zuckerman et al., 2018), and single parents were more likely to report experiencing affiliate stigma (Lovell et al., 2018).

A meta-synthesis conducted in 2020 by Salleh et al. included 12 qualitative studies. Across these studies, a pervasive sense of being stigmatised emerged as a prominent theme. Parents frequently reported feelings of embarrassment and being blamed. The manifestation of enacted stigma, which refers to actual discriminatory behaviour experienced by the parents, was notable, with 9 out of 12 studies reporting instances of rejection or avoidance, such as not being invited to social gatherings. Additionally, seven studies highlighted incidents where parents faced rude comments, and four reported instances of hostile staring. The meta-synthesis also identified patterns in the experiences of stigma among parents, noting that mothers, typically the primary caregivers, were more likely to encounter stigma. The behaviour of the child was often cited as the main predictor of stigma, with some studies also pointing to factors like the child's grooming. A notable observation across 11 of the 12 studies was that a general lack of awareness about autism contributed to the stigmatisation. Numerous studies have also highlighted parents reporting feelings of being unsupported by friends, family, and professionals.

The relationship between the experience of stigma and the wellbeing of caregivers can be influenced by various psychosocial factors, such as social support and self-compassion, as argued by researchers like Werner and Shulman (2013). This hypothesis was tested by Liao et al. (2019) in their study conducted in China, which involved 180 Chinese parents of children with autism. Participants completed the Affiliate Stigma Scale and the Self-compassion Scale, along with other measures to assess social support, such as the Family Subscale in the Perceived Social Support Scale. Through descriptive statistics and correlation analyses, the study found a significant association between higher levels of stress and experienced affiliate stigma in parents with low self-compassion. Conversely, this correlation was lower in parents with a higher sense of self-compassion, suggesting that self-compassion might act as a buffer against the negative impacts of stigma.

Perceptions of Services

The last part of the literature view focuses on the existing knowledge about parents' views on the support received in Child and Adolescent Mental Health Services. The questions that are asked here are – what do parents of children with autism think about the support offered to their families in CAMHS? How can the services be improved considering parents' views and experiences?

Search Strategies and Search Process

Different electronic databases were used, such as PubMed and PsychINFO to obtain evidence-based records. The Boolean operators used were:

((Parent*) OR (guardian*) OR (carer*)) AND ((autism) OR (ASD) OR (ASC)) AND (CAMHS)

The inclusion and exclusion criteria were used to ascertain the studies:

Table 2

Inclusion criteria
Peer reviewed
Published between 2010-now
Methodology: qualitative, quantitative, mixed method, meta-analyses
Participants: the study has to involve the parents or guardians of children with autism as participants
Place: the parental experiences of the service received in CAMHS

As the question was more narrowed down than the previous questions, the results were more limited in numbers. After removing duplicates from different database searchers, 42 sources were found. Many of them did not meet the criteria (e.g. parents were not participants or the service evaluated was not part of CAMHS). After excluding all studies that did not meet the criteria, only 9 studies were included in this part of the literature.

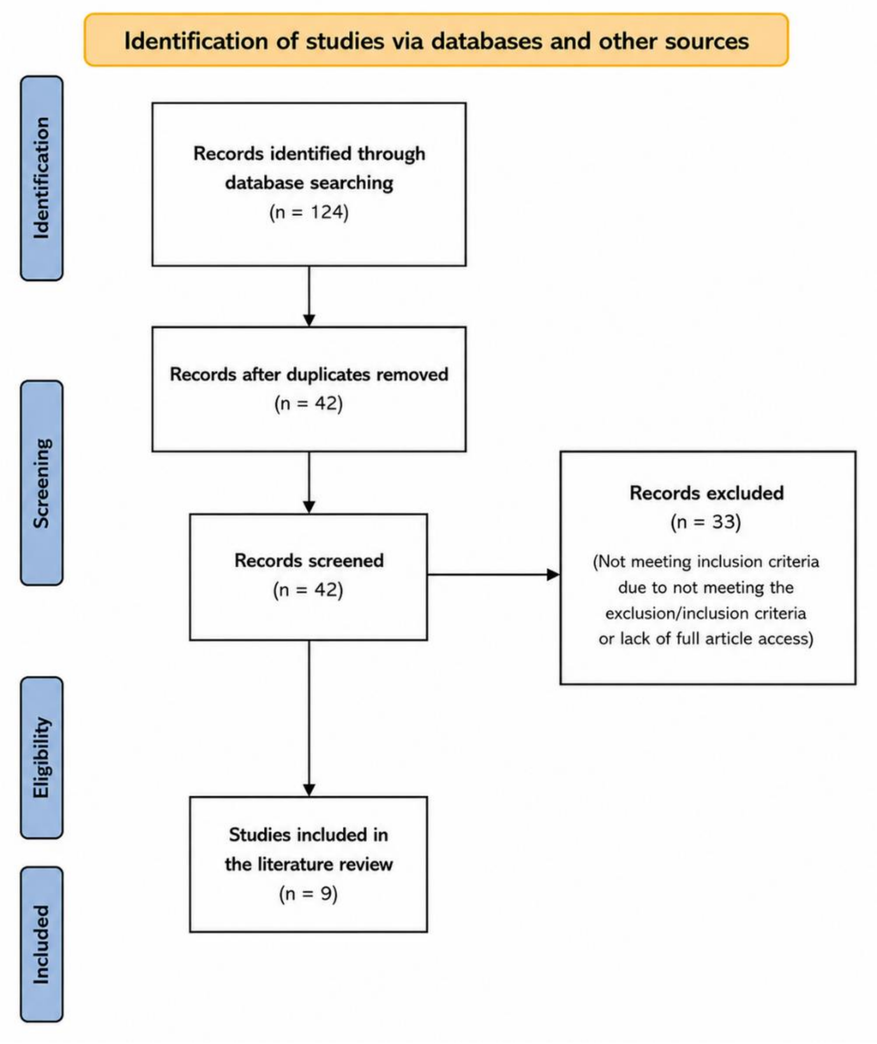

Figure 3

Experience of Diagnosis

Most studies seem to focus on parents' experience of autism assessment and diagnosis. Mockett, Khan and Theodosiou (2011) explored parental perceptions of ASC assessment process in Manchester CAMHS. Parents of 35 children with autism were invited to complete the questionnaire. Most parents (86%) reported high satisfaction with the assessment process. Many parents wanted more information before and after the assessment, particularly concerning diagnosis and management. 85% of them wished they could obtain more information about the plan for treatment, including the dates. Some of them reported that they would prefer less medical language used in the reports.

The qualitative methodology was used in the study by Abbott, Bernard and Forge (2013) to explore parental experiences of the feedback sessions after their child received the diagnosis of ASC. The sample consisted of 9 parents who were service users in CAMHS in North East England. The study found that the parents valued the feedback sessions, and the main criticism was in relation to the waiting time.

The meta-analysis from 2019 (Legg and Ticlkle, 2019) identified that many studies report that parents feel anxiety before seeking a diagnosis. The authors suggest that using more positive language when speaking about autism (e.g. using the term condition instead of disorder) can encourage parents to seek diagnosis earlier. Simultaneously, it also seems that many parents expressed that professionals were dismissive of their concerns. This is interesting in the context of the discussion about the polarized setup in services between ‘service users’ and ‘experts’ (see part 1 of this chapter). Although most studies show that parents are satisfied with the content of the assessment, they are less happy with the delivery. There were also concerns reported considering the waiting time. The authors of the meta-analysis concluded that professionals often do not seem to follow NICE guidelines and it is important to give more consideration to parents’ emotional needs, the need for more information, and stronger relationships with professionals.

In the most recent study (Wilson and Gunn, 2023) the participants were parents of 19 children with a diagnosis of autism. All of them took part in short interviews about their experience of the diagnostic report that they received in the service. The study found that parents appreciated more detailed, long reports but they would prefer a ‘parent-driven summary’ that would help them understand a report. They also appreciated pointing out the strengths of a young person and a more practical approach to recommendations.

Overall Experiences

The studies about the overall impressions of the support received in CAMHS seem to be rather negative. In the study from 2010, 455 parents of children diagnosed with ASC completed the survey and were involved in qualitative focus groups (Read and Schofield, 2010). The findings showed that parents' perceptions of CAMHS were that they do not have skills or knowledge to identify and treat mental health issues in children diagnosed with ASC.

There are not many studies that explore parents' experiences in families who either did not receive CAMHS support or stopped receiving CAMHS support (because of various reasons). Most studies whose participants are engaged with CAMHS might show bias – these families were able to reach out, receive support, and engage with it. In the study by Milosevic et al. (2022) the participants were parents of children diagnosed with autism, age 5-11, and involved in sensory integration therapy. The study aimed to explore parents' views on support received. Although CAMHS support was not the main focus of the study, many parents spoke about CAMHS. Parents reported that CAMHS was not equipped to offer support for autism; according to one of the parents: '[CAMHS are] just… not equipped to deal with autism… she's got severe, severe anxiety… but she's not being treated for it because they don't know how…' (p 1125). They also felt judged or dismissed by professionals when they raised their concerns:

> She was very negative...towards [our] parenting...And I actually spoke to CAMHS after all this and said,'I don't want her coming back', because...she made me, well she made us both feel like [we] haven't done enough really (p.1226)

The views on more specialist services seem to be hopeful. A small qualitative study (Jameel et al., 2017) explored parents' views on the support offered to them by the Behaviour Family Support Team (BFST) in CAMHS in the UK. Five mothers of children with disability or/and autism were interviewed. All participants spoke about feeling more confident and empowered to support their children thanks to the service's support. They also reported that they valued the educational role of the service and their increased understanding of their children improved the relationships at home. Some aspects of the service were valued more than others – such as an inividualised approach 'around the child', flexibility and an 'open-door' policy for any future support that a family may need.

Views on Educational Interventions

The study suggests that parents perceive educational interventions in a more positive light. Some studies suggest that psychoeducational approaches, particularly parent groups that allow parents to both build a network with other parents and access professional knowledge, are seen by parents in a highly positive way (Roughan, Parker and Mercer, 2019). Similarly, the study (Abouelseoud et. al) found that educational parent groups are perceived positively by parents. 67.5% of participants reported an increased understanding of autism and their children's needs after the workshop.

Conclusions

This literature review has explored the complex relationship between psychoanalytic psychotherapy and parental experiences in the context of supporting children with Autism Spectrum Condition (ASC). It has considered the evolution of psychoanalytic thinking, the lived experiences of parents raising autistic children, and the ways in which families engage with services—particularly within Child and Adolescent Mental Health Services (CAMHS).

Historically, psychoanalytic approaches to autism were rooted in theories that placed undue emphasis on parental, particularly maternal, influence—often pathologising family dynamics. While contemporary psychoanalysis has largely moved away from such positions, remnants of this legacy still shape the therapeutic landscape. As such, critical engagement with these traditions remains essential. More recent developments within psychoanalysis, particularly those informed by object relations and attachment theory, offer a more nuanced understanding of autistic children's emotional needs and the significance of parental involvement. However, concerns persist regarding the hierarchical positioning of therapists as "experts" and the potential exclusion of parental perspectives.

Parental experiences of raising children with autism, as shown in the literature, are diverse and deeply influenced by structural factors such as socioeconomic status, cultural background, and access to services. Stress, grief, stigma, and a search for meaning are recurring themes across studies, with parents describing a dynamic process of adjustment. Concepts such as "chronic sorrow" and "ambiguous loss" help contextualise the emotional landscape many parents inhabit. Simultaneously, themes of resilience, self-efficacy, and empowerment emerge where families receive timely, respectful, and informed support.

The review also identified significant variability in parents' experiences of CAMHS. While some families reported feeling supported and empowered—particularly where services were flexible, psychoeducational, and collaborative—many others described services as ill-equipped, overly medicalised, or dismissive of their concerns. The gap between parental expectations and professional practice remains a central issue, exacerbated by long waiting times, poor communication, and a lack of autism-specific expertise in general CAMHS settings.

Overall, the findings suggest that future service provision must prioritise parental involvement, clear communication, and individualised support. Psychoanalytic practitioners, in particular, must continue to reflect on how their frameworks engage with contemporary understandings of autism, neurodiversity, and family experience. In doing so, they can contribute meaningfully to a more inclusive, empathic, and effective therapeutic environment for autistic children and their families. Future research should include voices of families who disengaged from services, to better understand the barriers and refine therapeutic approaches accordingly.

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Article 2

The Psychotherapy Journey: Parental Experiences and Reflections

Abstract

Parental experiences of children undergoing psychotherapy, particularly for Autism Spectrum Condition (ASC), remain underexplored. This study uses Interpretative Phenomenological Analysis (IPA) to examine the lived experiences of four mothers whose children with ASC received psychotherapy through CAMHS. Semi-structured interviews revealed the emotional and practical challenges parents faced, including initial apprehension, confusion about the therapeutic process, and a desire for immediate solutions. Over time, many developed a growing trust in therapy's value, noting increased resilience in both themselves and their children.

Key themes included parental stress, stigma, and anxiety about their child's future. Participants reflected on the societal barriers faced by children with ASC and held mixed views on psychotherapy's long-term role—ranging from hope in early intervention to awareness of persistent challenges. The study highlights the need to consider parental perspectives to enhance therapeutic outcomes, improve service provision, and promote greater understanding of neurodiversity in society.

Key words: parental engagement; child psychotherapy; autism; Autism Spectrum Condition (ASC); parental experiences; parental perceptions

Introduction and Background

The experiences of parents whose children have undergone psychotherapy, particularly when diagnosed with autism, remain an underexplored yet vital area of research. Autism Spectrum Condition (ASC) is a complex neurodevelopmental condition that affects social communication, behaviour, and sensory processing (American Psychiatric Association, 2013). The prevalence of autism has steadily risen, with recent data indicating that approximately 1 in 100 children in the UK are diagnosed with the condition (NHS Digital, 2022). Despite this, there remains limited research into how parents perceive their child's journey through psychotherapy, which is often a key component of mental health support provided by Child and Adolescent Mental Health Services (CAMHS).

Parental involvement is critical, given that parents often act as both advocates and key sources of emotional support for their children. Their insights can provide invaluable feedback for improving service delivery and ensuring that therapeutic approaches are both effective and sensitive to the unique challenges faced by children with autism. Previous studies indicate that parents' perceptions of services can significantly influence the outcomes of therapy (Read & Schofield, 2010). However, many parents report that mental health professionals lack autism-specific expertise, which can lead to feelings of frustration and dissatisfaction (Milosevic et al., 2022).

The rationale for this research is grounded in the need to fill this gap in understanding the parental perspective on their and their children's journey to and through psychotherapy. By exploring parents' reflections on their child's therapeutic journey, this study aims to provide insights into the successes and challenges encountered, offering a more holistic view of the therapeutic process. This research seeks to contribute to current knowledge by capturing the emotional and practical experiences of parents, with the aim of informing future service provision and therapeutic approaches in CAMHS, particularly for families of children with autism.

There has been more interest in the significance of parents’ engagement in their children’s psychotherapy in recent years (Haine-Schlagel & Walsh, 2015). Parents’ involvement in the therapeutic process of their children is understood in community-based services as pivotal and affecting the effectiveness of the treatment. Many studies show that involvement can be encouraged by a better understanding of parents’ experiences and perceptions of their children’s treatment (Cunningham et al., 2008).

By engaging with parents' reflections, this study aims to illuminate how psychotherapy can be better tailored to the needs of both children with autism and their families, ultimately enhancing the therapeutic experience and outcomes. The process of psychotherapy itself is another critical stage of the parental journey. Parents are not passive observers during this phase; their involvement is crucial in supporting their child’s engagement in therapy and managing the emotional impact at home.

Critically, viewing a child’s psychotherapy journey from the parental perspective offers insights that might otherwise be missed. Parents are often deeply involved in their child’s progress, observing changes in behaviour and emotional wellbeing both inside and outside the therapeutic setting. Their perspectives provide a broader context for understanding how therapeutic interventions resonate within the family and impact daily life. By considering the entire parental journey, from the moment they seek help to their hopes and fears for their child’s future, we gain a more comprehensive understanding of how psychotherapy can be improved for children with autism.

Literature Review

Article 1 provided a detailed review of psychoanalytic approaches to autism, parental experiences of raising autistic children, and parents’ experiences of CAMHS and related services. It highlighted the historically difficult relationship between psychoanalysis and autism, particularly the legacy of theories that positioned parents, and especially mothers, as implicated in the child’s difficulties. It also showed how contemporary psychoanalytic approaches have moved towards a more collaborative focus on parental experience, parent work, and the emotional impact of raising an autistic child. This provides the context for the present article, which explores mothers’ experiences of their journey through their child’s psychotherapy.

Study Design

Given that the aim of the study was to explore the 'lived experience' of parents whose children have undergone psychotherapy, a qualitative approach was adopted. As Creswell (2013) notes, qualitative methods are appropriate when a problem requires 'exploration' rather than quantification, and when it is important to provide a platform for 'silenced voices' (pp. 47–48). In services such as CAMHS, the voices of professionals are often well represented, but it is equally crucial to consider the perspectives of other key stakeholders, particularly parents of children receiving treatment. Qualitative research is especially valuable for examining complex and nuanced experiences that cannot easily be quantified or captured in numerical terms (Boyatzis & Quinlan, 2008), much like parents' experiences of the journey through their children's psychotherapy.

To explore the voices and 'lived experience' of the parents, Interpretative Phenomenological Analysis (IPA) was employed. According to Smith et al. (2021), IPA facilitates the co-construction of meaning between the researcher and the participants, a process known as 'double hermeneutics'. This approach allows for the analysis of both the participants' experiences and the interpretations made by the researcher. IPA provides a more transparent presentation of data by acknowledging the inevitable, and often biased, role of the researcher in collecting and analysing the data, thus allowing for reflection on this involvement. This was particularly relevant given my dual role as both a researcher and a trainee therapist in the clinic. While I had no direct clinical involvement with the families participating in the research, my position as a clinician in CAMHS influenced my perspective, inevitably filtering the data through my own professional experiences. It may also have influenced what participants chose to share, and how they expressed their experiences.

IPA acknowledges that understanding meaning is a complex, interpretive process (Josselson, 2004). As a method, it does not obscure the researcher's involvement; rather, it recognises that the researcher's unique stance shapes and alters both the data and the outcomes. This 'hermeneutic circle' captures the dynamic interplay between participant and interpreter during the process of data collection and analysis. The results are not intended to offer an objective viewpoint, but instead reflect the intersubjective experience shaped by the unique positions of both participant and researcher within the given context. IPA, with its ontological and epistemological foundations, aligns with an interpretive ontological paradigm. In other words, IPA does not adopt a positivist stance, which views reality as objective, but instead considers reality to be the product of human experience. It is concerned not with uncovering facts or absolute truths, but with understanding human experiences and how these experiences are co-constructed (epistemology).

IPA incorporates three core components: phenomenology, hermeneutics, and idiography. Phenomenology focuses on individuals' lived experiences, while hermeneutics, as discussed above, interprets and makes sense of these experiences. Idiography involves a detailed analysis of individual cases (Tuffour, 2017), concentrating on the unique and personal—here, the parental experience of their child's psychotherapy.

The idiographic element of IPA was essential in this study, allowing for an in-depth exploration of each parent's unique experience with their child's psychotherapy. Furthermore, IPA enables an understanding not only of what participants express, but also of the broader meanings and contexts underlying their words (Smith et al., 2021). This was particularly significant in relation to parents discussing both their journey and their child's therapy, which is often an emotionally complex and nuanced subject. Given that many parents spoke about difficult, layered emotions, it was crucial to consider not only what was said, but also the context in which it was conveyed. This was especially important since parents, whether reflecting on positive, negative, or mixed experiences of their child's therapy, were aware they were speaking to a clinician, despite my role as a researcher. IPA offered a valuable framework for interpreting the subtleties in these contexts, which might have been overlooked if another method had been employed.

Recruitment and Participants

This study was supported by The Tavistock and Portman NHS Foundation Trust and received ethical approval from the Trust's Research Ethics Committee (TREC). Participants were recruited through CAMHS, specifically via parent workers. Eligible participants met the following criteria: (1) they were a parent or guardian of a child diagnosed with Autism Spectrum Condition (ASC); (2) their child had been in psychotherapy (with a qualified or trainee child psychotherapist) for at least three months; and (3) if therapy had ended, it must have done so within the past month, with the family still engaged with the service. Parents known to the researcher personally or professionally were excluded to avoid bias.

The three-month minimum was set to ensure parents had enough experience to form an opinion, while the one-month post-therapy cut-off reduced the risk of distress arising from re-engagement after discharge.

Recruitment began with an email to all child psychotherapists in the clinic (Appendix 1), resulting in identifying five potential candidates, one of whom declined. To minimise ethical risks, initial contact was made through parent workers, not psychotherapists. Where appropriate, verbal agreement was first obtained from both the psychotherapist and parent worker before the latter approached families on the researcher's behalf. Once consent to be contacted was given, the researcher followed up via email (Appendix 2 and 3) or phone to explain the study and obtain informed consent.

Four parents ultimately agreed to participate and signed consent forms (Appendix 5), aligning with the target sample size for an Interpretative Phenomenological Analysis (IPA) study. IPA prioritises in-depth exploration of individual experiences, and a sample of three to six participants is typically recommended for doctoral-level work (Smith et al., 2009; Hefferon & Gil-Rodriguez, 2011). A sample of four allowed for rich analysis while maintaining methodological rigour.

All participants were mothers of children who had engaged in psychotherapy for between three months and two years; three children remained in ongoing, longer-term therapy at the time of the interviews, while one had engaged for a shorter period of approximately three months. This difference in duration is important to note, as it may have shaped the findings—particularly the prominence of themes such as trust, engagement, and perceived benefit, which are more likely to develop over time (see Reflexivity section for further consideration).

All mothers had attended parent sessions alongside their child's treatment, delivered by parent workers trained in psychotherapy. Although not directly prompted, they could choose to speak about these sessions during the interviews. In this study, *parent work* refers to psychoanalytically informed sessions offered alongside the child's psychotherapy, where mothers are supported to reflect on their child's inner world as well as their own emotional responses and experiences. Rather than focusing on behavioural management, these sessions aim to deepen understanding, support emotional processing, and strengthen the parent–child relationship (e.g. Rhode, 2004; Klauber, 1998; Riley & Avdi, 2024).

To preserve anonymity, all names and some identifying details (such as child gender) have been changed.

Data Collection

Based on the study's objectives, a semi-structured interview schedule was developed. The schedule included a set of open-ended questions designed to explore the participants' experiences of their children's psychotherapy (see Appendix 4). Three interviews were conducted in person at CAMHS, and one took place online. The interviews lasted between 60 and 90 minutes. The debrief letter was sent after each interview (Appendix 6).

The questions were carefully constructed to avoid suggesting any specific answers (e.g., there were no questions directly addressing the parent sessions, which allowed parents to decide whether they wanted to discuss them, potentially indicating how significant they felt the parent sessions were in their overall experience of psychotherapy). The aim was to encourage participants to reflect on various aspects of their experiences, including both challenges and positive elements. This approach helped ensure that the participants’ responses were authentic and provided a comprehensive understanding of their perspectives.

Data Analysis

After the completion and the transcription verbatim of all interviews, the data was analysed using IPA’s method (Smith et al., 2021). The analysis began with familiarisation, where the researcher immersed themselves in the data by reading and re-reading the transcripts to gain a comprehensive understanding of each participant's unique experiences. This initial step was essential for identifying individual experiential themes, which reflect the personal meanings and emotions associated with specific experiences. As the researcher engaged with the data, significant statements and ideas that emerged were noted, leading to the identification of initial themes.

Following the identification of individual themes, the analysis progressed to a thematic structure, which organized these themes into broader categories, the Personal Experiential Themes (PETs) that captured the essence of each participants' experiences. The final step involved finding group experiential themes (GETs) by comparing individual PETs and identifying overlaps and divergences. This collaborative approach ensured that the resulting GETs accurately represented the shared experiences of the group while preserving the richness of individual narratives. GETs served to illuminate the collective aspects of participants' experiences, providing insights into how individuals relate to one another and the broader context.

This iterative process not only enhanced the rigour of the analysis but also acknowledged the dynamic interplay between the researcher and the data, ultimately leading to a richer understanding of the phenomena under investigation (Palmer et al., 2010).

Reflexive Statement

Navigating the dual role of researcher and CAMHS clinician was both enriching and, at times, disorienting. Initially unsure of how separate these identities would feel—especially as interviews took place in my clinical setting—I soon appreciated the shift. Listening purely as a researcher, without the pressure to offer something ‘clinically useful’, felt both freeing and rewarding.

Despite this shift, key elements of clinical work—trust, empathy, and relationship-building—remained central. I was aware that my dual role might have felt ambiguous for parents. Yet, for some, speaking to someone in a ‘researcher’ capacity rather than a clinician seemed to create space for more open reflection. It allowed for a different kind of unburdening. Still, I wondered whether my identity as a CAMHS clinician shaped what parents felt comfortable sharing. It’s possible that those with more positive experiences were more inclined sto participate, though this wasn’t true for all participants. I felt that some may have perceived their involvement as a tacit exchange—CAMHS provides support, and they ‘give back’ through participation—introducing a subtle form of bias. Although I clearly explained that their responses were confidential and anonymised, unconscious dynamics may have influenced what was shared.

To remain reflexive, I documented my thoughts and feelings after each interview. This process helped me step back, reflect, and become more attuned to my influence on the conversations. Each interview evoked different emotions, which inevitably shaped the way I asked questions and later interpreted the data.

While my dual role introduced tensions, it also added depth. Rather than detracting from the research, these complexities enriched the interpretative process. Within the IPA framework, such subjectivity is not only acknowledged but embraced as a means of deepening insight.

Findings

The analysis of the data led to the emergence of 4 GETs (see Table 1), structured according to the chronological aspects of parents' experiences. As it will be described below, taking into consideration each GETs with relevant vignettes from the interviews to illustrate them, these themes ranged from their pre-existing knowledge and assumptions about psychotherapy, through the recognition that their child may need help and the process of seeking that help, to their current perspectives and views on the future.

It is important to note that these findings represent the unique result of my encounter with the parents who agreed to take part in the research and were interviewed at a specific moment in their journey. The themes reflect their individual experiences at that particular time and should be understood as situated within the context of their personal narratives and the broader process of seeking and engaging with psychotherapy for their children. The names of parents and children used for the purpose of this study were Olivia and Noah; Emily and Ethan; Sophie and Amelia; Ava and Grace.

GET 1	Recognising the Need for Help: Parental Experiences of Uncertainty, Assumptions, and Emerging Concern
GET 2	Accessing Support and Beginning Therapy: Parental Uncertainty, Effort, and Emotional Strain

GET 3	Developing Trust in Psychotherapy: Parental Shifts in Confidence and Understanding
GET 4	Looking Ahead: Parental Hopes, Fears, and Uncertainty About the Future

Table 1

GET 1: Recognising the Need for Help: Parental Experiences of Uncertainty, Assumptions, and Emerging Concern

The first GET explored how parents navigated the initial stage of their journey into psychotherapy for their children: recognising that their child may need help, reflecting on their existing knowledge—or sometimes misconceptions—about therapy, and their initial emotional responses as well as recognising the first concerning signs and seeking help.

Not Knowing, Hoping, and Wondering: Parents' First Emotional Responses to Therapy

For some parents, their initial exposure to the idea that their child may need psychotherapy triggered a sense of uncertainty and, at times, fear. This was particularly evident in cultural contexts where mental health services were either unavailable or viewed with scepticism. One parent, Olivia, described her initial reaction to hearing about CAMHS:

> When I asked the school that made the referral to CAMHS, I asked 'What is CAMHS, what do they do?' SENCO explained to me, what it is, what they do. And I was like 'Okay, so let's see', but I supposed they could have maybe sorted all the problems [laugh]. Even like … sometimes I think the parents, they just want something like the magic, like 'Okay, everything's fine now.'

This captures the hope, and perhaps unrealistic expectations, she brought into the therapeutic process; her laughter also suggests a retrospective awareness that these initial responses may not have been fully realistic. As Olivia was unfamiliar with mental health services, psychotherapy initially seemed to feel like an abstract concept. The same parent shared their background, explaining how her upbringing shaped her initial apprehension:

> The place where I am from, we didn't have psychologists. We didn't even know what 'psychologists' mean. So when you're not used to them, it's not like here, so you don't know and you don't feel like you even need to go to see them. And it was like sometimes, when I heard it before, I felt fear, 'you have to see a psychologist.' […] It all changed. I know it's like that because of my background; where I am from, it is completely different. We didn't have these things. We didn't have specialist schools. You know, it's completely different.

This reflects how encountering mental health services could feel unfamiliar and, at times, unsettling. Initial apprehension seemed closely linked to not knowing what to expect and to cultural differences in how therapy is understood. Over time, however, positive experiences appeared to support a growing sense of trust and openness. For Olivia, this was also an encounter with something 'completely different', carrying a sense of shock.

Another parent, Ava, seemed to respond in a more proactive way through trying to understand their child's needs before starting therapy by taking parenting courses and engaging in personal therapy to better navigate their child's challenges:

> I think 'cause I was doing…. I was doing a course for parents for children with [diagnosis]. So I've done a couple of courses so I could just understand it better. […] And I just, you know, I've done it. I've done therapy now myself and you know, it was… I just didn't want to end up in a situation like that again … I believe in therapy, 100%, one of my best friends is a clinical

> psychologist and … I just thought it would be really good and helpful for [a child] to talk to a psychotherapist and just, you know, just to get help for… kind of navigate all those sorts.

This reflects how parents’ own experiences with therapy can shape how they respond to the idea that their child may need support. For Olivia and Ava, this moment felt quite different. Olivia described it as something new and somewhat shocking, which, in this instance, seemed to open up a sense of curiosity and willingness to engage. For Ava, by contrast, therapy was already familiar, which appeared to allow for a greater sense of steadiness and control in her initial response.

Experiencing Early Signs: Growing Concern and the Decision to Seek Help

Parents described the initial experience of recognising early signs as a growing concern that prompted them to seek help. These signs, seemed to be often experienced as subtle or difficult to interpret at first, but then becoming clearer over time as behaviours escalated or challenges persisted.

Emily reflected on how her child’s mental health challenges were experienced as a sudden shift during the transition to secondary school. While her child seemed to be happy and well-adjusted before this, the move to a new environment triggered noticeable difficulties:

> Ethan just started presenting some difficulties during transition to secondary school, and he started getting depressed and lots of anxieties, and lots of issues around like social relations in school, as if he didn't fit in, as if he couldn't make friends, as if he was lost, lonely, and lots of complaints about friendships. So, for me, the child that I knew until secondary school was happy, popular at school and did not have issues like that.

It seems that for Emily it was almost as if she had two children – one before the secondary school and happy and the other one feeling anxious and struggling with social relations. At the same time , in hindsight, Emily realised that there had been earlier signs of her child's struggles, though they were not fully understood at the time, but this does not change the experience of a 'sudden change':

> Now looking back, I kind of pick up the sorts of things that they were maybe signs but until secondary school, he was a happy child.

She further described how her child's mental health deteriorated over time, becoming increasingly overwhelming. The challenges coincided with significant life changes, including his father's absence:

> I think that maybe that build-up for it making him feel something was wrong. […] I then noticed his issues with his new friends started. He was finding it difficult to reconnect with his old friends as well. So all that coincided with the time when his father left the country to go abroad, and so I could see in him, like, anxiety around separation, often, I could notice. And then I started offering him help, he couldn't figure out what was happening… and I started getting worried.

Differently, Sophie's experience illustrates how behavioural difficulties at an early stage of development led to referrals for psychotherapy. Her child's violent behaviour at school raised concerns, prompting professional support:

> She was referred quite young because she had very violent behaviour at school. […]. We had also advice before, we had also this first psychotherapy where I was there and that really helped us to understand her because we were like, you

> know, confused with some of her … the things she was expressing… what she was feeling, she was laughing when she was scared or things like that.

For Olivia, her child's struggles began with a sense of invisibility within the mainstream school setting. She described how her child felt unseen and disconnected from peers, a challenge that was difficult to understand before a diagnosis and psychotherapy:

> When he was in mainstream school… [pause] He was in the class, but kind of like he wasn't in the class, other kids did not see him and that made him feel like he was invisible. Sometimes, I think he was feeling invisible and he was not able to do like the other kids do.

In addition to feelings of invisibility, her child's struggles with separation became a significant concern during reception, leading to the decision to seek psychotherapy:

> When he was in reception, we were having difficulties like the transition was very difficult for him. Every day he was crying, screaming. He didn't want to leave me. Like, the separation was so difficult for me. And he was always wanting me 'mummy, mummy,' no one else.

Olivia's experiences demonstrate how difficulties with social connections and transitions can act as early indicators of deeper emotional challenges.

For Ava, the decision to seek therapy was prompted by a moment of crisis. A vulnerable social media post from her child alerted her to the need for professional support:

> I was told about the social media post… I responded that I had no idea. And like, of course I'll talk to her and make sure she gets the support she needs […] . And that's like, you know, there's safety issues around that [the social media

> post] and people see her that vulnerable and knowing such personal stuff like …let's do therapy.

Ava also described how, in hindsight, she knows that her child's autistic presentation made her a target for bullying, which further compounded her struggles:

> I always just thought she was being bullied because she was really pretty. And like… I think she kind of more opened up about it, like feeling that it was autism and they were thinking that she was weird.

Across these accounts, the moment of recognising that a child may need support was experienced in different ways: as a sudden and unsettling shift, as a gradual accumulation of concerns, or as a crisis that made the need for help feel immediate and undeniable.

GET 2: Accessing Support and Beginning Therapy: Parental Uncertainty, Effort, and Emotional Strain

In GET 2, parents described their experience of accessing mental health support and beginning psychotherapy as complex, emotionally demanding, and often unclear. This process involved navigating changing services, managing high levels of personal stress, and encountering both hopeful and disheartening moments. The early stages of psychotherapy were rarely experienced as straightforward; instead, they were marked by ambivalence, uncertainty, urgency, and a strong desire for change.

Accessing Help: Effort, Frustration, and Uncertainty

Emily described the emotional toll of trying to access and sustain support while witnessing her child's deterioration. Her account conveys a sense of being caught between hope and doubt, particularly as therapies changed and progress felt uncertain:

> So it was just the beginning, at some point, when Ethan was changing the therapies. […] he was also deteriorating, like why he was on and off having therapy? At some point I did think, this really helped, really helping. So perhaps Ethan going in talking and we … digging and digging, but it felt like you know, at the same time, it was not helping.

This account illustrates the frustration parents may feel when therapy does not appear to yield immediate or tangible results. The use of "digging and digging" conveys a sense of emotional labour and persistence, but also a feeling of being stuck or not moving forward. Emily’s experience reflects the complex nature of therapeutic journeys, where progress can be slow and uncertain, leaving parents questioning whether the process is truly effective.

Olivia described her first experience of psychotherapy as disappointing and difficult to trust, as she struggled to see changes in her child:

> When I met with the psychologist, I shared the difficulties we were having. My child began sessions, and we had some meetings with the therapist occasionally. However, the problems persisted, and I felt there was little progress. To be honest, I didn’t like it. For the first eight months, it felt like therapy was not effective—my child was still struggling, and there was no improvement.

However, Olivia described how her second encounter with psychotherapy was far more positive, largely due to the understanding and empathetic approach of the new therapist:

> We had two meetings, and I found [psychotherapist] to be very positive, understanding, and willing to listen. That gave me the confidence to start again.

Sophie and Olivia both described a sense of relief when access to support occurred more quickly than expected. This appeared to reduce some of the uncertainty and emotional strain they had been experiencing while waiting for help:

> And we felt like we were very well supported, we've been told that we will have to wait one year, we not even waited one year.

Similarly, Olivia reflected on how quickly the process began for her family compared to the experiences of others:

> We didn't have to wait too long. It was quite quick when they started the process. The first time, it was quick, and even when the first psychologist referred us again, the wait wasn't too long.

Both parents' experiences highlight the importance of timely access to mental health support, which can alleviate some of the stress and uncertainty faced by families during a challenging time.

Beginning Psychotherapy: Confusion, Urgency, and the Search for Support

Parents describe the initial stages of engaging with psychotherapy as challenging, confusing, and filled with a strong desire to receive help. There is a palpable wish for things to be "fixed," coupled with mixed feelings about the support offered. These emotions often reflect the complexity of navigating an unfamiliar process while grappling with their child's deteriorating mental health. Although most parents described the initial stage as confusing and difficult, I will focus on Emily's experience to illustrate the complexity of her experience.

Emily vividly described a sense of despair in her efforts to understand her son Ethan's challenges. Her account reflects the emotional turmoil and uncertainty that often accompany the early stages of seeking help. She speaks about feeling overwhelmed by her son's deterioration and a pervasive sense of instability:

> I don't know what it was.. but this desire to help Ethan myself, was so strong. And he was like in front of my eyes day by day, I see that he was deteriorating. And I was trying with school, his initial mainstream school that he was in and that came to a point where he didn't want to go anymore.[…] Everything was in the air. But I was just like, you know, both of us, all of us were trying to understand what it is, how to have it, was so much kind of … like flying in the air and I was trying to find my direction.

Emily's description of everything being "in the air" suggests a sense of fragility and instability, as though her attempts to support her son were untethered and uncertain. Yet, alongside this turmoil was a deep need for support and understanding:

> ...there was that need to understand what it is and also being listened by someone …[pause]. Support.

The single word "support" seems to hold something of where Emily arrived in her experience—not at the very beginning of the process, but at a point where she began to feel supported. Coming after a pause, it carries a sense of weight, as if gathering the uncertainty, frustration, and not knowing that came before.

Emily also expressed mixed feelings about psychotherapy in its early stages, oscillating between doubt and a sense of being supported by CAMHS. She described a feeling of uncertainty about whether therapy would make any meaningful difference:

> No, maybe nothing's going to happen. No matter what, nothing will be changing*?*

However, she also acknowledged moments where she felt "held" by the structure and support offered:

> It just feels like you know it is a little bit loose and you're like start shaking, and then you're holding again and just felt like you know, we were holding two hands by CAMHS.

This metaphor of "holding two hands" illustrates the emotional relief that came from feeling supported, even amidst doubts and uncertainties.

Once Ethan was diagnosed with autism, Emily began an ongoing process of understanding his condition. Her reflections reveal a deep commitment to understanding, driven by a need to answer questions and better comprehend her son's neurodiversity:

> Yeah, he knew he was different, but he couldn't name it. And same for us, so we were like desperate for an answer. I think through the therapist, we knew each other, and us knowing Ethan more. And also understanding the autism, those kinds of differences…. neurodiversity […] I was reading constantly, trying to understand, searching. Yeah, trying to, you know, answer questions in my mind that more and more like … thinking in depth, understanding my son …

Emily described the initial six months of psychotherapy as particularly challenging. This period was marked by a conflict between the expectations she had as a parent and the personal vulnerabilities she discovered during parent sessions:

> ...you go through your own journey a lot. And also from being a parent you're meant to be knowledgeable, strong. Have that power to parent. But then when you come to that [parent] session, you feel like you know that your own

> weaknesses, or maybe your own wrongs, have you become more vulnerable, in a sense, so that's that conflict within myself, I guess. And bringing that up.

Her reflections highlight the emotional complexity of parent sessions, where parents are encouraged to confront their own insecurities and past behaviours. These moments of vulnerability, though difficult, often lead to personal growth and a deeper connection with the therapeutic process.

Emily also noted that her impatience and initial sense of panic shifted over time as both she and her child settled into therapy:

> I was impatient. I guess, I was panicking. Because I was just like, trying to fix everything, too. And now I just, I'm okay to listen.

GET 3: Developing Trust in Psychotherapy: Parental Shifts in Confidence and Understanding

This theme explores how parents experienced a gradual adjustment to psychotherapy over time. While initial resistance, uncertainty, or scepticism were common, over time many families described a growing sense of trust in the therapist and confidence in the support being offered. As therapy became a more familiar and integrated part of family life, parents reflected on the emotional shifts that occurred—not only in their children, but in their own understanding of autism, parenting, and the potential of psychotherapy.

Adjusting to Psychotherapy: From Resistance to Familiarity

Sophie described how, after an initially difficult start marked by her child's resistance to attending psychotherapy, the process eventually became part of the child's routine rather than a disruption. She highlighted the gradual shift from struggle to acceptance:

> And slowly, slowly we had to fight less. So it was like a relief for us to see that it was like a part of the routine. But I think at the beginning, it was a huge change in the routine even if we didn't do like, you know, the sessions altogether. […] but when the routine was there, it was okay to come and now it's not a struggle at all.

Sophie's account points to how consistency in therapy gradually changed things for her child. At the beginning, therapy felt like a disruption and was met with resistance. Sophie described this as having to "fight," which conveys something of the tension and effort involved in getting her child to attend, and how draining this could feel. Over time, however, as sessions became part of the weekly routine, this resistance eased and therapy started to feel more familiar. For Sophie, this marked a noticeable shift in how the experience was held.

Similarly, Emily described her growing confidence in CAMHS as a gradual process and a shared journey for both herself and her child. Over time, she observed her son's engagement with therapy, which reinforced her own trust in the process:

> And also, gradually, gradually that confidence grew, my confidence in [unclear] so much and, and then I more and more kind of seeing also my son engaging with his therapy. And that it is possible understanding everything more … and knowing that they [CAMHS] are there also because of the external people when we had the meetings with school and so on and having them on board were like ours relatives, that you know, we had these people backing us up, so it's, they know, that they're there for us [laugh].

What stands out here is the sense of being "backed up", of having others "on board" and "there for us", which seems to have developed over time as trust grew. The laughter at the end may suggest a sense of relief, or perhaps a recognition of how different this feels compared to earlier uncertainty.

Emily also shared how psychotherapy encouraged her to reflect on her past parenting responses and gain a deeper understanding of autism. She spoke about how her awareness of her son Ethan's traits evolved and how this new perspective reshaped her understanding of her parenting choices:

> And then I just like, you know, kind of helped me answer… How I responded to Ethan was different since he was a baby. Hmm… And how I looked at autism, so you know so I expanded my knowledge and also constantly looking those traits in Ethan from the baby to now, and how things could be different if I was aware.

GET 3 suggests that, over time, many parents came to feel a sense of trust and working together with CAMHS, though this was not how things felt at the beginning. At the same time, this was not true for everyone. It did not feature in Ava's account, where her child decided to leave therapy earlier.

Looking Back: Experiencing Change, Growth, and Increased Confidence

From her current perspective, Emily reflected on changes in both herself and her child, describing a shift in how they understood and managed difficulties. Despite still being in the therapeutic process, Emily shares how both she and her child have developed a deeper sense of internal resources and the ability to access external support:

> I definitely think like, like my son is … I think it's for both of us an awakening [pause]. We can … how can we find the ways of self-help, working by

> ourselves […] being resilient and self-guided, What's the word?... Self-resourced?

Emily described this shift as an "awakening", pointing to a different way of understanding and responding to difficulties. It seems to reflect a movement towards feeling more able to manage things, both for herself and her son. She also spoke about reaching a place of greater stability after a period of emotional lows, which appeared to bring a renewed sense of hope:

> And also we've been so deep down there and now we're out of it. And then that feels hopeful. Maybe we're not there yet totally but we are … I feel like we are coming there, we know the impact, the effects of having someone to talk to and everything we learn from this process.

Emily described a sense of having come through a difficult period, with hope beginning to emerge. It did not feel complete or settled, but there was a sense of movement—of "coming there"—and of recognising the impact of having someone to talk to. Through this process, she also spoke about feeling more able to manage things:

> Yeah I think we're becoming more resilient. And learning how to look after ourselves … we can benefit from like, more resources that we maybe… we didn't know about … how to deal with them.

This seemed to reflect a growing awareness of their own capacity, and of resources that had not been available to them before. What comes through is not only change in the immediate difficulties, but a shift in how Emily and her son relate to those difficulties.

Ava spoke about wanting to better understand her child's experiences, particularly in relation to autism, and how this felt like something she did not yet fully grasp:

> I don't know enough about autism to kind of navigate that with her. And I think it does play a part in her relationships with other people and stuff and …Wish I just … I just don't know enough about it. So I thought that could be interesting.

What comes through here is a sense of not quite knowing how to help, alongside a wish to become more able to support her daughter. Rather than feeling more certain over time, Ava seems to remain with a sense of not knowing, but also a growing curiosity about what might help. At the same time, Ava described respecting her daughter's decision to step back from therapy:

> So like, I'm a total believer. But like what they're saying now is that she's just like I just … I need a break from it. And … and I think like in a way it's like… like they can talk and I think that's really important.

There is a tension here between Ava's belief in therapy and her daughter's wish to pause. Allowing this break seems to reflect a shift towards following her daughter's lead, while still holding onto the value of being able to talk.

Ava also reflected on how her daughter's openness to therapy felt different from what she sees in other cultural contexts:

> There’s so many blocks for lots of people and you know I’m in [country] right now and like you know most people don’t do therapy [laugh]. It’s like it’s such a taboo or I don’t think my kids have that. So that’s that’s good.

Her laughter here may suggest a mix of relief and contrast—an awareness that, despite difficulties, her child does not carry the same sense of stigma around seeking help. Despite some disappointment with how therapy unfolded, Ava described a sense that her child is now in a calmer place:

> And I kind of feel like this […] And I think in this calm state, it’s just like I think just to like if they don’t want to do therapy, don’t do therapy. And like that’s just be normal [laugh].

GET 4: Looking Ahead: Parental Hopes, Fears, and Uncertainty About the Future

This theme captures how parents experienced thinking about their child’s future, often shaped by a mixture of hope and anxiety. Parents described hoping that psychotherapy would provide their children with lasting resources, while simultaneously feeling uncertain about what lay ahead. Their reflections often involved imagining future scenarios, accompanied by concerns about independence, social acceptance, and the availability of support. These accounts suggest that looking ahead was experienced as both hopeful and emotionally demanding.

Experiencing Anxiety and Uncertainty About the Future

Olivia described thinking about her child’s future as “scary”, reflecting an ongoing sense of uncertainty about how he would manage in adulthood. She expressed a mix of hope and fear, reflecting on her son’s intelligence and aspirations, while also worrying about the challenges he might face in achieving his goals:

> Future is sometimes scary [sigh]. How he's going to be later. He will go to university, if he's good enough. And then he will finish, he will start work. If he doesn't go to university, he will do some other things but he will start to work and set up his life in a way, but it's a choice. He's very intelligent, very clever. […] So sometimes I see that he will go to university, but sometimes, if he starts work, so that part is kind of scares me, when he starts to work.

These reflections suggest that imagining the future involved holding both hope and fear simultaneously, without a clear sense of what to expect. While she is hopeful about his intellectual capabilities, the social and practical challenges of adulthood remain daunting. Her concern goes beyond academic success to include broader societal acceptance and understanding.

A recurring theme in Olivia's account is the societal lack of understanding about autism. She worries about how her son's behaviours, such as making noise or moving differently, might subject him to judgement:

> Maybe he will be fine but I'm worried like how easy could it be? Because sometimes, like when we go somewhere people look at him like … because he jumps, he makes noise and now he noticed that and he's like it was last week he noticed and he said to me, 'Why do people stare at me?' […] when he grows up, like, he's on the bus going somewhere on his own. You know, sometimes it makes me think that special needs adults … And then I see people just staring, they do not understand the situation. And it makes me worried because people know about autism, but it's kind of like new and difficult for people to understand. Yeah, it worries me.

This illustrates a dual challenge for parents of children with autism: not only supporting their child’s growth but also navigating a world that is often unprepared to accommodate neurodiversity.

Olivia also described feeling worried about the availability of future support, particularly in the context of reduced resources:

> Government cutting the funding for special needs, like for schools or NHS as well. They don't have enough staff. It would be great like more clinics for children with special needs, psychotherapy, occupational therapy. […] They don’t have much support of specialists, kids in secondary school. That’s what I’m hearing from the parents as well.

Sophie shared similar concerns about her child’s future, particularly during transitions such as moving to secondary school or changing countries.

> So it’s really like the secondary school transition. And also we’re planning to go back to [country] at some point. So that means she may have like a transition of secondary school and perhaps two years after changing country and not having people supporting her so well in [country] as now.

Sophie also voiced her worry about the possibility of regression or the development of other mental health challenges after therapy ends:

> Things come back, issues come back. How much is… how much of it is going to go, how much she will live with all her life and [pause] she will … will she be in a position where she will be very vulnerable again.

Sophie expressed a simple yet deeply emotional wish for her child's struggles to disappear, reflecting the profound pain of watching her child face such difficulties: “I would love to make that disappear with magic [laugh]”

Experiencing Hope for the Child’s Future

Ava focused on the longer-term implications of her child’s experiences, expressing a hope that past challenges would not leave lasting negative effects:

> Even though the situation is good now and they're protected and it's stable and nice and I just wanted her to try, like for what has happened, not to affect her badly in the future.

Emily shared her hope that her child would come out of psychotherapy feeling stronger, more self-reliant, and kinder to herself:

> Hoping that we… [pause] feel much better, we become self-relying. We become stronger, she becomes stronger. She becomes stronger. She will… be confident in herself and she likes, loves herself, who she is, because she’s very cruel to herself. [pause] And that … [whispering] she loves herself.

Imagining the Future Role of Psychotherapy

Mothers spoke about the future in ways that felt uncertain and hard to pin down. Thinking about whether psychotherapy would be needed again was not experienced as something they could clearly decide, but more as something they had to sit with over time. There was often a sense of holding both hope and doubt—wanting the current work to be enough, while also recognising that their child’s needs might change.

For Sophie, there was a strong hope that what her daughter is gaining now would stay with her into adulthood. She spoke about therapy as something that could continue to support her emotionally in the future, almost as if the work done now might carry forward:

> We have a feeling also that it [psychotherapy] will be great for future, what we always have in mind is like you know, everything that is sorted as a child will help her as an adult and it's like you know, she won't have to do… finger crossed… psychotherapy as an adult because she will be more able to deal with her emotions and things like that.

At the same time, she did not fully close off the possibility that therapy might be needed again. Instead, she imagined her daughter being able to recognise this for herself:

> So, when it will stop, I hope that if she feels that she needs help again, she will be herself able to express 'I think I need to do another psychotherapy'. I wish it won't happen. But I feel that she would understand why she did this work, and what that gave to her.

Her reflections suggest a way of holding both possibilities—that therapy might not be needed again, but that it remains something her daughter can return to if needed. Therapy here is not only about addressing current difficulties, but about shaping how her daughter might recognise and respond to her own emotional needs in the future.

Sophie also spoke about therapy in relation to upcoming transitions, particularly those that may feel difficult:

> She is in a very small school, so the transition to secondary school may be like you know, quite difficult so it will help her, she will be more armed to deal with this huge transition and the independence that going with it.

In contrast, Olivia spoke about the future in a more continuous way, as if therapy might remain part of her son’s life rather than something that comes to an end. She described it as something he may return to as new challenges arise:

> In some ways, he will always need therapy. He will. He will face different difficulties. Maybe when he becomes a teenager, [he] will be different. He's still a kid, playing with the toys. And then when adult life comes, it will be different for him. So I think in his life he will need therapy.

There is a sense here of expecting change over time, and of recognising that each stage may bring something new that needs to be worked through. Rather than hoping for therapy to no longer be needed, Olivia seems to hold it as something that can be used when required. She spoke about particular moments, such as adolescence, as times when support might become important again:

> For example, when he's a teenager he might need six months or one year therapy, to understand that his body or his feelings will feel different, hormones are changing. And then when he becomes 18 or 17, he will be a grown-up person. So he will have again, different lifestyle.

Her account suggests a way of thinking about therapy as something that can accompany development, rather than resolve it—something that can be returned to at different points as her son’s world changes.

Ava’s reflections offered a slightly different perspective. She wondered whether therapy might be more helpful at a later stage, when her daughter has a clearer sense of herself:

> Just listening to her like I've like, I've taken out like Bupa health insurance for me and the children in case they ever need therapy. And you know, it's, I know there is a huge wait list. I'm not gonna force her into anything, but I do have Bupa in place. If should they need a therapist ASAP.

Across these accounts, mothers spoke about the future of psychotherapy in ways that remained open and uncertain. Rather than reaching a clear conclusion, they seemed to hold different possibilities at once—hoping that the current work would be enough, while also recognising that support might be needed again later on. Therapy was not seen as something simply finished or ongoing, but something that could take different roles over time: at times preparing the child for independence, at others remaining there as something to return to if needed. In the context of autism, where development can feel less predictable, this way of thinking about the future—uncertain, but with some sense of readiness—appears particularly important.

Discussion

The accounts of the four mothers offer a detailed picture of what it can feel like to seek and engage with psychotherapy for a child with autism. Their narratives move between uncertainty, effort, hope, and, at times, disappointment, reflecting the emotional complexity of this journey. While each account is shaped by a particular context, shared patterns can be seen across them, suggesting that these experiences are not isolated but part of a broader parental experience of navigating autism and support systems.

The findings resonate with existing literature, particularly in relation to the emotional impact of recognising a child’s difficulties, the challenges of accessing appropriate support, and the ongoing tension between hope and worry about the child’s future. At the same time, what stands out in this study is how these experiences are lived and made sense of by mothers over time. Rather than occurring as discrete stages, they appear to unfold as a process—one that involves repeated attempts to understand the child, adjust expectations, and find ways of responding.

Although some aspects of this process may be familiar across different parenting contexts, autism appears to give it a particular shape. Mothers frequently described uncertainty about how to interpret their child's behaviour, especially in areas of communication, emotional expression, and social interaction. This seemed to intensify the experience of not knowing, and to place greater weight on the process of making sense of the child's internal world. In this context, engaging with psychotherapy was not only about accessing support, but also about developing new ways of understanding and relating to the child.

It is important to consider that all mothers in this study had engaged with psychotherapy and had access to professional support. This may mean that the accounts presented here reflect experiences where some level of trust in services was possible, and where families were able to remain engaged over time. As such, the findings may place greater emphasis on processes of adaptation, reflection, and emerging hope than might be found in families who disengage earlier or are unable to access support. Recruitment through CAMHS may also have shaped the narratives, particularly in how parents spoke about the value of the support received.

At the same time, mothers did not present psychotherapy in wholly positive terms. Alongside accounts of support and change, they also described frustration, uncertainty, and moments where therapy did not meet expectations. This suggests a more nuanced picture, where psychotherapy is experienced as helpful but not sufficient, and where some difficulties remain unresolved.

The following sections consider each Group Experiential Theme in relation to existing literature and theoretical perspectives, with particular attention to what these findings suggest about mothers' experiences of raising a child with autism and engaging with psychotherapy.

Theme *Recognising the Need for Help: Parental Uncertainty, Assumptions, and Emerging Concern* captures how mothers came to recognise their child's need for psychotherapy within a context shaped by prior knowledge, cultural beliefs, and early observations of change. For some, familiarity with mental health services appeared to provide a degree of orientation, making it easier to move towards seeking help. For others, psychotherapy was initially experienced as unfamiliar or even anxiety-provoking, often shaped by cultural narratives in which psychological support was either absent or stigmatised. In these situations, schools and professionals seemed to play an important role in helping mothers begin to make sense of what they were encountering, echoing findings that proactive engagement can support access to care (Lindsey et al., 2013; Sayal et al., 2010).

However, the findings suggest that this process may be particularly complex in the context of autism. Psychoanalytic and developmental accounts have long pointed to the difficulty of accessing the internal world of the autistic child (Tustin, 1972; Rhode, 2004), and this is reflected in mothers' descriptions of early uncertainty. Across accounts, there is a sense of *not quite knowing*—an experience of noticing difference without being able to fully understand or name it. Behaviours such as withdrawal, anxiety, or difficulties with transitions were often experienced as ambiguous, resisting immediate interpretation. This is consistent with research showing that parents frequently make sense of early signs of autism retrospectively, once a clearer developmental understanding emerges (DePape & Lindsay, 2015; Crane et al., 2016).

From a more interpretative perspective, this uncertainty can also be understood as part of the emotional process mothers go through in trying to make sense of their child's experience. In the context of autism—where communication and expression may be less accessible—this process may be particularly demanding, requiring mothers to hold uncertainty over time while continuing to search for meaning. The wish for a "quick fix" or a "magic" solution, as described by Olivia, may reflect an understandable attempt to manage this uncertainty by imagining a more immediate resolution.

Recognition of the need for help therefore did not emerge as a single moment, but as something that unfolded over time—sometimes gradually, sometimes through more acute moments of concern. These different pathways suggest that mothers were moving between uncertainty, searching, and moments of clarity, as they tried to understand their child's difficulties. This aligns with research suggesting that parents of children with autism often move through a process of emotional adjustment, sometimes described as resembling aspects of grief, before developing a more integrated understanding of their child's needs (Ho et al., 2018; Ho et al., 2019).

Taken together, these findings highlight the non-linear and emotionally demanding nature of recognising the need for help. They point to the importance of early support that is not only informative but also sensitive to the uncertainty parents may experience, helping them to make sense of their child's development in a context where meaning is often not immediately clear (Zuckerman et al., 2015).

GET 2, *Accessing Support and Beginning Therapy: Parental Uncertainty, Effort, and Emotional Strain*, was experienced by mothers as a complex and emotionally demanding process, extending beyond the practical task of accessing services. While this stage involved navigating referral pathways and, at times, trying different therapeutic options, what stands out more strongly is the emotional labour involved in *staying with* the process when outcomes were unclear. Moments of disheartenment—particularly where there were false starts or little visible change—seemed to evoke not only frustration, but also doubt about whether they were making the "right" decisions for their child.

Although long waiting times are commonly reported in the literature (Abbott, Bernard & Forge, 2013), this did not emerge as a central difficulty in these accounts. Instead, the challenge appeared to lie more in the *psychological experience* of beginning therapy. Once psychotherapy started, many mothers described entering a period of heightened uncertainty. Initial hope—sometimes expressed as a wish for a "quick fix"—gradually gave way to an encounter with the slower, less predictable nature of therapeutic work. The sense that things remained "up in the air" suggests an experience of instability, where the presence of support did not immediately translate into a feeling of containment or change.

In the context of autism, this may be particularly significant. Where a child's internal world can feel difficult to access or understand, the expectation that therapy will provide clarity or resolution may be especially strong. When this does not happen quickly, mothers may find themselves having to tolerate a prolonged state of not knowing. From a psychoanalytic perspective, this can be understood as a shift from seeking certainty towards developing a capacity to hold uncertainty—both in relation to the child and the therapeutic process itself.

This movement resonates with Ho et al.'s (2018) findings, which describe how parents of children with autism may move through a process resembling grief following diagnosis, before gradually arriving at a more integrated understanding. In the present study, a similar shift can be seen—from hoping that therapy would resolve difficulties, towards recognising it as an ongoing process that may not offer immediate or complete change.

At the same time, within this uncertainty, mothers described moments of tentative reassurance. The image of being “held” or “holding hands” with professionals suggests that, even where outcomes remained unclear, the presence of a reliable therapeutic relationship could begin to offer a different kind of support—less about fixing, and more about *not being alone* in the process. This may mark an early experience of containment, where the therapist or service starts to take on a holding function for the family (Bion, 1962).

Importantly, this stage seemed to involve not only supporting the child, but also a shift in the mother’s own position. Beginning therapy appeared to bring mothers into closer contact with feelings of vulnerability, responsibility, and uncertainty about their child. Staying engaged in therapy, despite these feelings, required persistence and emotional investment. In this sense, accessing psychotherapy was not simply a practical step, but a psychological transition—one that involved tolerating ambivalence, managing expectations, and gradually developing trust in a process that initially felt unfamiliar and uncertain.

In GET 3, *Developing Trust in Psychotherapy: Parental Shifts in Confidence and Understanding*, mothers described trust as something that emerged gradually within a relational process, rather than being present from the outset. Over time, both children and mothers appeared to become more engaged with the therapeutic work, adjusting to its rhythms and developing a growing sense of connection with the therapist and parent worker. What comes through is that psychotherapy was not experienced as something *done to* the child, but as something that required emotional participation from both child and mother, making it a shared and evolving process.

While most mothers spoke about a deepening sense of trust and a growing feeling that therapy was helping, it is important to note that three of the four families remained engaged in long-term psychotherapy. This raises the possibility that these accounts may reflect the experiences of those for whom therapy had already become meaningful or tolerable. The perspectives of families who disengaged earlier—perhaps where trust did not develop—remain less visible.

As the therapeutic process unfolded, mothers' reflections suggested a shift in how they experienced both themselves and their child. For some, this was described as feeling more stable, less overwhelmed, or more able to understand what their child might be communicating. For others, it involved a sense that therapy could come to an end, while still holding in mind that support remained available. Across these accounts, there appears to be a movement from an earlier position of uncertainty and urgency towards something more settled, where difficulties could be thought about rather than immediately acted upon.

From a psychoanalytic perspective, this shift can be understood as a development in the capacity to contain and make sense of the child's emotional communications. Drawing on Wilfred Bion's (1962) concept of *containment*, the therapist–parent relationship may support mothers in processing experiences that initially feel confusing or overwhelming, allowing them to respond in a more reflective and less reactive way. In this sense, the growing trust in psychotherapy may reflect not only confidence in the service, but also an internal shift in the mother's capacity to hold her child's mind in mind.

These experiences can also be understood in relation to parental self-efficacy—the sense of feeling able to understand and respond to one's child. While this is relevant for all parents, it may take on particular significance in the context of autism. Mothers in this study frequently described uncertainty about how to interpret their child's behaviour, especially where communication, emotional expression, or social interaction were affected. Within this context, developing a sense of confidence in how to respond may help to reduce anxiety and support more consistent and attuned caregiving. This is reflected in Weiss et al.'s (2016) findings, which link increased parental self-efficacy to improved wellbeing for both parents and children with autism. While most mothers attributed this growing sense of confidence and self-resourcefulness to the support received through psychotherapy and parent sessions, further research is needed to explore how this process unfolds across a wider range of families. Nonetheless, these findings suggest that supporting mothers to feel more able to understand and respond to their child—emotionally as well as practically—may be central to therapeutic work, both in shaping the parent–child relationship and in sustaining longer-term change.

GET 4, *Looking Ahead: Parental Hopes, Fears, and Uncertainty About the Future*, captures how mothers experienced thinking about their children's futures as both hopeful and emotionally demanding. Their accounts were marked by a persistent tension: alongside recognising their child's progress, there remained an underlying worry about whether the world around them would be able to accommodate their child. Notably, concerns were directed less towards autism itself and more towards external realities — particularly societal misunderstanding, lack of acceptance, and reduced access to specialist support. In this sense, the difficulty was not located solely within the child, but in the relationship between the child and a world experienced as insufficiently responsive.

These accounts align with principles from Critical Autism Studies (Woods et al., 2018; Waltz, 2014), which shift the focus away from deficit-based understandings of autism towards the social and structural conditions that shape lived experience. Although mothers did not use this language explicitly, their reflections suggest a similar orientation: that their child's future wellbeing depends not only on internal development, but on the extent to which environments can recognise and adapt to difference. Concerns about employment, education, and public understanding of autism point to a broader awareness that therapeutic progress alone may not be enough in the absence of wider societal change.

At the same time, mothers' accounts suggest that imagining the future involved more than practical concerns; it also carried an emotional weight that was not easily resolved. Even where hope was present, it coexisted with an ongoing sense of uncertainty. From a psychoanalytic perspective, this may be understood as a form of ongoing mourning—not only in response to past or present difficulties, but in relation to an imagined future that remains uncertain. As discussed in the literature review, the concept of *chronic sorrow* (Lindgren et al., 1992; Bordonada, 2017) offers a useful way of thinking about this experience, capturing how feelings of loss and hope can coexist and re-emerge over time. Although mothers in this study did not explicitly describe their experiences in terms of grief, their accounts suggest a continuing process of adjusting expectations while remaining emotionally invested in their child's future.

Mothers also held differing views about the future role of psychotherapy. For some, therapy was imagined as something that might equip their child with lasting emotional resources, reducing the need for further support. For others, it was understood as something that might be returned to at different stages, as new challenges arise. These differing positions suggest that psychotherapy was not experienced as a clearly bounded intervention, but as something that could take on different meanings over time—either as preparation for independence or as an ongoing source of support.

Across these accounts, what emerges is a sense that mothers are holding multiple possibilities at once: hope for their child's growing resilience, concern about the limitations of the external world, and uncertainty about what support will be needed in the future. Psychotherapy, within this context, is not only understood as treatment, but also as part of a broader network of support that may help both child and parent navigate an uncertain and changing landscape.

Clinical implications

The findings suggest that engaging with psychotherapy for a child with autism is not only a matter of accessing support, but a psychological process for mothers, often shaped by uncertainty, emotional strain, and a gradual shift in how they understand their child. Clinical work therefore needs to attend not only to the child, but to how mothers make sense of their child's difficulties and of the therapeutic process itself.

One key implication concerns how families are supported at the point of recognising difficulties. Mothers in this study often described only making sense of early signs in hindsight, with initial experiences characterised by confusion or ambiguity. In the context of autism—where differences in communication, emotional expression, and social interaction can make a child's internal world less immediately accessible—this process of recognition may be particularly complex. This suggests the importance of creating spaces where parents can think about their concerns without pressure to reach immediate conclusions. Psychoeducation may be helpful, but appears most meaningful when it supports a process of understanding, rather than offering fixed explanations. While this may be especially relevant in autism, similar processes of uncertainty and gradual meaning-making are likely to arise in other areas of child mental health.

The early stages of therapy were frequently experienced as uncertain and emotionally demanding. Mothers described entering therapy with hope, sometimes for resolution, but soon encountering a process that felt unclear and slow to unfold. This suggests that how therapy is introduced and held in its early phase is crucial. Supporting parents to tolerate uncertainty, acknowledging the limits of therapy, and making space for ambivalence may be as important as outlining therapeutic aims. Although this appears particularly significant where autism intensifies experiences of not knowing, the need to support parents in staying with uncertainty may extend across therapeutic work with children more broadly.

Parent work emerged as a central element of the therapeutic process. Mothers described these spaces as enabling reflection, emotional support, and a shift in how they responded to their child. In the context of autism, where parents often experience uncertainty about how to interpret behaviours, this appeared especially important. Developing a sense of confidence in understanding and responding to the child was linked to feeling less overwhelmed and more able to engage with difficulties. This is consistent with research linking parental self-efficacy to improved wellbeing for both parents and children with autism (Weiss et al., 2016). At the same time, supporting parents' reflective capacity and confidence may also be a key mechanism of change across different clinical presentations.

The findings also highlight that psychotherapy is not experienced as consistently helpful or straightforward. Mothers described moments of frustration, doubt, and disappointment, particularly when change was not immediately visible. This suggests the importance of maintaining an open and ongoing dialogue about the therapeutic process, including its difficulties. Creating space for parents to question, reflect, and express uncertainty may support a more collaborative and sustainable engagement with therapy. This has relevance beyond autism, pointing to the importance of recognising that therapeutic change is often uneven and may not align with parental expectations.

Mothers' concerns extended beyond the child to the wider environment in which the child is growing up. Worries about social acceptance, educational settings, and access to support were often more prominent than concerns about autism itself. This highlights that, in autism, difficulties are frequently experienced at the interface between the child and a world that may not be well adapted to their needs. While psychotherapy may support internal understanding and resilience, it cannot fully address these external constraints. This points to the need for continued attention to systemic factors, including education, services, and public understanding. At the same time, the importance of context and environment is likely to be relevant across many areas of child mental health.

Finally, support needs were not experienced as fixed, but as changing over time. Mothers described therapy not as a one-off intervention, but as something that might be needed at different stages, depending on the child's development and circumstances. In autism, where transitions and demands can shift significantly across the lifespan, this suggests the value of flexible and responsive models of care. This might include maintaining pathways for re-accessing support, offering periodic check-ins, and recognising that both children and parents may require different forms of input over time. More broadly, this challenges linear models of intervention, suggesting instead that therapeutic support may need to remain open, revisitable, and responsive to change.

Taken together, these implications suggest that effective clinical work with autistic children and their families involves not only providing therapeutic intervention, but supporting an ongoing process of understanding, adaptation, and engagement with uncertainty. While grounded in the context of autism, these findings also point to wider considerations for child psychotherapy, particularly the importance of working with parental experience, supporting reflective capacity, and recognising the relational and evolving nature of therapeutic change.

Limitations of the study

My primary aim was to amplify the voices of parents with as little alteration as possible. However, the way I listened, processed, and later interpreted their experiences was inevitably shaped by my own perspective. Certain aspects resonated with me more strongly, drawing my attention in ways that may have inadvertently overshadowed other elements that were equally, if not more, significant to the parents themselves. The result is a narrative shaped by the heartfelt accounts of four remarkable mothers who generously shared their emotional journeys—through struggles, hopes, and moments of resilience. Yet, their voices have been framed within the structure I created, where I organised their stories into a particular sequence, inevitably influencing how their experiences are presented.

It is also important to acknowledge that these were the mothers who willingly agreed to take part in the research. Missing from this narrative are the voices of those who, for various reasons, chose not to participate. This raises an important consideration—parents who have had more positive experiences with CAMHS may be more inclined to share their stories, though this was not universally the case in this study. In fact, all participants expressed mixed feelings, highlighting both strengths and shortcomings in their experiences. Nevertheless, the absence of those who did not wish to engage inevitably shapes the overall findings.

Furthermore, these reflections capture a specific moment in time—the thoughts, emotions, and perspectives expressed during the interviews. If I were to speak with the same participants now, their reflections might differ, shaped by new experiences and evolving viewpoints. As such, this study presents a narrative deeply rooted in a particular temporal and contextual framework, filtered through my own interpretations, decisions, and understandings—and, undoubtedly, my own misinterpretations as well.

Conclusions

Overall, this study highlights the complexity of mothers' journeys in recognising, seeking, and engaging with support for their autistic children. Rather than unfolding in a linear way, this process was experienced as evolving over time, shaped by uncertainty, shifting expectations, and gradual changes in understanding. In the context of autism, this uncertainty was often linked to difficulties in interpreting early signs—particularly where communication, emotional expression, and behaviour were not immediately understood. Many mothers described only making sense of these experiences retrospectively, once a clearer developmental picture had emerged.

A key finding was that engaging with psychotherapy involved not only practical effort, but also emotional adjustment. The early stages of therapy were frequently experienced as unclear and, at times, disappointing, especially where hopes for change were not quickly realised. Over time, however, some mothers described a shift in how they related to both the process and their child, marked by growing trust and a greater sense of confidence in understanding and responding. This development—often experienced as increased self-efficacy—appears particularly significant in autism, where parents are often required to make sense of behaviours that remain ambiguous and require ongoing adaptation.

At the same time, the findings suggest that support does not remove the ongoing challenges associated with autism. Difficulties did not disappear, and mothers often described adjusting their expectations over time. Rather than seeking resolution, there appeared to be a gradual movement towards managing, understanding, and living with these challenges in a more sustainable way.

Looking ahead, mothers' concerns were shaped not only by their child's development, but by the wider environment in which that development takes place. Fears about the future centred on societal misunderstanding, limited services, and a lack of acceptance, highlighting that many of the challenges faced by autistic children are experienced as structural rather than purely individual. This suggests that therapeutic work, while valuable, cannot be considered in isolation from the broader social context.

While this study focuses on mothers of autistic children, some aspects of these experiences—such as navigating uncertainty, adjusting expectations, and gradually making sense of a child's difficulties—may resonate more widely. At the same time, autism appeared to give these processes a particular intensity and form, especially in relation to communication, emotional understanding, and the ongoing, changing nature of support needs.

Taken together, the findings suggest that supporting families of autistic children involves more than providing therapeutic intervention. It requires sustained attention to how mothers come to understand their child, how this understanding evolves over time, and how both are shaped by the wider systems in which they live.

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Article 3

Between Hope and Uncertainty: Parents’ Perspectives on Their Children's Psychotherapy

Abstract

This study explores the experiences of parents whose children with Autism Spectrum Condition (ASC) received psychoanalytic psychotherapy within Child and Adolescent Mental Health Services (CAMHS). Despite increasing referrals, parental perspectives remain under-researched. Using Interpretative Phenomenological Analysis (IPA), the study examined how parents reflected on the therapeutic process, its impact on their children, and its influence on family dynamics.

Semi-structured interviews revealed that parents valued psychotherapy as a safe, non-judgemental space where their children could explore emotions and difficulties. Many observed improvements in emotional expression, self-confidence, and family relationships. Parent sessions were often described as transformative, helping to foster greater understanding and more adaptive parenting strategies.

Nonetheless, challenges were noted. These included the emotional and practical demands of therapy, frustrations with the slow pace of change, and concerns about the perceived opacity of psychoanalytic methods. The findings underscore the importance of including parental voices to inform therapeutic practice and improve service delivery.

This study underscores the critical role of parent work in psychoanalytic psychotherapy and the importance of collaboration, transparency, and addressing power dynamics to enhance the therapeutic experience for families navigating ASC.

Keywords: Autism Spectrum Condition, parental perceptions; parental experiences; child psychotherapy, psychoanalysis.

Introduction and Rationale

Autistic Spectrum Condition (ASC) is a neurodevelopmental condition characterised by features such as repetitive behaviours and difficulties in social interaction and communication (Sauer et al., 2021). First described by Leo Kanner in 1943, it was noted that children presenting with autistic traits can make significant progress over time. In the United Kingdom, children and young people with ASC, along with their families, may receive support from Child and Adolescent Mental Health Services (CAMHS), especially when there are concerns about coexisting mental health issues. These families are often referred to psychoanalytically oriented child psychotherapy, which forms the focus of this study.

In recent years, there has been growing interest in the role of parental engagement in children's psychotherapy (Haine-Schlagel & Walsh, 2015). Within community-based services, parental involvement is recognised as pivotal to the effectiveness of therapeutic interventions. Research consistently demonstrates that a better understanding of parents' experiences and perceptions of their children's treatment can foster engagement (Cunningham et al., 2008).

While some studies have explored parents' perceptions of receiving an ASC diagnosis or awaiting one (Braiden et al., 2010; Smith-Young et al., 2020) and their views on various treatments for their children (McPhilemy & Dillenburger, 2013; Tan & Simmonds, 2018; Lee et al., 2020), there is a notable gap in research on how parents perceive their children's psychotherapy following an ASC diagnosis.

Currently, there are an estimated 700,000 autistic adults and children in the UK, representing approximately 1% of the population (National Autistic Society, n.d.). Recent data indicate a rise in autism diagnoses among children in the UK. In June 2022, it was estimated that 1.76% of children had ASC, compared to 1.57% in previous years, based on school-based surveys (Roman-Urrestarazu et al., 2021). This increase is thought to reflect improved reporting and greater availability of assessments for families (Russell et al., 2022).

The rising prevalence of autism among children has led to an increase in CAMHS referrals. Although historically many children with ASC were denied access to CAMHS—since autism is classified as a neurodevelopmental disorder rather than a mental health condition—this situation has evolved (Crane et al., 2019). Growing awareness of mental health difficulties among autistic children, such as anxiety and depression, has contributed to a greater acceptance of referrals. Consequently, more children and young people with ASC are being referred for child psychotherapy. This trend has heightened interest in identifying effective interventions for these children and their families.

Child psychotherapists have been providing treatment to children with ASC for several decades (Rhode, 2004). The field's evolution has been shaped significantly by its controversial history, particularly the 'refrigerator mother' theory posited by Bettelheim (1967), which unjustly placed blame on mothers for their children's autism. This concept profoundly influenced psychoanalytic practice and its public perception, often fostering mistrust. However, psychoanalytic approaches to working with children with ASC and their families have advanced considerably in recent years (e.g. Klauber, 1998; Alvarez & Reid, 1999; Alvarez 1980, 2012, 2012a). These developments reflect a broader shift in understanding the roles of parents, recognising them as integral partners in their child’s therapeutic journey. Moreover, the profound impact of an ASC diagnosis on families is now acknowledged, with some suggesting it can be a deeply traumatising experience for parents (Klauber, 1998). These shifts underline the importance of adopting empathetic, collaborative approaches that validate the experiences of families navigating the complexities of autism.

Despite increased attention to parents of autistic children, there remains limited knowledge of how they perceive the psychoanalytic psychotherapy their children receive. A deeper understanding of parental experiences could lead to greater reflection on current practices and improve the effectiveness of therapy.

Moreover, it is vital to contextualise this within the national health and social care framework. One of the key priorities in *The National Strategy for Autistic Children, Young People and Adults: 2021 to 2026* is "Building the right support in the community and supporting people in inpatient care" (Gov.uk, 2021). Local mental health services, such as CAMHS, play a crucial role in achieving this aim. To support families effectively, it is imperative to understand their experiences when engaging with these services.

This study seeks to explore parental experiences of their children's psychotherapy, focusing on the changes (or lack thereof), challenges, and reflections on the therapeutic process. The findings will be discussed in relation to the existing literature and clinical implications.

Literature review

Article 1 provided a detailed review of psychoanalytic approaches to autism and parental experiences of support. It showed that, while psychoanalysis has a difficult history in relation to autism and maternal blame, contemporary approaches increasingly emphasise relational understanding, parent work, and collaboration with families. The review also highlighted parents' need for clear communication, autism-specific understanding, and services that recognise the emotional and practical demands of raising an autistic child. This article builds on that context by exploring mothers' perspectives on the psychotherapy offered to their children, including its perceived benefits, challenges, and relational dynamics.

Methods

This article draws on the same qualitative study described in Article 2. Briefly, semi-structured interviews were conducted with mothers of autistic children who had received psychoanalytically informed psychotherapy in CAMHS. The data were analysed using Interpretative Phenomenological Analysis (IPA). While Article 2 focused on the mothers' broader journey through psychotherapy, the present article examines their perspectives on the therapeutic process itself.

Findings

This section outlines the findings of the study, organised around five Group Experiential Themes (GETs) that emerged from IPA. These themes reflect the nuanced and multifaceted nature of parents' experiences with their child's psychotherapy. The GETs' titles are listed in Table 1.

Participants and their children are referred to using pseudonyms: Denise and Teddy, Celine and Ray, Brigitte and Klaus, and Agnes and Vita. All names and some genders have been changed to ensure confidentiality.

GET 1	Trusting a Space That Remains Outside the Parent's View
GET 2	Parents' Experiences of Support, Reflection, and Change Through Psychotherapy
GET 3	Experiencing Uncertainty and Anxiety About the Child's Engagement with Therapy

GET 4	Psychotherapy is Experienced as a Significant Commitment
GET 5	Feeling Uncertain and Concerned About the Psychotherapist’s Role

Table 1

GET 1: Trusting a Space That Remains Outside the Parent’s View

This GET explores how parents came to see psychotherapy as a safe and confidential space where their child could express themselves more freely. Many described noticing changes in their child over time, particularly in how they expressed feelings. Parents also spoke about the importance of the relationship between the child and the psychotherapist, often seeing this connection as central to how therapy worked.

Experiencing Therapy as a Safe but Partly Unknown Space

Parents seemed to view psychotherapy as a private and secure space for their child, a place where they could feel safe to express themselves freely. Brigitta, in particular, appreciated the sense of privacy this space provided for her child, though she also felt that it was something she should remain distant from and not fully understand or interfere with. As she explained:

> I would say like, it's something private because it's his thing, it's not … we're not asking questions. […] it's really for Klaus and so we don't really know what's going on during the session.

Later, she elaborated on her view of therapy as a confidential space where her child could share thoughts and feelings he might not feel comfortable discussing with his family. However, this confidentiality also meant she could not be certain if this was how her child was actually using psychotherapy:

> I think it's for him to have someone with whom he is able to share things that he can't share with us. Hopefully, he's doing it—I don't know.

Similarly, Agnes conveyed a nuanced experience of her child's therapy. She recognised that the therapist provided a space where her child might reveal thoughts or feelings that were not shared with others. However, she also acknowledged that there were still aspects of her child's inner world that remained unspoken, even in therapy. As she described:

> She says that there are things that I share with my therapist, that are things that she shares with us, but there are things that she doesn't share with anyone, still.

Celine, on the other hand, highlighted the significance of psychotherapy as a 'different environment' for her child—distinct from the familiar settings of home and school. She emphasised that this alternative space encouraged her child to be more open and true to themselves, fostering trust and personal growth. In her words:

> Kids are … if they are with someone else one-to-one in a different environment, different setting, they can be more themselves in here [psychotherapy] and then when they trust the person, they open up more, which is good for the child's development.

This suggests that parents experienced the therapy space as confidential in an ambivalent way. On the one hand, it was felt as safe and different from other spaces; on the other, it brought up a sense of not knowing what the child was saying or doing in therapy.

Experiencing Therapy as a Space for Emotional Expression

Psychotherapy was also viewed as a vital space for a child's self-expression. Brigitte directly referred to it as a "place of expression" when describing its significance, and there was an underlying sense that therapy served a nearly cathartic function. She described noticing that when her child expressed emotions in therapy, there appeared to be less intensity at home. Brigitte explained:

> The fact that he's able to express his anger here means that he's less angry when he is coming home. So it's like an 'expression place' for him. Which also feels like, you know, this is great because that means at home he will probably be more relaxed because he had this opportunity. And psychotherapy is a place where he can be himself with someone else.

Brigitte also valued the fact that psychotherapy provided her child with a space to speak about challenging emotions without fear of judgment. She noted that non-judgmental atmosphere of therapy was crucial to fostering her child's ability to open up:

> It is why psychotherapy exists—to have a place of expression, where he feels that he's not judged. And I'm sur [if] with us he feels that. So having the opportunity of just being able to express himself is a great thing for him.

Celine echoed this feeling, pointing out that therapy created a unique opportunity for a child who might otherwise struggle with communication and social interaction. In her case, the therapy setting allowed her child to engage in ways he found difficult outside of therapy:

> He doesn't like to talk to people much, and he doesn't play with other kids. He likes to be on his own time. But in here, he opened himself.

Some parents, like Agnes, humorously noted that therapy even gave their child a chance to voice frustrations about the parents themselves—things the child might not feel comfortable saying at home. With a lighthearted tone, Agnes recounted:

> There was also the thing when Vita was going to therapy, she was like, taking it as a complaint about me [laugh], about us. And that was like, you know, ‘Okay, I'll tell my therapist’ [laugh].

Her account suggests that therapy could become a place where the child feels able to say things that might otherwise remain unspoken, with the humour perhaps softening what could also feel exposing for the parent.

Observing Changes: Parents’ Perceptions of Impact

Parents also explored the tangible impact of psychotherapy on their child, noting particularly visible improvements in emotional expression, communication, confidence, and independence.

Brigitte discussed the noticeable changes in her child since the start of therapy, emphasising the enhanced confidence and emotional expression that others have observed:

> Generally, I feel that everybody around us says he is growing like, yeah, he's is more confident and also we've got fewer crisises, he is sharing more about his feelings. Just a simple fact, now he is crying when he's upset like you know, allowing him to be weak, which is like for us … it's very strange to say, but seeing Klaus crying when he's sad, I'm so happy to see that because before he was so used to be upset and shouting, showing anger when he was upset. And so when I see him crying, I'm really happy because I'm feeling he is himself and is allowing him to be sad, which is like so, so good.

Celine also observed positive changes in her child since beginning psychotherapy, noting improvements in his ability to think and articulate his feelings in a more nuanced manner, as well as a rise in his self-confidence:

> And also how can I explain… it has improved… like his speech, the way he is emotional, like … ok you're upset, but it's something else as well … you are upset but there is something else maybe you feel as well. All those things make a difference in his life. That improves him, his emotional development […] . His self-confidence is coming up, it's building up, which is very positive for him.

Across these accounts, what parents notice are not only changes in behaviour, but shifts in how their children experience and express their inner world.

Experiencing the Child–Therapist Relationship

Another crucial aspect of the therapeutic process, according to parents, is the trust and connection between the child and the psychotherapist. Many parents highlighted how essential this bond is, as it not only encourages the child to attend their sessions but also enhances the overall therapeutic experience. Celine, in particular, emphasised the importance of this connection:

> Maybe then the connection with the person and the child psychologist, I think it's very important, their connection. It makes a huge difference for the child, and for parents as well, because we live with them all the time.

Celine described this special relationship in terms of the child viewing the psychotherapist as a "friend." She observed that when her child felt a stronger connection with the therapist, there was a noticeable increase in their enthusiasm for attending sessions:

> When we started with [psychotherapist], Ray was so excited to come here. You know, I mean, '[psychotherapist] is my friend.' He was calling [them] a friend. And in the first one [previous psychotherapy], he was just like … neutral.

> Sometimes Ray didn’t want to come. He didn’t have any, like, joy or excitement to come here. But with [psychotherapist], when he knew [psychotherapist], I think Ray became more excited and happy to come in here.

Brigitte, though having mixed feelings about the situation, perceived her child’s misbehaviour with the psychotherapist as a sign of trust and a strong relationship. She noted that her child only displays “naughty” behaviour with a very few people in their life, suggesting that this behaviour, while challenging, reflected a close bond with the therapist.

> And I'm feeling sometimes a little guilty but … [laugh] I'm feeling that you naughty with people you trust and like, you know … it's when you love people that you know you can be a little harsh with them. So I'm feeling that that means that they've got a good relationship. If he is doing that to [psychotherapist], even if I feel bad [laugh].

GET 2: Parents’ Experiences of Support, Reflection, and Change Through Psychotherapy

GET 2 explores how parents experienced both their child’s psychotherapy and their own parent sessions as sources of support. Several parents spoke about the value of having a dedicated space to explore not only the challenges of raising a child with autism, but also their own emotional responses and difficulties. Engaging with a parent worker offered them a fresh perspective, which in turn helped them to better understand both their child’s behaviour and their own reactions to it — a shift that often led to meaningful changes in how they related to their child.

Some parents described a sense of personal growth emerging from the parent work. They felt that the process allowed them to reflect more deeply, and they noticed that, as their understanding grew, their relationship with their child improved. Psychotherapy was described as offering a different kind of perspective — one that complemented, but was distinct from, the views typically offered by schools or more behavioural parenting approaches.

Experiencing Support in Parent Sessions

Most parents expressed a sense that their child psychotherapy or parent sessions felt like a support for them. Brigitte shares the memory that it was her child that noticed that it might be her who benefits from psychotherapy:

> Klaus was mentioning that we shouldn't stop the CAMHS or the psychotherapy, because I was benefiting from it. He never mentioned that he was benefiting from it. But he was thinking that I needed help. And definitely, because he was a challenging child sometimes, I was saying to him like you don't help me to do my job [laugh].

Celine shares that when she struggled a lot with her own problems, she felt she was able to speak about it with a parent worker:

> […] also sometimes I talked about my problems, I had some health problems. And also I didn't have anyone here to help me. […] So everything was like on me. All the appointments, school things, homework, taking them to activities, when they are sick taking the to hospital. Everything is on me. So… it affected my anxiety, sleep, stress, as well as so many things to be sorted out on my own … I was talking with [parent worker] … like going through all these things.

Agnes describes how at some point, when her child was unsure about coming to psychotherapy, she felt she needed her sessions:

> So … just every session initially was like Vita wants to go, doesn't want to go and so trying to get Vita come, having these talks with her, at some point more than Vita I wanted to come to the sessions [laugh]

She also describes the emotional support she received from her parent sessions and a sense of somebody 'holding their hands':

> And also reflection on my own personality or my own view on the way I was raised by my parents and I think also emotional support a parent gets when there's someone else on board, a professional, who knows your child well and are there to help them. It's just like holding hands.

Experiencing Being Listened to and Understood

Parents seem to value most the experience of being listened to and understood – most of them spoke about this experience in relation to their contact with their parent worker. For instance, Celine explains:

> When I speak with a psychologist, it was things like … positive, [psychotherapist] was like, really listening to me. [They] don't see like… I'm complaining about things, just the problems I have … explaining to [them] rather than seeing that I complain about things.

Celine also noticed that working with a psychotherapist/parent worker is different from talking to friends and the fact of not being judged seemed to make the main difference:

> It's very important to talk to someone. Sometimes when I talk to [parent worker] I feel just so relieved and no one is judging you. It's not the same as when you're talking with your friends about your problems, difficult things that

> you have. But in here there is no judgement, it is someone who's like really trying to help you with those difficulties.

Reflecting on the Self: Emerging Awareness and Change

Agnes reflected on how the parent sessions influenced her understanding of her own mental health, describing them as a space for self-reflection, including exploring her upbringing and its impact on her.

> It helped me to calm down a bit more and be more open minded into person's mental health issues, and then my own struggles. My own upbringing, my own things, my response to separation, my …my parenting skills, and all of this and how I see my children and how I can help, how my relationship with her in what way contributes or makes it better. You know, everything was coming together … so all this gave me platform to think about all those. […] Lots of things about my parents and my personal behaviours, general attitudes. The way I show my emotion …made me think so much of myself.

Agnes also described how her parent sessions encouraged her to seek psychotherapy for herself:

> it must be like even though they're not my therapists, but then it helped me so much to… to know myself and understand myself that I started therapy just about the same time, my own therapy. And then and then I was being advised like to look after myself.

Developing New Understandings of the Child

When asked about the first thing that comes to mind when she thinks about her child's psychotherapy, Agnes responded without hesitation, "Understanding my own child". She later elaborated on this, highlighting the profound impact of her child discussing their therapy experiences, which in turn helped Agnes gain deeper insight into her daughter:

> It was helping me to understand, through Vita's therapy, what she talks about during the therapy and I was understanding Vita more and more. So, it was very useful for me …

Agnes also reflected on how psychotherapy and parent sessions helped her recognise and respond more effectively to autistic behaviours, such as masking. She described how her daughter's ability to mask had initially led her to overestimate her capabilities:

> She's so good at that so I realised later on how that masking thing was so successful that she fooled me a lot of times when I thought she was so mature, that she could handle or what she could take and so my expectations of her were much bigger than they should have been. So that made me like… you know… you have to grow up [laugh]. She's not like that. That helped me to see her vulnerabilities more.

Similarly, Brigitte shared how parent sessions and psychotherapy provided her with a better understanding of autism-related behaviours, allowing her to respond in a more thoughtful and adaptable manner:

> […] we know that sometimes he's doing and saying things but it's not really him. Like, you know, kind of his autism making him react in a way. You may say in some situation, I was quite strict. And, you know, it opened my eyes. […]. And so probably it helped him; it helped me to understand that, from time

> to time, it won't ruin a routine, not to follow the routine. I don't know if I'm really clear, but it's really a little things like that. Yeah, I am more adaptable to change.[…] I feel that was probably because he had the anger thing, and we were not noticing that.

Celine similarly noted the importance of understanding the reasons behind her child's behaviours, which helped in developing strategies to address them:

> So there must be a reason and then we were thinking has something changed, is there's something new? Now those things that we were talking and then tried to find [with a parent worker]. And then through some strategies and then working out and then yes, because of this something else happens, and strategies worked.

Parents reported noticeable changes in how they interacted with their children. For instance, Celine explained that she had become more curious about her child's play and more intentional in spending time with him:

> So I sometimes like what I did, I rushed, because I needed to go back to the other one [child]. But now I take more time, even like five minutes, just take my time or come and talk to him. Sit next to him and talk to him. Those things before I was kind of like rushing.

Agnes also observed a shift in her own behaviour, becoming more relaxed and less anxious in relation to her child:

> I think that being able to become… even… calm and relax, and being less panicky. Less anxious.

Experiencing Psychotherapy as Offering a Different Perspective

Many parents shared the view that this change of understanding is possible because psychotherapy provides a unique and informed perspective on various aspects of their child's behaviour and needs. Agnes, for example, described how psychotherapy encouraged her to adopt a more analytical, "scientific" approach rather than a reactive one:

> And being patient, knowing when to step back and looking at things like a science rather than reaction. As I looked back, I started thinking more about. and also how much Vita was affected by my mood, my behaviours.

Similarly, Celine highlighted that psychotherapists often take a more logical and less emotionally driven approach than parents, which she found valuable in understanding her child's needs:

> Sometimes we are not very, we don't think very logically with the kids. Everything is emotional. And sometimes we don't see different angles […] And to come in here for Ray to have these sessions with someone else because [sigh and pause] I do not know how to say it [pause]. It is not so emotional. They're just like … the psychologists, they listen to you, they observe.

Celine also emphasised that psychotherapists bring expertise and specialised knowledge about autism that often surpasses what schools or parents might have. She noted that therapists can also identify positive aspects of a child that might otherwise be overlooked:

> But in the therapy, they know autism more than parents and they can work with the child because they know their needs, have knowledge about autism […]. The teaching assistants or teachers they are not experts on autism. […]. But in here the psychologists they have different knowledge, sometimes the

> psychologist finds out maybe something good, like the child has a good memory and … and they will talk about that.

Brigitte echoed these sentiments, expressing trust in the expertise of CAMHS professionals. She viewed their specialised knowledge as a reliable guide for navigating her child's needs:

> But we are not professionals and we were thinking if CAMHS says that it will be better to do like that… We just for us … we are following because we are not specialists. We feel that the CAMHS knows better than us on some things.

GET 3: Experiencing Uncertainty and Anxiety About the Child's Engagement with Therapy

Parents described experiencing their child's engagement with psychotherapy as uncertain, emotionally demanding, and at times distressing. Their child's responses to therapy were often difficult to predict and did not always align with their expectations. Many parents spoke about feeling unsure whether therapy was helping, particularly during periods where little visible change was observed or when difficulties appeared to intensify. While some later recognised positive shifts, the earlier stages were often experienced as confusing, frustrating, and emotionally taxing.

Parents frequently described feeling challenged when their child resisted attending sessions, particularly in the early stages. This resistance was often experienced as distressing and difficult to manage, leaving parents uncertain about how to respond and whether continuing therapy was the right decision.

Experiencing Limited or Uncertain Progress

A recurring theme among parents was the frustration of perceiving little or no progress during psychotherapy. Agnes described how, during the initial stages, the lack of noticeable changes left her feeling discouraged:

> As I said, I think at the beginning, the need for help was so, in some sense, great that at times, I kind of was like, you know … talking, talking, talking … nothing changes…

Although Agnes later noticed many positive changes, she expressed that her expectations for improvements in her child's autistic presentation were not fully met. When asked if she felt that psychotherapy had helped in this regard, she reflected:

> Oh, I think it did. But I think it could be more. My expectation was more. […] I still do, I need a little bit more specific kind of discussions around or understanding or exploring around those behaviours for her. Because I still think there's more, I'm constantly still trying to understand Vita not wanting to go to school, for example.

Agnes's account highlights how parents often enter therapy with high expectations, particularly when their child has complex needs such as autism. While progress might occur, it may not align fully with parental hopes, leaving a sense that certain areas have not been adequately addressed.

For other parents, specific challenges in their child's behaviour remained unchanged despite psychotherapy. Brigitte, for instance, expressed her ongoing frustration with her son Klaus's aggression towards his brother:

> So it just like he knows behaviour with his brother sometimes [sic]

> …[pause] I know it's like a sibling thing, but I would love to make that disappear with magic [laugh].

Similarly, Celine shared her disappointment regarding her child's persistent sleep issues:

> And I was discussing it as well, and then … sleeping, has anything changed? Nothing changed. Everything is the same.

These examples illustrate that while psychotherapy can bring benefits, some parents feel that critical challenges remain unaddressed, adding to their sense of frustration.

Interestingly, Brigitte noticed an increase in her son Klaus's "autistic behaviours" since the start of psychotherapy. She attributed this to a reduction in his masking, which had previously concealed some of his traits. While she appreciated this newfound authenticity, it also brought mixed feelings:

> Now, when Klaus is upset, he will have more autistic behaviour. It will be more like hiding under a blanket and I think like a little movement of rocking movement or like you know, it will show only when he's at home, but he will show more autistic behaviour from time to time. So I don't know what you [think], but I can see sometimes like the [autistic] behaviour, and I was thinking probably, he was hiding it. I think he wanted to do something, and it was his way of expressing, you know, this autistic behaviour. And so yeah, definitely sometimes I can see him having those moments. In a way, I feel that it's good because he's allowing himself to express [it], but sometimes I feel bad because I feel like he is in distress and is not very well when he's doing that.

Brigitte’s reflection highlights the complexity of behavioural changes during psychotherapy. While the reduction in masking can be a positive sign of self-expression, it also reveals previously hidden distress, which can be difficult for parents to witness. This duality illustrates the emotional challenges parents face when navigating their child’s therapeutic journey.

For some parents, psychotherapy appeared to exacerbate their child’s difficulties. Denise described how her daughter’s mental health worsened during the process, leading to increased anxiety and an unexpected return to antidepressants:

> And then for some reason, the psychotherapy just the way it went, it was like the opposite effect. Like she felt like, really anxious. I think like she even started taking antidepressants again during [it] without even asking me because we had some leftover from when she came off.

Experiencing the Child’s Refusal to Attend Therapy

A common issue was children refusing to attend sessions at CAMHS. While such refusals were often temporary, they were frequently seen as one of the most significant obstacles.

Agnes described her daughter Vita’s resistance to engaging with therapy, especially during transitions between therapeutic approaches:

> And then Vita was at that time. she was continually refusing saying, ‘I've been, I did it. It doesn't help, I'm not going back.’

This highlights the frustration parents feel when their children, despite needing help, refuse to participate. Such resistance can be rooted in the child’s previous experiences or their perception that therapy has failed to bring about meaningful change.

Similarly, Brigitte recounted her struggles with her son Klaus's reluctance to attend CAMHS appointments, particularly early in the therapeutic process. She described the logistical and emotional toll it took on their family:

> So for us a more challenging thing at the beginning was Klaus was very, very reluctant to come. […]. And on [time and day] when he had to get up a little earlier to come to CAMHS, it was a nightmare. He was refusing to go out of bed and that was very, very challenging. Refusing to get dressed and everything to do the normal routine, and we often had to threaten him saying like, you know, you won't have time to have breakfast […] it was really the fact that Klaus was mentioning 'I don't like to go to CAMHS. I don't want to go to CAMHS, CAMHS is ruining my life.'

Brigitte's account sheds light on the emotional resistance children can exhibit when therapy feels like a disruption to their routine or even a punishment.

Denise expressed a different set of concerns, focusing on the psychological impact of therapy itself. She worried not only about her child's growing reluctance to attend sessions but also about how certain therapeutic dynamics could make her child feel isolated or overly dependent on the therapist:

> But like Teddy, just was becoming more and more anxious about going, and then was just saying he really does't want to go. And. …And then. Yeah. Then he kind of opened up to me about what, like the [psychotherapist] was saying. And like, it was just. Yeah, it was just so not right. And a very like even just quite a dangerous kind of interpretation of what [psychotherapist] was kind of making Teddy feel like that [a psychotherapist] was the only one that he had.

> And there is no one else that cared for him and stuff. […]. So it was making him feel really isolated and like that.

Denise highlights the worries about dependence and its potential impact, such as making a child feel more isolated. She also appears to express concern about the uniqueness of the therapist-child relationship, which could contribute to a sense of isolation or affect the child's other relationships.

On the other hand, Brigitte also expressed apprehension about how her son Klaus might cope when therapy comes to an end. For her, the end of therapy posed a potential challenge, as Klaus might struggle with expressing his emotions outside the therapeutic environment:

> So the fact that he may be upset when it will stop linked to the fact that you know, [parent worker] mentioned the fact that he was very upset, so he won't… because he won't share that with us. He will only share that here. So yeah, just probably because he is proud of saying like, I don't need help.

Brigitte's reflections suggest a tension between valuing the therapeutic space as somewhere her child could express emotions, and feeling concerned about how he might manage without it. This appeared to evoke uncertainty about how he would cope with transitions or endings.

GET 4: Psychotherapy is Experienced as a Significant Commitment

GET 4 describes how, for many parents, psychotherapy was not only a journey of emotional investment but also a substantial commitment in terms of time and engagement. Parents reflected on how the process affected them personally, their child, and even the wider family dynamic. While psychotherapy often led to positive outcomes, the path itself was described as both exhausting and demanding.

Experiencing Emotional Labour in Psychotherapy

Agnes shared her experience of parent sessions as being particularly challenging, describing the difficulty of "bringing things out" and her defensive reactions during the process:

> Even though I was opened up always but at the same time, I could feel like fear of bringing everything out... So I think at times, I was a bit defensive… at times I was … a feeling of guilt was so big. I was just like, even if there is or not I [unclear] on myself [pause] and then I think it became more and more. I'm just thinking how patient [therapist and parent worker] were with us [laugh].

Agnes's reflections highlight how parent sessions often require a level of introspection and vulnerability that can be deeply uncomfortable. Feelings of guilt and defensiveness can surface, adding another layer of emotional complexity. Yet, her acknowledgment of the therapist's patience suggests that the therapeutic relationship played a crucial role in navigating these challenges.

She also described how emotionally draining psychotherapy was, not only for her but also for her child. She spoke about how her daughter, Vita, expressed the pain and vulnerability involved in therapy:

> It's very emotional [laugh], very emotionally… draining at the beginning. It is very hard. But for me but also for Vita saying, like 'you don't know what it means at times' when she was like, not wanting to go because 'you don't know how it is', you know, how painful it is when you go there you put your soul out to a complete stranger. And you know, everything that hurts you so badly.'

This account reveals the dual burden of psychotherapy: for parents, it is the emotional labour of confronting their own feelings and supporting their child, while for children, it is the raw and often painful process of opening up and addressing their struggles.

Experiencing the Practical Demands of Psychotherapy

For Brigitte, the focus was more on the practical demands of psychotherapy and its impact on the entire family. When asked about her first thoughts regarding her child's psychotherapy, she immediately reflected on its length and intensity:

> Well, long. It's longer than we were expecting. […] So at the beginning was what seemed to be a lot.

Her account conveys a sense of surprise and, at times, disappointment as therapy extended beyond what she had initially anticipated. Brigitte also shared her family's disappointment when the therapy was prolonged:

> We were very disappointed. [laugh] Yeah, because at the beginning we're thinking okay, it's gonna be one challenging year but it will be one year and kind of what we were saying to Klaus. And at the end, we were thinking like, no, not one year again.

GET 5: Feeling Uncertain and Concerned About the Psychotherapist's Role

GET 5 explores how parents experienced aspects of the psychotherapeutic process as unclear or difficult to access. Some described feeling uncertain about the therapist's approach, level of expertise, and what was taking place in sessions. These experiences were often linked to a sense of being outside the therapeutic space, which at times led to feelings of exclusion or uncertainty about their role.For a few parents, this raised concerns about the potential for over-dependence on the therapist, or about the wider family being left out of important emotional developments.

There were also reflections on the psychotherapeutic stance itself, which some parents experienced as overly detached or insufficiently inclusive of their own knowledge and lived experience.

Not Knowing Enough About Psychotherapist/Psychotherapy

Some parents expressed concerns about the psychotherapist working with their child, particularly regarding a lack of familiarity with the therapist. These concerns were often contrasted with their more informed and transparent interactions with other professionals, such as a parent worker. These reflections highlighted desires for greater transparency and a deeper understanding of the therapist's approach and qualifications.

Brigitte, for instance, spoke about not knowing much about the psychotherapist compared to the parent worker she interacted with. She appeared to wish for more clarity on the structure and techniques used during therapy sessions:

> I don’t know, because it's kind of difficult because I feel that I know [parent worker] and I don't know [psychotherapist] [laugh]. Well, I'm thinking [psychotherapist] is doing [their] job, but yeah, I don't know really obvious things, and I don't know at all, like if [psychotherapist] got like a routine timetable… like is [psychotherapist] working on something each time, is [psychotherapist] using what we're saying with [parent worker]?

In addition, she expressed concerns about the psychotherapist's level of knowledge and experience, particularly as they were a trainee. While acknowledging the value of support systems in training, she seemed unsure whether this setup was sufficient:

> I don't know. It’s just like I don’t know a lot about [a psychotherapist]. So I know [parent worker] seems to be like someone who knows a lot and has been there. So what surprised me a little is that [a psychotherapist] is a trainee. And so I was, ‘Okay, so probably [psychotherapist] is well supported,’ but I was surprised that, you know, it will be one-to-one with them. […] Or that because you get less experience, also you rely probably more on the routine and things like that and perhaps sometimes struggle to think out of the box. But … little things like that … thinking. But the thing is that because [psychotherapist] is working with [parent worker], I'm feeling that [psychotherapist] is probably asking [parent worker] for help. And so that's also part of being trained. You're not alone. You've got a buddy, in a way.

Her reflections point to a dual perspective: on one hand, she questioned whether a trainee could adequately meet the needs of her child, but on the other, she recognised the value of mentorship and collaborative learning as part of the training process.

Similarly, Denise expressed some reservations despite her generally positive first impressions of the psychotherapist. She noted concerns about the impact the therapist might have on her child, particularly regarding boundaries and the nature of advice given:

> Yeah, I just [psychotherapist] was… seemed fine. And [psychotherapist] seemed like a nice temperament and stuff. But yeah, like I think there are other things as well, like [psychotherapist] was trying to get [a child] to leave [their boy/girlfriend] and like, just kind of things that, like, I don’t think a therapist should ever cross really. It's kind of like, you know, you don’t really give direct advice. You discuss it.

Finally, Agnes emphasised the importance of involving the whole family in the therapeutic journey. She voiced worries that individual sessions might inadvertently exclude other family members, thereby creating a gap in understanding:

> It's just like not even the whole family, it's just … it feels like when we're all together, it's like this is what I am, our part in therapy, because it is all about our personal issues, it's them with the therapist. But that bridging that gap a little bit with the rest of [the] family. Because the session with me and [a child], this was useful. And also like you… Yeah, I think my [other child], for example, doesn't know what we do, how we do the journey we are going through and everything, and [another child] gets a bit out of it.

Psychotherapy's Perspective as Too Detached

Some parents expressed concerns that psychotherapy, at times, felt detached, overly theoretical, or even patronising. These feelings often stemmed from a perceived imbalance in the therapist-patient relationship, a lack of alignment between the therapist's perspective and the parents' lived reality, or the overwhelming nature of therapeutic feedback.

Agnes articulated her frustration with the perceived "expert" status of the therapist, which she felt overshadowed her own understanding and lived experience. She expressed a desire to be treated as an equal partner in the therapeutic process:

> Yeah, as I was like, the last time that I thought like, that person doesn't understand. How can they know everything about me? Because they're looking from their perspective. Yeah, 'I understand you.' The theory behind everything I say like okay, person says that comes from their science, scientific

> background, in terms of psychology, science study, so it was … It was annoying me.

This highlights how theoretical interpretations can sometimes feel detached or invalidating, particularly for parents who view themselves as knowledgeable about their child's needs or psychology more broadly. Agnes's frustration was amplified by her own strong sense of self-awareness and education:

> I was just thinking, Yeah, I know a lot about psychology too. And I know a lot about myself too. And I'm an educated, well-educated, intelligent woman, person. So how much you know more than me like, or how much you can know … that not knowing really.

However, Agnes also noted that her defensiveness softened over time as she began to trust the therapist and engage more collaboratively:

> Then when I … I kind of agreed I started now agreeing with the therapist. Before it was a time this was like, a bit of maybe attacking or defensive.

Denise expressed feeling overwhelmed and disconnected from the psychotherapy reports, which she found "too full on" and misaligned with her perception of the situation. Instead of providing clarity or hope, the reports felt exaggerated and even doom-laden:

> It was so full on, like and then like, I didn't tell Teddy what was in it. […] But like I think like Teddy is and… and he's like … like I was just like, it was just full on. I just like this kind of doom, like it was just... I just never seen anything like it was.

Denise's reaction reflects how therapeutic feedback, if not framed sensitively, can feel overwhelming and counterproductive. Reports or assessments that focus heavily on problems without acknowledging strengths or potential for improvement may inadvertently diminish a parent's sense of hope.

Discussion

The findings illuminate the complex ways in which parents made sense of their child's psychotherapy. In reflecting on these findings, connections to existing literature reveal both areas of alignment and gaps, enriching our understanding of the therapeutic process and its impact on families.

Across the five GETs, psychotherapy was not experienced simply as helpful or unhelpful, but as a process parents had to trust, negotiate, and sometimes struggle with. Parents valued psychotherapy as a space where their child could express feelings more freely, but this space also remained partly outside their view. This created a recurring tension between trust and uncertainty, particularly around what happened in sessions, what the therapist understood, and how therapy was affecting the child.

Although the research question focused on parents of children with autism, the findings did not suggest that parents experienced psychotherapy only through the lens of autism. Rather, autism appeared in specific ways: through concerns about communication, masking, emotional expression, routines, school refusal, social difficulties, and parents' wish to better understand behaviours that were difficult to interpret. At the same time, some findings have wider relevance to psychoanalytic work more generally, particularly the tensions around confidentiality, authority, expertise, and parental inclusion.

GET 1 explored how mothers came to understand psychotherapy as a space that was both safe and somewhat outside their reach. It was often valued as a place where their child could express something more freely, yet this was accompanied by a degree of uncertainty about what actually took place within it. For some, this meant consciously stepping back and respecting the child's privacy; for others, it brought a sense of being excluded from an important part of their child's emotional life. What emerges here is a tension between wanting the child to have a space of their own, and the difficulty of not knowing what happens in that space.

In the context of autism, this takes on a particular meaning. Many mothers described their child's internal world as difficult to access, especially where communication, emotional expression, or social relating were affected. Psychotherapy appeared to offer a different kind of relational setting, where aspects of the child's experience could begin to emerge in ways that were not always possible elsewhere. This can be understood in relation to Donald Winnicott's idea of a *potential space* — a space that exists between inner and outer reality, where new forms of expression and experience can develop. In this sense, therapy may function as a place where the child can explore and express feelings that are not yet fully available within family relationships.

Mothers noticed changes in how their children expressed themselves — not as a shift in autism itself, but in the way emotional states could be communicated and recognised. For example, the movement from anger to crying was experienced as meaningful, suggesting a change in how distress could be expressed and understood. This aligns with psychoanalytic perspectives that emphasise the development of emotional meaning and symbolisation, rather than behavioural change alone. It also reflects Anne Alvarez's (2012) emphasis on the importance of an engaged and responsive therapeutic presence in reaching children who may otherwise struggle to communicate their internal states.

At the same time, mothers' accounts suggest that this process was not straightforward. While therapy created a space for expression, some emotions remained difficult for children to articulate, even within this setting. This may reflect the nature of autistic experience, where feelings are not always easily symbolised or shared, but may instead be communicated indirectly or through behaviour. In this context, psychotherapy may support the gradual development of emotional understanding, rather than providing immediate access to it (Rhode, 2004).

The relationship between the child and the therapist appeared central to this process. Mothers often described it as unique, sometimes even as a form of friendship – at least from a child's' perspective, while others understood testing or challenging behaviour as a sign of trust. In the context of autism, where relationships can be experienced as complex or demanding (Bauminger & Kasari, 2000), this connection seemed particularly significant. It suggested that the child could form a relationship in which they felt safe enough to express aspects of themselves that might otherwise remain hidden. These observations are consistent with wider research linking therapeutic alliance to improved outcomes in child psychotherapy (Hawley & Weisz, 2005; Liber et al., 2010; Núñez et al., 2021).

Overall, mothers experienced psychotherapy as offering their child access to something different — a space where they could be understood in new ways. At the same time, this required mothers to tolerate a degree of distance from the process, trusting that something meaningful was taking place even when it could not be fully seen or known. This highlights an important aspect of the parental experience in child psychotherapy, particularly in the context of autism: the need to hold both trust and uncertainty in relation to a process that unfolds, in part, outside their view.

GET 2 highlights how mothers experienced psychotherapy not only as something offered to their child, but also as a space that gradually began to include them. Parent sessions were often described as a place where they could bring their own feelings, reflect on their responses, and feel supported in a role that was frequently experienced as overwhelming or isolating. What stands out here is not simply the provision of guidance, but the experience of being listened to and thought about as a mother. This is consistent with literature emphasising the importance of involving parents in therapeutic work (Haine-Schlagel & Walsh, 2015; Cunningham et al., 2008).

For some mothers, this space appeared to reduce the sense of distance created by the child's individual therapy. While the child's sessions could feel private and at times inaccessible, parent work offered a point of connection, allowing mothers to feel more involved without intruding. This seemed to support a growing confidence in how they responded to their child. In the context of autism—where behaviours may be difficult to interpret and can feel unpredictable—this shift appeared particularly significant. It can be understood in relation to parental self-efficacy (Weiss et al., 2016), but also as a development in mothers' capacity to think about their child's internal states, rather than responding only to behaviour.

Mothers described beginning to see their child differently. Greater awareness of behaviours such as masking or emotional withdrawal seemed to open up new ways of understanding, allowing for more flexible and attuned responses. This reflects a shift towards what is often described as reflective functioning (Asen & Fonagy, 2012), where behaviour is understood in terms of underlying thoughts and feelings. In this sense, parent work may support mothers in moving from reacting to what is visible, to thinking about what might be happening internally for the child. This also resonates with Margaret Rhode's (2004) emphasis on the emotional meanings of behaviour, as well as Trudy Klauber's (1998) view that supporting parents has a wider impact on the child's relational environment.

The relationship with the parent worker or therapist appeared central to this process. Mothers often spoke about the importance of feeling listened to without judgement, and of being able to speak openly about difficulties that felt harder to share elsewhere. This seemed to create the conditions for reflection, rather than defensiveness. Studies have similarly highlighted the importance of trust in the parent–therapist relationship (Legg & Tickell, 2019), as well as the value parents place on gaining new perspectives, particularly in relation to autism-specific understanding (Roughan, Parker & Mercer, 2019), which contrasts with earlier findings suggesting gaps in professional expertise (Read & Schofield, 2010).

Importantly, these findings also sit within a broader shift in psychoanalytic thinking about autism. As discussed in the literature review, earlier models often positioned parents—particularly mothers—as contributing to the child's difficulties (e.g. Bettelheim, 1967; Mahler, 1952; Tustin, 1990; Waltz, 2023). In contrast, mothers in this study did not speak about feeling blamed for their child's autism. This absence is notable. Instead, they described parent work as supportive, collaborative, and reflective. This suggests a movement away from an expert-led model towards a more relational approach, where the knowledge and experience of mothers are recognised alongside professional understanding.

Overall, GET 2 suggests that parent work is not simply an additional component of therapy, but a central part of the process. For mothers of autistic children, it appears to offer a space in which they can begin to make sense of their child's experience, as well as their own responses to it. This is in line with more recent literature emphasising the value of parent work within child psychoanalytic psychotherapy (Riley & Avdi, 2024), and with studies highlighting its role in supporting reflection, emotional understanding, and more attuned parent–child relationships (Midgley et al., 2017; Asen & Fonagy, 2012).

GET 3 captures how mothers experienced their child's engagement with psychotherapy as uneven, uncertain, and at times difficult to hold onto. Change was rarely experienced as straightforward. Some described improvements in certain areas alongside a persistence—or even intensification—of other difficulties, which could feel confusing and, at times, disheartening. This seemed particularly pronounced in the early stages, where hopes for a more immediate or visible shift were not realised. There was often a sense of waiting for something to "work," reflecting an initial expectation that therapy might bring clearer or quicker results.

This difficulty was not only about the child's presentation, but also about how mothers were making sense of the purpose of psychotherapy itself. As Margaret Rhode (2004) suggests, psychoanalytic work with autistic children often focuses on secondary emotional and relational difficulties rather than autism per se. This distinction did not always seem fully available to mothers, particularly at the beginning, and may have contributed to a sense that therapy was not addressing what felt most urgent.

At times, changes in the child's behaviour were themselves unsettling. Some mothers described increased anxiety or more visible autistic traits, particularly where masking appeared to lessen. While this might be understood as a sign of greater emotional safety, it was not always experienced in this way. Instead, it could evoke concern, as the child appeared more distressed or less contained in everyday life. What might be framed clinically as expression or authenticity could, for mothers, feel like a loss of stability.

Supporting the child's engagement with therapy was also described as emotionally demanding. Resistance to attending sessions, especially early on, placed mothers in a position of having to encourage participation while managing their child's reluctance. At the same time, some expressed concern about the opposite possibility—that the child might become too reliant on the therapist, or struggle with endings. This suggests that the therapeutic relationship was experienced as shifting in meaning, moving between a source of support and a potential source of tension.

From a psychoanalytic perspective, these experiences can be thought about in relation to dynamics of dependence and separation, which have been discussed in work with autistic children (e.g. Frances Tustin, 1972). While such formulations remain debated, they offer a way of understanding why engagement in therapy might feel both necessary and difficult to sustain. For mothers, this seemed to involve an ongoing negotiation—supporting closeness to the therapist while also holding concerns about its impact.

Overall, what stands out is that uncertainty was not confined to the child's progress, but was part of the mothers' experience of the therapeutic process itself. The non-linear nature of change, alongside shifting expectations, required a gradual adjustment to a form of work that does not offer quick resolution, but unfolds over time.

Another challenge that came through in mothers' accounts was the extent of commitment that psychotherapy required over time. GET 4 highlights how therapy was not only something offered to the child, but something that gradually reorganised family life. For some mothers, the weight of this was felt emotionally—through the intensity of the work, the exposure involved in parent sessions, and the need to stay engaged even when the process felt difficult. For others, it was the practical demands that stood out more clearly, particularly when therapy extended beyond what had been expected or required repeated adjustments to daily routines.

What seemed to emerge was a sense that psychotherapy asked something ongoing of mothers, rather than being a contained or time-limited intervention. This could create tension between recognising its value and feeling the strain of sustaining it. In some accounts, this appeared as fatigue or ambivalence, especially where progress was not immediately visible, or where the process felt longer than initially anticipated.

As noted in the literature review, parents of autistic children often experience elevated levels of stress (Bonis, 2016), and these findings suggest that engaging in psychotherapy may, at times, add to this existing burden. While therapy was frequently experienced as supportive, it also required emotional and practical resources that were not always readily available. This highlights the importance of recognising psychotherapy not only as an intervention, but as a demand placed on families—one that needs to be carefully held in mind within clinical work.

GET 5, *Feeling Uncertain and Concerned About the Psychotherapist's Role*, can be understood as the more difficult side of what was described in GET 1. While mothers often valued psychotherapy as a protected and confidential space for their child, this same privacy could also leave them feeling somewhat outside of the process. Several spoke about being unsure what was happening in sessions, how the therapist was working, or how decisions were being made. This was not necessarily expressed as criticism, but rather as a tension they had to manage—wanting to respect their child's space while also feeling responsible for their care.

What emerges here is not a rejection of confidentiality, but a more complex emotional position in relation to it. The very qualities that made therapy feel safe for the child—privacy, difference from family life, and the therapist's role—could also create distance for mothers. At times, this distance seemed to evoke unease, particularly when the work felt difficult to follow or emotionally out of reach. In this sense, psychotherapy was experienced as both containing and, at moments, excluding.

This tension can be understood in terms of ambivalence within the therapeutic relationship. Mothers appeared to hold two positions at once: trusting the therapist and valuing their expertise, while also questioning or feeling unsettled by aspects of the process. From a psychoanalytic perspective, such ambivalence is a recognised feature of relationships where dependency, care, and authority are closely linked (e.g. Melanie Klein, 1935/1940). The therapist may come to be experienced as both a helpful figure and one who holds knowledge about the child that the parent does not fully share, which can evoke both reliance and discomfort.

These experiences also resonate with the longer and more contested history of authority in autism. As discussed in the literature review, earlier psychoanalytic models often positioned professionals as those who “knew,” sometimes at the expense of parental knowledge and experience (e.g. Bettelheim, 1967; Bakker, 2020; Waltz, 2023). Within this history, parents—particularly mothers—were not only excluded from understanding but, at times, implicitly or explicitly blamed. Although contemporary practice has moved away from these positions, questions about who holds knowledge and authority in relation to the child do not fully disappear. Instead, they seem to re-emerge in more subtle ways, for example when mothers feel uncertain about the therapist’s approach, or when their own understanding does not fully align with clinical interpretations.

In this study, these dynamics did not take the form of overt conflict, but rather appeared as moments of hesitation, questioning, or emotional distance. This suggests that what is being negotiated is not simply access to information, but a relational position—how mothers locate themselves in relation to professional knowledge about their child.

At the same time, the overall picture felt more balanced than earlier critiques might suggest. Mothers did not describe therapy as blaming or judgemental; rather, many experienced parent work as supportive and containing. This points to a shift in psychoanalytic practice towards greater collaboration and sensitivity to parental experience. What remains, however, is an ongoing negotiation—between trust and doubt, closeness and distance, and between different forms of knowing (professional and parental)—which appears central to how mothers engage with the therapeutic process.

Clinical implications

The findings offer several implications for clinical practice:

Value of Parent Work: First and foremost, all the parents interviewed had parent work sessions alongside individual psychotherapy for their children. They spoke about the helpfulness of these sessions and the personal journeys of change that enabled them to respond to and navigate their children's challenges in more effective ways. This underscores the importance of parent work and collaborating with parents alongside the support offered to their children. It is also crucial to recognise the commitment and emotional labour involved for parents, which they discussed.

Managing Expectations: Many parents highlighted that numerous issues did not disappear or significantly change, even while receiving support. This can be disheartening and frustrating, and it may be beneficial for clinicians to assist parents in managing their expectations, particularly concerning the autistic presentation. While most child psychotherapists are aware that they address 'secondary' presentations rather than autism itself, it might be equally important for parents to understand this distinction.

Additionally, it is vital for parents to understand that the therapeutic process is neither linear nor straightforward; rather, it is inherently complex, often described by parents as a ‘roller coaster’ or involving ‘swings and roundabouts’. This characterisation underscores the unpredictable nature of progress and setbacks within therapy. While it may be helpful to reflect on this with parents, it is essential to do so without preemptively shaping their expectations in a way that might inadvertently limit their openness or create unnecessary concerns.

Among those interviewed, most stayed engaged with the process, but it is vital to consider the complexities of the therapeutic journey with parents. Many parents spoke about their initial hopes for a ‘quick fix’, only to discover that psychotherapy was far from a straightforward process. They described struggles with their children’s responses to CAMHS, including refusals to attend. The accounts suggest that many of these difficulties were temporary, with children and families eventually settling into therapy and benefitting from it. It may be helpful to prepare parents for the complexities of the therapeutic process or to reflect with them on these challenges, though care must be taken not to inadvertently create unnecessary assumptions.

Psychoeducation: Some parents expressed a desire to know more about autism and viewed psychotherapists as ‘experts’; however, it was not always evident whether this expert knowledge was effectively shared with them. Parents described how valuable it was when they received help in understanding their child’s behaviours and the underlying reasons for them, which enabled them to respond differently. This suggests that incorporating aspects of a psychoeducational approach, especially in relation to autism may be beneficial in certain contexts.

Transparency and Inclusion: A recurring theme was parents’ concerns about not knowing enough about their child’s psychotherapist, the techniques employed, or the psychotherapist’s expertise. While the confidential nature of psychotherapy may make resolving this issue challenging, it could be worth considering whether more information about psychotherapy techniques could be provided. Parents also raised the possibility of including other family members in the therapeutic process. Although this may not always be realistic, it is an idea worth considering in specific cases.

Building Rapport and Addressing Power Dynamics: Lastly, while parents generally appreciated the support of professionals, many spoke about the challenges of engaging with approaches that felt either detached or overly theoretical, particularly at the start of therapy. Some parents felt that clinicians' expressions during sessions or in reports did not resonate with their lived experiences, describing these as patronising or too far removed from their realities. This raises the sensitive but vital issue of how clinicians communicate their perspectives to parents in ways that can be absorbed and understood. Parents may feel defensive for various reasons, and part of the work may involve engaging with this defensiveness. However, it is equally important to acknowledge parents' insights and understanding as those who live and raise their children daily.

Reflecting on the power imbalance inherent in the therapeutic relationship, clinicians must consider their own involvement in both personal and normative assumptions. These assumptions may arise from training or the perceived position of being an 'expert'. Striking a balance between sharing professional insights and recognising the expertise of parents is essential to fostering a collaborative and effective therapeutic relationship.

Conclusions

This study highlights the complex and often ambivalent ways in which parents experience their child's psychotherapy. Across the findings, psychotherapy was not understood in a singular way, but as something parents had to come to trust over time while also managing uncertainty, emotional demands, and moments of doubt.

In relation to autism, the findings suggest that psychotherapy was valued less as a way of changing autism itself, and more as a space that could support the child's emotional and relational world. Parents described changes in how their children expressed feelings, communicated distress, and engaged with others. At the same time, aspects of the autistic presentation—such as difficulties with communication, routines, or social interaction—often remained, sometimes leading to frustration or unmet expectations. This highlights the importance of distinguishing between supporting emotional development and expecting changes in autism itself.

A central finding was the experience of psychotherapy as a **safe but partly unknowable space**. Parents valued the confidentiality and the relationship between the child and the therapist, yet this same privacy often left them feeling uncertain or excluded. This tension appeared particularly significant in the context of autism, where parents are often already trying to understand behaviours and internal states that are not easily accessible.

The study also emphasises the importance of **parent work**, which supported parents in making sense of their child's behaviour, including autism-related experiences such as masking or emotional dysregulation. Changes in parents' understanding were often linked to changes in how they responded to their child, suggesting that psychotherapy operates not only at the level of the child, but within the wider relational context.

At the same time, parents described **uncertainty about progress**, **emotional and practical demands**, and **concerns about the therapist's role and expertise**. These findings point to the non-linear and sometimes challenging nature of psychotherapy, particularly when expectations of change are not met. They also raise broader questions about how psychoanalytic practice is experienced by parents, especially in relation to **authority, expertise, and inclusion**.

While the study focuses on parents of children with autism, these tensions—between safety and not knowing, expertise and collaboration, support and burden—are not unique to autism. They reflect wider dynamics within child psychotherapy and highlight the importance of how clinicians communicate, involve parents, and negotiate their professional role.

Future research should continue to explore parental perspectives, particularly within under-researched modalities such as psychoanalytic psychotherapy. Further work could also examine more diverse parental experiences, including those where therapy is experienced as less helpful, in order to develop a more comprehensive understanding of how psychotherapy can best support children with autism and their families.

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Conclusions and Reflections on Three-Articles Dissertation

This project took an unexpected form, materialising as three interconnected articles that revolve around a single topic but explore distinct aspects of it. The literature review presented the existing knowledge on psychoanalytic approaches to working with children with autism, studies examining parental experiences of caring for their children diagnosed with ASC, and the services that offer support to them. The final two articles, however, shifted focus towards a research-based understanding of parental perspectives on psychoanalytically oriented psychotherapy for children with autism. While both Articles 2 and 3 share the same methodology—Interpretative Phenomenological Analysis (IPA)—they explore different but interrelated topics within the overarching research theme.

Article 2 took us on a parental journey, starting from the period before therapy was offered and extending into their future hopes and concerns. It provided a broader, more process-oriented exploration of parental experience, contextualising the psychotherapy itself. One of the reasons for structuring the study in this way was my belief that understanding the parents' overall experience was crucial in order to grasp their perceptions of psychotherapy.

This naturally led to Article 3, which focused specifically on the benefits and challenges of psychotherapy as experienced by parents of children with Autism Spectrum Condition (ASC). Although the findings highlight the complexities of psychotherapy as a treatment, they also reveal the remarkable resilience of parents who navigate not only the difficulties faced by their children but also the challenges of psychotherapy itself. While IPA enabled the identification of commonalities within these experiences, I remain acutely aware of how individual and diverse these parental journeys were. For instance, it is notable that three of the parents—despite having mixed feelings—ultimately described their experiences of psychotherapy as positive, while one parent had a more negative experience. I reflected on how different the findings might have been had the sample included more parents with negative experiences. It is likely that parents who have had difficult experiences with psychotherapy are less inclined to participate in research for various reasons, leading to the possibility of biased findings. This is why I am especially grateful that a parent who had a less favourable experience was willing to contribute, though I recognise that her voice may be less prominent in parts of the text. Her perspective did not align as neatly with the broader experiential themes, making it less likely to be foregrounded in the analysis. This raises a potential limitation of the IPA methodology—some voices and themes may be omitted either due to methodological constraints or even authorial decisions.

In undertaking this study, I became increasingly aware that the analytic process was not neutral, but shaped by a series of decisions—some explicit, others emerging more implicitly in relation to the material. One such decision concerned the extent to which I would engage in the second layer of IPA's double hermeneutic, that is, moving more actively into my own interpretative frame. While IPA invites the researcher to make sense of participants making sense of their experience, I found myself consistently leaning towards staying close to the parents' accounts, privileging their words and meanings rather than extending them into more overtly theoretical or psychoanalytic interpretations.

At one level, this was an ethical and epistemological stance. I was mindful that these accounts reflected lived experiences of navigating complex and often emotionally demanding situations, and I wanted to avoid imposing interpretations that might feel reductive or distancing from the parents' own meaning-making. In particular, given my psychoanalytic training, I was aware of how easily parental narratives could be reframed in terms of defences, projections, or unconscious processes. Choosing not to foreground such interpretations was, in part, an attempt to preserve the integrity and immediacy of the parents' voices.

However, reflecting more deeply on this decision, I also began to consider whether it may have been shaped not only by an ethical position, but also by my own emotional responses to the interviews—that is, my countertransference. As a clinician working within similar settings, I found many of the accounts resonant and, at times, affecting. Parents spoke about vulnerability, uncertainty, hope, and at times disappointment with services that are closely aligned with my own professional context. Remaining close to their accounts may therefore also have functioned as a way of staying alongside them, rather than stepping back into a more interpretative or potentially distancing position.

It is possible that a more interpretative stance—particularly one drawing more explicitly on psychoanalytic concepts—might have felt, at times, like moving away from the parents' lived experience or even, unconsciously, like aligning with the professional discourse of psychotherapy over the parental voice. In this sense, my decision not to strongly engage the second hermeneutic may reflect a wish to maintain a particular relational position in the research: one that privileges listening, containment, and respect for the participant's meaning-making, rather than interpretation in the clinical sense.

At the same time, this raises important methodological questions. By limiting the extent of my interpretative engagement, I may also have constrained what could be drawn out of the data. IPA, in its fuller application, allows for a more layered reading, where the researcher's perspective can deepen and extend the analysis. My approach, while preserving closeness to experience, may therefore risk underdeveloping certain interpretative possibilities. This tension between staying close and interpreting more fully remained present throughout the analytic process and was not fully resolved, but rather managed in an ongoing, reflective way.

The findings themselves were shaped by these positions. For instance, the emphasis on themes such as safety, not knowing, trust, and gradual change reflects the aspects of the data that I stayed close to, rather than reworking them into more abstract theoretical constructs. Similarly, the relative prominence of more positive or mixed experiences of therapy may also reflect both the sample and my analytic orientation. As noted, one parent described a more negative experience, yet her account did not align as easily with the emerging experiential themes and may therefore be less foregrounded. This raises the possibility that both methodological structure and my own interpretative positioning influenced which voices became more central.

On a personal level, my dual role as both clinician and researcher made this project both deeply engaging and challenging. As a researcher, I was keen to understand parental experiences, yet as a clinician, their perspectives directly impacted me. Although I had no direct contact with the families interviewed, I could not help but consider their reflections as a commentary on the work undertaken within our clinical practice, including my own. Hearing parents describe the profound impact of therapy was both encouraging—reinforcing the rewarding nature of psychotherapeutic work—and thought-provoking, prompting me to critically evaluate certain aspects of the psychotherapy we provide. In particular, it led me to reconsider the double-edged nature of confidentiality and the privacy of individual psychotherapy, as well as the unique dynamic of the child-psychotherapist relationship. In this sense, the research was not only an academic inquiry but also an experience that shed new light on my professional practice and prompted reflection on the field as a whole.

Although I could not fully detach from my perspective as a clinician, I was conscious of the need to approach the data primarily as a researcher. Many of the issues raised by the parents I interviewed would have been interpreted differently through a clinical lens, often in terms of defence mechanisms. However, adopting a researcher’s perspective allowed me to engage with their views in a fresh and less clinically preconditioned manner. The shift in perspective altered what I was able to see, demonstrating how the lens through which we examine a subject profoundly shapes our understanding of it.

Appendix 1

The Tavistock and Portman NHS
NHS Foundation Trust

Dear Colleagues

I am about to start my Doctoral Research Project as part of my Child and Adolescent Psychotherapy training. I am contacting you to see if you know/work with parents who could be interested in taking part in the research.

The project title is: **An inquiry into parents' perspectives on child psychotherapy offered to their children diagnosed with ASD.**

I am interested in exploring parents' thinking and experience of child psychotherapy offered to their children. I am hoping this may also provide parents with a space to reflect on their own experience of the support offered to their children, including their expectations, hopes, and worries.

I would like to invite the parents (including the guardians and adoptive parents) whose children have been in psychotherapy for at least 3 months and were diagnosed with ASD to take part in an interview to discuss their experience. These interviews will last between 60 and 90 minutes. They would take place in Islington CAMHS or, if it is impossible to meet in-person, online (on Zoom).

Parents will be informed that their answers will not be discussed with any of the clinicians that work with them and all data will remain confidential.

If you work with the parents who could be interested and willing to take part please find attached a participant information sheet that can be shared with them.

Kind regards,

Martyna

Appendix 2

The Tavistock and Portman NHS
NHS Foundation Trust

Dear …..

I have received your contact details from [name], thank you for your consent to be contacted to hear more about the research project. I am contacting you to see if you are interested in taking part in the research.

The project title is: **An inquiry into parents' perspectives on child psychotherapy offered to their children diagnosed with ASD.**

It is my Doctoral Research Project undertaken as part of my Child and Adolescent Psychotherapy training.

I am interested in exploring parents' thinking and experience of child psychotherapy offered to their children. I am hoping this may also provide parents with a space to reflect on their own experience of the support offered to their children, including their expectations, hopes, and worries.

I would like to invite the parents (including the guardians and adoptive parents) whose children have been in psychotherapy for at least 3 months and were diagnosed with ASD to take part in an interview to discuss their experience. These interviews will last between 60 and 90 minutes. They would take place in Islington CAMHS or, if it is impossible to meet in-person, online (on Zoom).

The interview **will not** be discussed with any of the clinicians that work with you and all data will remain confidential.

I hope this research will help clinicians understand parental views on the treatment offered to their children and, as a result, improve the service provided to the families. Your participation can contribute to a better understanding of parental perception and, consequently, improvement of provision.

If you think you may be interested in participating, please find attached a participant information sheet. I will be happy to answer all your questions.

Kind regards,

Martyna

Appendix 3

The Tavistock and Portman NHS
NHS Foundation Trust

Participants Information Sheet

Version number 1, 27.07.2023

Research Project title: An inquiry into parents' perspectives on child psychotherapy offered to their children diagnosed with ASD

You have been given this information sheet to invite you to take part in a research project. This information sheet describes the study and explains what will be involved if you decide to take part.

What is the purpose of this study?

The study intends to explore parental experiences and perspectives on their children's psychotherapy treatment.

Who is conducting the study?

My name is Dr Martyna Chrzescijanska. I am a researcher and have a PhD in Psychosocial and Psychoanalytic Studies (University of Essex). I published the book about space in psychotherapy *Psychogeotherapy: Revisioning Therapeutic Space* (Routledge, 2020). I currently work in Islington CAMHS as a Child and Adolescent Psychotherapist in Doctoral Training and this research project is a part of my doctorate project. This course is overseen and certified by the University of Essex.

This project is being sponsored and supported by The Tavistock and Portman NHS Foundation Trust and it has been approved by the Tavistock and Portman Trust Research Ethics Committee (TREC).

What's involved?

Explanation: purpose of and background to research

There are currently approximately 700,000 autistic adults and children in the UK (approx. 1% of the population) (National Autistic Society, n.d.). The data shows an increase in the number of autism diagnoses among children in the UK. In June 2022, it was estimated that there were **1.76% of children in the UK with ASD. Previously, the same studies suggested a lower percentage of** 1.57% of children on the autistic spectrum (based on the school-based survey) (Roman-Urrestarazu et. al., 2021).

The increased prevalence of autism among children means an increase in referrals to CAMHS. Although in the past many children diagnosed with autism were denied access to psychotherapy in CAMHS (as autism is not a mental health illness itself but a neurodevelopmental disorder), it has changed over the last few years (Crane et. al., 2019). As there is also an increased understanding of mental health difficulties experienced among children with autism, such as anxiety and depression, there are also more referrals that are accepted by CAMHS. These children and young people are often referred to child psychotherapy. Therefore, there is a growing interest in effective interventions that can be offered to children diagnosed with autism and their families.

Clinicians understand that parental engagement in their children's treatment is pivotal when it comes to the effectiveness of psychotherapy. In order to engage their parents, clinicians have to have a better understanding of the parents' experience and perception of the support offered to their children.

This study aims to explore and understand parental experiences and perceptions better – which hopefully will also increase the effectiveness of support provided to their children.

What will participating in this project involve?

The project is an exploration into what parents of children diagnosed with ASD think (and feel) about the psychotherapy offered to their children. For this, you will be invited to take part in an individual interview. This will mainly be for you to talk freely about the topic with some prompts from myself. During the discussion, I would be interested to hear about your experience of the support offered to your child (or children) in CAMHS. All answers will be anonymysed and the clinicians who work with you/your child will not have access to the data so it will not affect the support that is offered to you and your family.

All interviews will last between 60 and 90 minutes and will be audio recorded. These interviews will be aimed to be conducted face to face, however, if this is not possible they will take place online (on Zoom).

If it is possible to complete the interview face to face it will take place in Islington CAMHS.

Do I have to take part?

No, it is completely your choice whether or not you take part in the study. If you agree to take part, you can withdraw without giving any reason at any time up to three weeks after the interview. This timescale has been decided as the data will then be being processed and analysed. If you decide to withdraw all data collected or about you it will be destroyed immediately.

Taking part in the study and/or deciding to withdraw will not affect in any way the care you and your child are receiving or will receive.

Criteria to take part in the study:

Being a parent/guardian/adoptive parent of a child (or children) who has/have been in child psychotherapy for at least 3 months and was/were diagnosed with ASD. In case both parents wish to participate, we will be able to invite only one parent from a parental couple – the decision about which parent will participate will be at your discretion.

What will happen to the results of the project?

The results of this study will be used in my Professional Doctorate project. They might be also used in any future publications or presentations.

In case you are interested in receiving a summary of the results, do not hesitate to contact me.

What are the possible benefits of taking part?

There will be no direct benefits for you. However, by taking part you will be given the opportunity to reflect on your experience of your child's psychotherapy treatment. In a long run, this project can also contribute to the knowledge of clinicians and inform future treatment that will be offered to children.

Are there any risks?

No, there are no direct risks. However, I am aware that for some parents thinking about their experience can be difficult or stir up some difficult emotions. If this is a case, you can pause or stop the interview at any time.

What will happen to any information I give?

During the data analysis, I will be using information from you in order to undertake this study and I will be responsible for looking after your information and using it properly. None of other clinicians (including those working with your family) will have access to this data and I will be the only person who will have access to information that identifies you.

I will keep identifiable information about you from this study for 5 years after the study has finished. The interview will be audio recorded and transcribed by myself.

For confidentiality purpose, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study.

Quotes from the transcript will be used in the project but these will be de-identified. However, please note, it is possible that someone who knows you well may recognise you in some of the quotes used, although every effort will be made to prevent this. Any extracts from what you have said that are quoted in the research report will be entirely anonymous.

All electronic data will be stored on a password protected computer. All audio recordings will be destroyed after completion of the project. Other data from the study will be retained, in a secure location, for 5 years.

There will be limitations to the confidentiality of information provided if it is deemed yourself or someone else is at risk.

Contact details

I am the main contact for the study. If you have any questions about the project or would like to discuss this further please don't hesitate to contact me. My contact details are:

Dr Martyna Chrzescijanska

Email: martyna.chrzescijanska@nhs.net

Alternatively, any concerns or further questions can be directed to my supervisor:

Dr Lucia Genesoni

Email: luciagenesoni@gmail.com

If you have any concerns about the conduct of this research, the researcher or any other aspect of this research project please contact Paru Jeram, Trust Quality Assurance Officer (pjeram@tavi-port.nhs.uk or academicquality@tavi-port.nhs.uk).

Thank you for considering taking part in this study and taking the time to read this information. If you are willing to take part in the research please complete the consent form provided and send it to my email address.

Appendix 4

The Tavistock and Portman
NHS Foundation Trust

Indicative Interview Schedule

The research question:

What are parents' perspectives on child psychotherapy offered to their children diagnosed with ASD?

Researcher: Dr Martyna Chrzescijanska

Semi-structured interview schedule for parents of children who have been in child psychotherapy treatment and were diagnosed with ASD.

Introduction and welcome:

Explanation of the aim of the interview. Information about the length of the interview (60-90 mins). A reminder that they can speak freely and can pause or stop the interview any time. Reminder that I am interested in what they have to say and on their own personal experience.

1. Opening/general questions

Can you tell me about the journey that has led your child to access child psychotherapy?

What are the first thoughts or feelings that come to your mind when you think about your child's psychotherapy in Islington CAMHS?

What are your general impressions?

How would you describe the experience so far, in your own words?

(When there was a parental couple) – How did you decide which of you would participate in the interview?

2. More detailed questions in relation to the timeline

Can you tell me about your experience of waiting for psychotherapy?

Can you tell me about any preparations you made, any previous knowledge or any expectations you had of how child psychotherapy would have been for you and your child?

How was the beginning of psychotherapy for you/your family?

How do you think your experience has changed since the beginning of psychotherapy?

Have you engaged with your child around their psychotherapy treatment? And how?

3. Questions in relation to the quality

What was the most important aspect/part of the experience of your child being in psychotherapy?

What was the most difficult?

What surprised you?

Can you tell me about whether you have observed changes and if so how would you describe changes/lack of changes?

4. Questions in relation to the future/expectations

What do you hope for the future in relation to your child being in psychotherapy?

What are you worried about?

5. Ending

Are there any aspects of your experiences and views in relation to the experience of your child's treatment that have not been covered in this interview?

Thank you very much for helping me and giving up your time.

Appendix 5

The Tavistock and Portman NHS
NHS Foundation Trust

Consent Form

Version number 1, 27.07.2023

Professional doctorate (DProf) project title: An inquiry into parents' perspectives on child psychotherapy offered to their children diagnosed with ASD.

Name of researcher: Dr Martyna Chrzescijanska

Please initial the statements below, in the relevant box, if you agree with them:

- I____________________________________voluntarily agree to participate in this research project. ☐
- I confirm that I have read and understood the information sheet (***Version number 1, 27.07.2023)*** for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
- I understand that my participation in this study is voluntary and that I am free to withdraw, without giving a reason, at any time up to three weeks after the completion of the interview. ☐
- I understand that the interview will be digitally recorded and transcribed as described in the participant information sheet. ☐

- I understand that the information I provide will be kept confidential, unless I or someone else is deemed to be at risk. ☐
- I understand that direct quotes from the audio recording may be used in this research study but will be made anonymous by de-identification to the reader and held securely by the researcher. ☐
- I understand that in the final version of the project, it is possible that someone who knows me well may recognise me in some of the quotes used, although every effort will be made to prevent this and anonymise all quotes. ☐
- I understand that the results of this research will be published in the form of a Doctoral research thesis and that they may also be used in future academic presentations and publications. ☐

Contact details:

Researcher: Dr Martyna Chrzescijanska Email: martyna.chrzescijanska@nhs.net

Supervisor : Dr Lucia Genesoni Email: luciagenesoni@gmail.com

Participant's Name (Printed):________________________________

Participant's signature:__________________________ Date:___________

Thank you for agreeing to take part in this study.

Your contribution is very much appreciated.

Appendix 6

The Tavistock and Portman NHS
NHS Foundation Trust

Dear….

I am writing to thank you for your contribution to my Doctoral Research Project. I hope it was an interesting experience. Your participation will contribute to our understanding of parents' experiences of child psychotherapy offered to their children.

If following taking part there are any issues that are concerning you, I hope that you can access the support network around you, including the support that you receive in Islington CAMHS. In case you feel you may need more support, you can find additional information on the National Autistic Society's website:

https://www.autism.org.uk/advice-and-guidance/topics/social-care/social-care-england-carers/support-available-for-carers

and

https://www.autism.org.uk/what-we-do/support-in-the-community/family-support

National Autistic Society also offers the Helpline. You can contact the helpline by phone on 0808 800 4104 on Monday to Thursday from 10am to 4pm and on Fridays from 9am to 3pm.

If you have any questions or would like further information here are my contact details:

Email: martyna.chrzescijanska@nhs.net

If you have any concerns about how the study has been conducted please contact myself, my supervisor Dr Lucia Genesoni (luciagenesoni@gmail.com) or Head of Academic Registry (academicquality@tavi-port.nhs.uk)

Kind regards,

Dr Martyna Chrzescijanska