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An exploration of the relational experiences of a parent being diagnosed as autistic after a child's diagnosis with autism

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Abstract

This article is a retelling of the stories emerging from my dissertation research exploring the lived experiences of two autistic parents diagnosed as autistic following their children's diagnoses. In my research I used Interpretative Phenomenological Analysis (IPA, Smith et al., 2022) to elicit themes which I have used within this piece to frame the stories told by David and Sarah about their experiences.

Societal discourses around autism often occur in the context of ideas from a medical model which views autism as a disorder and situates autistic people as having deficits; such discourses contribute both to the limited literature on autistic parenting lacking attention to the joys and strengths of autistic parents as well as autistic parents being unfairly judged in the absence of support or understanding of their experiences (Murphy, 2021). This article is a retelling of the stories shared by Sarah and David and their experiences navigating familial and social contexts as newly diagnosed autistic parents.

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Citation Link

Introduction

This piece is a retelling of the stories shared with me by two autistic adults, David and Sarah, who sought an assessment for autism after their children were confirmed as autistic. Initially it was a story told by two people I had worked with as part of the post-diagnostic support offered where I worked as an Occupational Therapist. At the same time, it was a story told by two participants in a research study in partial fulfilment of a systemic psychotherapy master's course. Now, one year on, I am sharing David and Sarah's stories along with ideas which emerged from our conversations together about how I practice and how services could support autistic people and their families.

As you can see, the story and its telling changes with time and perspective. This is in keeping with several of the themes which emerged; Sarah shares how decisions around disclosing she is autistic are changed by timing; when is too soon and when is too late? David shares how the timing of his diagnosis enables new meaning of his childhood experiences and his understanding of his own experience of being parented and being a parent in differing social contexts.

A thread running through the experiences of David and Sarah after diagnosis was the relationship of diagnosis to experiences of stigma. Sarah and David spoke of stigma in terms of how their diagnosis might relate to how they are viewed as parents and as professionals should they disclose. I write this article and share this story from the perspective of having become a mother for the second time recently; I have thought about disclosure and how disclosures of diagnoses, or aspects of self, impacted the way in which I can be seen as a mother over the last nine months and a myriad of appointments. It has led me back to thinking about Sarah and David and how their diagnoses mediate how they are seen in relation to their parenting role. It leads me again and again to think about those aspects of self which are visible and invisible and which impact how power is shared in any relationship. For David and Sarah and other autistic parents; they have chosen to seek an assessment for an often invisible aspect of self, autism. Once a diagnosis is confirmed, they have both navigated contexts and made decisions about whether to voice their autistic identity and considered how this impacted their own and their families' experiences.

Autism is recognised as heritable which suggests that parents and children sharing the experience of autism is common; whilst the impact of a parent's diagnosis is believed to have wide ranging impacts for a family; there is little written about these experiences (The Guardian, 2021; Smit and Hopper, 2023). What parents hope for when seeking this assessment and what the diagnosis means to them in terms of their relationships to their autistic child and more broadly has not been well explored. In recent years, autistic parents in the public eye such as Christine McGuiness and Melanie Sykes have shared their experience of learning they were autistic after their children's diagnoses. Slowly stories of autistic parents are being heard and shared (The Mirror, 2023; The Sun, 2021).

Through my work in an adult neurodevelopmental assessment service, I had witnessed the stories of many newly diagnosed autistic people and recognised the multiplicity of responses to adult diagnosis in keeping with the literature (Leedham *et al.,* 2020). I found myself particularly interested in the experiences of adults whose referrals cite reasons for referral statements such as "child diagnosed, sees similarities" or "recognises self". These sparse descriptors give little information on how a person has come to make meaning of their burgeoning recognition of their autistic self in their witnessing of their child's autistic self. What it means to be autistic will be different for each autistic person and made meaning of in their relationships with family, friends, and community contexts. The beliefs and values which family members hold around autism will impact how a child makes meaning of being autistic. I am curious then how autism is made meaning of in the relationships an autistic parent has to their autistic child.

I hold multiple relationships to this exploration and am conscious of tensions held in these positions. As a neurodivergent but non-autistic parent to an autistic child, I hold both insider and outsider perspective on the experiences shared by participants (Greene, 2014). I identify as neurodivergent primarily due to being dyspraxic. I also resonate with the experience of parenting an autistic child and of going through the diagnostic process for a child and the hopes and fears this process can evoke. Whilst these are connections I hold to Sarah and David, there is also difference. I am not autistic, and

I recognise that the naming of a person as autistic and particularly a parent as autistic has an impact when engaging with services. The stigma and exclusion which autistic people can face in society and the poor experiences of autistic parents are well documented (Murphy, 2021; Pohl et al., 2020). As a non-autistic researcher, I recognised my outsider position in exploring the experiences of autistic people. I take as an important ethical position the call for research around autism to centre and privilege the voices of autistic people (Simon et al., 2020). Ideally the research would have been coproduced with autistic researchers and whilst this was not possible within the limitations of a master's dissertation; in writing this article I am choosing to centre the stories of two autistic parents.

David and Sarah responded to an invite sent through purposive sampling in the adult assessment team I worked within. Ethical approval for the research was gained from both my university and the NHS. Completing research with people I had previously had a therapeutic relationship with and who had accessed a service I worked in held complexities. Rather than attempt to overcompensate for the complexities of researching within one's own organisation, Helps (2017) argued for being overt about these complexities and taking ownership of biases that emerge in the research process; this was the stance I took throughout.

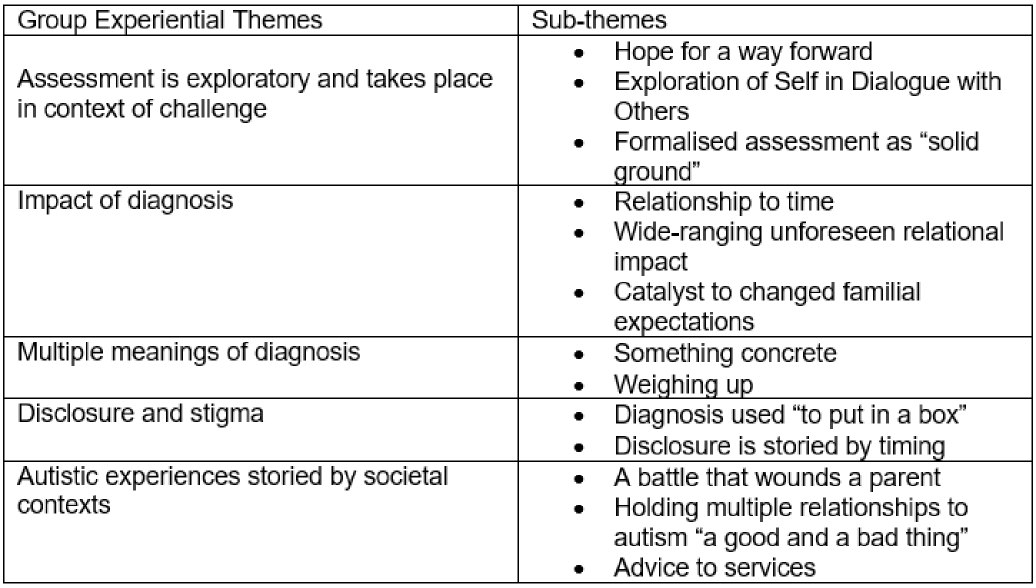
I share here some broadened demographic information about David and Sarah. All family member names are pseudonymised to maintain anonymity. As David's preferred autism descriptor is "have ASD", this will be utilised in results and discussion relating to his experiences.

Table 1: Demographic Information of Participants

	Sarah	David
Age	Early 50s	Late 40s
Gender	Female	Male
Ethnicity	White British	White British
Shares parenting? Also autistic?	Yes, with ex-partner – not autistic	Yes, with wife Emily – does not have ASD
Preferred autism descriptor	Autistic	Have ASD
Children	Ella and William (Both teenage) William diagnosed as autistic in primary school	3 children all under ten; in order of age – Luke, Jack and Olivia Luke diagnosed as having ASD in primary school

David and Sarah engaged in semi-structured interviews held in non-clinical environments to boundary the changed relationship we now shared from clinician and client to researcher and participant. The interview questions were sent to both in advance to increase the accessibility and predictability of the interview experience. The themes which emerged from our interviews together were analysed using the stages of IPA analysis (Smith *et al*, 2022) and are named in table 2 and then used as headings to share David and Sarah's stories.

Table 2: Themes Emerging following IPA Analysis



Group Experiential Themes	Sub-themes
Assessment is exploratory and takes place in context of challenge	• Hope for a way forward • Exploration of Self in Dialogue with Others • Formalised assessment as "solid ground"
Impact of diagnosis	• Relationship to time • Wide-ranging unforeseen relational impact • Catalyst to changed familial expectations
Multiple meanings of diagnosis	• Something concrete • Weighing up
Disclosure and stigma	• Diagnosis used "to put in a box" • Disclosure is storied by timing
Autistic experiences storied by societal contexts	• A battle that wounds a parent • Holding multiple relationships to autism "a good and a bad thing" • Advice to services

Assessment is exploratory and takes place in context of challenge

Assessment for Sarah and David was sought following deliberation and in the context of distress. Diagnosis was seen as a beginning and, whether diagnosed or not, they hoped assessment would provide clarity. For both, this was something unobtainable through self-identification.

Hope for a way forward

Assessment was sought in the context of emotional challenges. Sarah hoped that she could "find out a little bit about how I was feeling and yeah, why I was feeling that and what I could do about it". There was a sense that autism may or may not be part of this larger exploration of her emotional experiences and the assessment would "almost like, either tick it in or tick it off".

Exploration of Self in Dialogue with Others

Prior to seeking assessment, both had discussed their experiences with others. David had conversations around his son's diagnosis of autism and with his mother about his father "I started to think my father may have fallen into that category, and so there's my father, there's Luke, and then there's me and maybe it's worth looking into this a bit more."

It was a friend's observations of William being "quite a handful" that prompted Sarah to rethink her parenting experiences "I hadn't really thought at all that it was perhaps a bit harder than other people. So that's what got me thinking because I just thought it was just normal..."

Relationships with family or friends appeared significant in reflecting or validating what experiences may not be typical. I was struck that without relationships to explore experiences within, difference can feel unknowable.

Formalised assessment as "solid ground"

David hoped diagnosis would "provide a route forward to actually do something…. if it was just a tick in the box, I wouldn't have bothered." For Sarah there was a belief that diagnosis enabled "targeted support rather than just trying like to fish around".

David spoke of being put in a box once diagnosed. The nature of this box was limiting but I was struck by the contrast between fishing around, a phrase which evoked a sense of searching in a vast space, and being placed in a box, something with clear parameters. I am conscious that vast spaces can feel both freeing and overwhelming whilst a box can feel both limiting and containing.

Impact of diagnosis

Despite the thoughtfulness they brought to seeking assessment, both the positive and negative impacts of diagnosis were unexpected which made the positive ones seem more joyful and the negative ones more painful.

Relationship to time

The experience of diagnosis is impacted by the time in which it is received and evokes a changing story of past and future. David described the multitude of positions in time his diagnosis prompted him to consider; himself as a child, himself as a parent, his parents as parents to him as a child, his child as an adult. Diagnosis provided a sense of meaning.

> it's suddenly not all of these random sharp things which don't make sense and don't fit suddenly they all fit together, and you can draw a line between them and start making sense of what's going on and it's not, it's not random anymore...

Time also featured in terms of the context in which experiences of diagnosis took place; David shared how with diagnosis had come an empathy for his mother, raising him as a child without diagnosis and as a wife to a husband who David believes also had ASD.

> understanding some of the challenges I've had and how she's been trying to deal with it particularly in the context of an environment then which didn't acknowledge any of these things, didn't understand any of these things, in which there was zero support I think I can have a lot more sympathy for some of the decisions she made.

Sarah's changing perspective to past experiences following diagnosis evoked distressing emotions.

> it makes you question every single life choice you made because of the sort of the domino effect of that one choice was this this, this and this now, if I had been healthier in a certain time, like mentally and perhaps been more aware of myself, would I have made that choice

This impact was quite different from the experience of being a parent to a child being diagnosed as "you're looking back, and with a child, you are not". The power of the lens of diagnosis was mediated by the perspective of time.

Wide-ranging unforeseen relational impact

The shared experience of ASD means David understands his son in a different way and sharing this has a positive impact for the family.

> That helps Emily in terms of how to manage them and also reassures her there is not something that she's doing wrong, and it also helps when Luke's upset about something… I can talk to him and say no, I do understand … and I can, it really does help.

Sarah's diagnosis has increased her confidence in her sense of knowing William, "I think I've always felt like I've understood him… and I feel that we've always had that and perhaps now I see why we have always had that."

Catalyst to changed familial expectations.

Sarah reevaluated her relationship to social norms after diagnosis which changed how she parented.

> I say you don't have to agree, you have to just think before you say yes and then and then say actually, I'm not going and that's alright not to do it but it's just learning and I am just learning that as well and that's through my diagnosis, you know, not saying yes to everything.

Multiple meanings of diagnosis

Both felt that confirmation through professional diagnosis validated their autistic experience. This had benefits and drawbacks. They considered the drawbacks and reflected on whether they would recommend assessment.

Something concrete

For Sarah diagnosis meant "not second guessing" reflecting that with a diagnosis, "I can adjust or think about things from that and that's black and white, that's concrete and I can then use that".

When David reconsidered his relationship to autism, it was with hope diagnosis could be useful, "it might not be just a random fact, it might be something meaningful, might be actually real and might be something useful to understand rather than just a box ticked."

Weighing Up

Although David had anticipated some of the challenges of diagnosis, some surprised him. In considering if he would recommend accessing formalised assessment to another parent of an autistic child, he reflected.

> I would have to say to any parent there are benefits but be very aware of what those negatives are and make sure you weigh those up before you get yourself a label, which might be…. which almost certainly will be used against you.

Sarah spoke of the challenging emotional impact of diagnosis wanting others to understand that a diagnosis would have an impact because "it's telling you about something…quite fundamental about yourself". I was conscious listening to Sarah of the depth of regret and pain diagnosis had evoked. It surprised me that Sarah still felt pursuing diagnosis was worthwhile. Whilst painful feelings at earlier life choices were intensified by diagnosis, they predated diagnosis and being diagnosed autistic gave a degree of explanation for them which Sarah found helpful "I could maybe understand a bit more…. which does help".

Disclosure and stigma

Both found diagnosis created challenging experiences around disclosure. Whilst formalised diagnosis has brought certainty for both, it came with a risk when autism was related to in a more solidified manner. For both, autism became a concrete concept which led to definitive, often negative, ideas of what it means to be autistic.

Diagnosis used to put "in a box".

David frequently used the image of a box. I noticed his frustration when talking about the box and was conscious that it evoked a sense of constriction in me. David spoke of how his diagnosis was used against him when trying to access support for his son from services "the fact that I had ASD was just another thing they could use against us".

He had "anticipated that people might put me in a box" but had not anticipated the experience with accessing services for his son or other implications in his work and personal life.

Disclosure is storied by timing.

Sarah's experience of disclosure for herself and William is storied by her regret at sharing her diagnosis immediately after diagnosis. The lack of space to make meaning in the "quite cold and abrupt" diagnostic process left Sarah seeking opportunities for connection through disclosure which she deeply regretted, "my (boss) rang me about something and I blurted it out to her. I think it might even have been the same day…I definitely wish I hadn't said that…"

Sarah has become more tentative about disclosure which is an added pressure.

> Sometimes I think I will tell people and then I'll think people might say that, uh, when did you get the diagnosis? And then I don't know what to say then because if I say like a couple of years ago... they'll be like, well, why didn't you tell me earlier.

David now avoids disclosure "unless there was a really strong reason to do so" and considers the stigmatising impact disclosure may have in different contexts, "anything they could use against me oh David is saying this because he's... he's in this box and it would be used to devalue what I say"

Sarah's own experience of diagnosis came after William's but before she shared his diagnosis with him.

> I'd spent quite a long time thinking about how to speak to him about his diagnosis and all of that but I think if I haven't had that experience or if I wasn't autistic and he said to me, can I tell people I would have been like, oh, yeah, that's, you know, all liberal like …but then that really helped me thinking it's OK to share, but when you've shared, you cannot take it back.

I was conscious that unlike their parents, William and Luke were too young to be involved in the decision-making around seeking assessment. Sarah and David had both experienced unanticipated challenging impacts from their own diagnosis, and I am curious if this, together with the parental responsibility of seeking assessment, places a greater pressure on them. For David and Sarah, the shared experience of autism with their children, seems to act as a motivator to reduce the risk of stigmatisation for them.

Autistic experiences storied by societal contexts

Both accessed their own and their children's assessments through NHS services. David also sought specialist educational provision for his son whilst Sarah works professionally with other families with autistic members. These contexts impacted their experiences of being autistic.

A battle that wounds a parent

David spoke of engaging in legal battles to get suitable provision for his son "…everyone ends up having to make hard decisions...there's massive stress… being told you are lying."

It felt important to be transparent about our shared experience as parents accessing support for our children and I asked David if a strong sense of right and wrong often attributed to people with ASD helped in this process. He said it was his wife and his educational and occupational resources that helped and reflected "When it comes to actually fighting it having a strong sense of right and wrong is beside the point". He reflected it could make for a harder experience.

> if we hadn't won then…I would have found that incredibly difficult and really, I would have struggled not to let that sense of injustice really burn and get at me and feel completely powerless to do anything about it so yeah if anything having ASD makes it even worse to be in that position.

I later reflected on my sadness that the strong sense of right and wrong I observe as a beauty of autism could be so painful. The privileges of economic status and education were clear. Like me, David had the power of education and financial safety to challenge a system. The idea of a burning injustice that David shared has stayed with me when I meet autistic parents without those powers; the intersecting oppressions of ablism and capitalism writ large.

Holding multiple relationships to autism "a good and a bad thing"

Sarah and I both work in services supporting autistic people and are parents to autistic children but for her there is the additional context of being autistic.

When asked about whether she had any worries about seeking assessment

> I think my only worry was that people would think that I was just one of the, that person that just wanted, like diagnosis for my kids ……oh, God like she's one of those …. that just needs like some sort of diagnosis for everyone in her family.

Advice to Services

Sarah encouraged professionals to think about the contexts of an adult and the responsibilities they may have when sharing a diagnosis, “it's just …thinking about how you speak to someone you know and the impact that's going to have and then…they still have to make tea in like an hour.”

She suggested to share the diagnosis in a manner they would share a diagnosis with a family.

> I don't think it would have been the same conversation with a family…. So, it's almost like if you're talking to a family, talk to an individual adult as if you were talking to a family.

Sat in Sarah’s lounge, I had the sense of her receiving her diagnosis online and the loneliness as the call ended. Her call for professionals to talk to an adult as if talking to a family, is a wish to be seen in a relational context. In this dialogue I see a request to be seen as a person outside of a diagnostic process, for whom the diagnostic process will have emotional implications.

The experiences of othering were evident as both argued for a move away from stigma that means autistic people are “lumped together”.

David encouraged people working with autistic adults to “understand the benefits of it, don't try and lump everyone … you cease to be individual.... you start to become this is the cheat sheet for people who go in their box”.

Sarah reflected on her workplace where nobody knows she is autistic, “when people talk…they never think … that there'll be people there who are autistic … *a*nd it's almost like it's one of those professional things that other people go through”.

To move away from othering, Sarah encouraged those working with parents of autistic children.

> When you're talking to a parent just have at the back of your head almost assume that they are autistic …because then the way that you are going to talk to them is not going to impact if they're not autistic but actually is just more inclusive.

Reflections and my changing relationship to my practice

Although this article is about the experiences of just two people and therefore it would be inappropriate to make generalisations about the experiences of all parents diagnosed as autistic after their child, I am keenly aware of the richness of the stories shared by David and Sarah, and I am conscious how the immersion in them during the analysis process allowed me to engage with this detail and depth and reflect on my clinical practice.

I went into the research open to exploration of what the experience of diagnosis was like for parents, but I held ideas about these experiences. I was aware of the stigma and discrimination autistic parents experience, but I had less of sense of how that ablism was experienced. Sarah is privy to biases held around autistic people in her workplace and her knowledge of this reinforces her decision to not disclose her diagnosis. For David, formalised diagnosis had emotionally and relationally widened his experiences but financially and occupationally risked narrowing his experiences. Haydon-Laurelet (2016, p. 223) stated that whilst diagnoses often brought about “initial relief” over time this relief was subsumed by new questions and problems within the context of a new identity as an autistic person.

He argued that those who diagnose may not see this later experience as they do not work with people longer-term which means ideas about the impact of diagnosis are biased. I am struck how this fits with my experience. I often see the initial response to receiving a diagnosis but am less likely to see the longer-term experience of diagnosis. There is a risk that my understanding of the impact of diagnosis may be biased towards people's experiences in the first-year post-diagnosis. There is also a risk that at later points when, like David, people are experiencing ablism in response to their disclosure or, like Sarah, grappling with how to share their diagnosis, there is a lack of therapeutic spaces for people to explore these dilemmas.

I have worked to take a strengths-based approach to autism in my work, consciously agitating against the "impairment" medicalised focus which can dominate service provision (Huntley *et al.*, 2019). I thought I held this approach lightly, still recognising the challenges that can be experienced by autistic people. This research led me to reexamine my relationship to autism. In my effort to counter the dominant impairment discourse, I at times lacked nuance in how I viewed strengths. Naming something as a strength or challenge of autism creates a false binary, how an aspect of autistic experience feels varies depending on contexts. Heightened auditory sensitivity may be a strength for an orchestral conductor at work but a challenge at a rush-hour underground station. This relates to the idea of multi-spectra living (Urbistando-Cano and Simon, 2022) with autistic experiences viewed not as rigid but responsive to the contexts a person moves through. This was clear in the exploration of having a strong sense of right and wrong with David in the study. I may relate to this as an autistic strength but, when met with injustice and imbalances of power, a strength becomes a painful challenge.

Haydon-Laurelet (2016, p. 230) stated "a diagnostic frame foregrounds the individuals ASC characteristics as the highest context marker through which life events and difficulties are then viewed" with all other contexts and stories of the person "subjugated". A framework can cause a person's unique stories to be subjugated however it can also, as David shared, enable valuable sense-making of experiences that previously felt random. Both David and Sarah weighed up the benefits and challenges of diagnosis with hindsight and asserted that they would recommend an autism assessment to another parent of an autistic child. Simultaneously however in keeping with Murphy (2021), both had experienced judgement. David's diagnosis was explicitly blamed for the challenges his autistic son was experiencing in school. Zaks (2010) spoke of how historically society had placed shame and guilt on parents of autistic children.

David's experience shows that society continues to place shame and guilt on parents of autistic children and for autistic parents this is amplified. Both participants were white British people and although demographics on education and class was not collected, both described working in professional careers.

Many parents of children with a disability have had to give up or reduce their working hours and increasingly families where a child has a disability are experiencing high levels of financial pressure (Contact, 2024). Families from minoritised communities who have autistic children experience additional barriers to accessing assessment, diagnoses and supports from professionals working with their children and wider community networks (Perepa et al., 2023). I am curious given the level of stigma both Sarah and David reported, what stories around disclosure and oppression may have emerged for people with other intersecting experiences of poverty or racism particularly recently as societal discourses around migration, nationality and financial support of those with disabilities have become increasingly amplified in the UK.

One of the aspects of David and Sarah's stories which stayed with me was how the impact of diagnosis was mediated by their age at diagnosis and by the timings of diagnosis and disclosures. Whilst offering spaces to explore the impact of diagnosis for autistic people and their families immediately post-diagnosis is essential, their experiences highlighted the importance of creating these spaces later when people may experience challenges around disclosure or stigma. I believe Family Therapists are well placed to create spaces to explore how sharing an autistic identity or disclosing diagnosis is enacted and storied in relationships. The idea of disclosing too soon or too late shared by Sarah shows a clear need for these spaces to be offered not at fixed points post-diagnosis but when needed by an autistic person and their family. A stronger relational focus in diagnostic services and consideration of the impact of diagnosis for the individual and the individual in their relational contexts is needed.

Dugdale et al*.* (2021) argue a family-based approach was made more difficult in NHS settings where adult and children services are separate. They argued for "consideration of the family unit as a whole and the dual impact of parent and child being diagnosed autistic" (p. 1980) The difficulties of accessing support and the lack of recognition by professionals of a family as a holistic system is a repeated theme in the literature (Marriot *et al,* 2022; Murphy, 2021).Sarah spoke of a diagnosis sharing something "fundamental" about a person yet the lack of consideration of how that would be experienced by an adult. Her call to "talk to an individual adult as if talking to a family" to me is an argument for services to utilise a systemic approach in all work with autistic people and their families. Services which work with autistic people across the lifespan and therefore could support autistic children and their autistic parents would eliminate the false individualistic dichotomy propagated through the separation of children and adults' neurodevelopmental services.

Conclusion

Pearce and Cronen (1980) assert that we give meaning to our experiences in conversations with others. Discord emerges in communications when communicators lack coherence in how they make meaning. The experience of being autistic is at its core a relational experience; in diagnosing autism, a framework is given to explain a person's experiences of the world. David and Sarah spoke about the positive impacts of this framework in their lives; it changed their understanding of both past and present relationships to others. Sarah encouraged clinicians to share a diagnosis with an adult as if sharing with a family. As I come to the end of this work, I believe that a diagnosis *is given* to a family; one person being named as autistic changes the relational context for others in the family. There are changes in how autistic parents parent their autistic children, what they teach them of the world as well as the connection of the shared autistic experience. Alongside these changes are experience of ablism and oppression which have practical implications for autistic people and their families. Autistic parents experiencing this ablism have the additional demand of trying to support their autistic children to live in a world that others them. Families with autistic members are engaging with a range of services and there is evidence of stigmatising discourses around autism in each of these. Whilst previous literature has called for increased training for professionals around autism and particularly the need for recognition that parents of autistic children may also be autistic, I feel a primary focus of training needs to be around developing anti-oppressive practices when working with autistic people and their families. Tackling attitudes such as those experienced by David when accessing support for his son is vital so that services are accessible and just in supporting autistic people across the lifespan.

I found myself weighing up the benefits and risks of diagnosis with the hindsight Sarah and David shared; I returned to my curiosity about why autistic parents might seek formalised diagnosis rather than self-identify given the impact of diagnosis. At times I found myself questioning diagnostic frameworks given the risks of diagnosis backgrounding aspects of who a person is outside of their diagnosis. Whilst I firmly believe we need to prepare families more thoroughly for the experience of diagnosis and offer therapeutic spaces to explore the lived experience of ablism, the relational benefits diagnosis brings to families like David and Sarah shows me that for some autistic people formalised diagnosis is imperative to their and their families' wellbeing. My role as an ally to autistic people and as a systemic therapist, should be then to interrogate and disrupt the ablism and stigma experienced by autistic people and their families and provide therapeutic spaces to bear witness to both the challenges, and the joys of autistic parents and their autistic children.

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About the author

Aisling Lally is a family and systemic psychotherapist based in an NHS service in London. She works alongside autistic adults and adults who have been diagnosed with a learning disability and their families and wider systems She is immensely grateful to Sarah and David for sharing their time, experience and stories.

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