

## Helping a depressed Chinese adult with high functioning autism reconnect with his family through structural family therapy

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This clinical case example from a Chinese context describes the healing journey through structural family therapy (SFT) of a depressed Chinese father with high functioning autism (HFA). The paper both narrates the experience of a father and his family in facing the relational challenges arising from HFA and explores the contributions of SFT in helping. Identifying the father's history of loss at the individual and family levels as well as the pattern of family relationships in the family sheds light on directions for treatment. Key treatment principles of SFT and strategies to help depressed adults with HFA let go of anger and losses, both symbolic and real, and reconnect with their families are discussed.

### Practitioner points

- Structural family therapy (SFT) can assist depressed adults with high functioning autism (HFA) in reconnecting with their spouses and children
- Therapists' trust of family competence and uniqueness, and the artful use of enactment, can facilitate healing for depressed adults with HFA
- Therapists' knowledge of HFA, and their humility and willingness to learn from this clientele, are critical

*Keywords:* Chinese; depressed adults; high functioning autism (HFA); reconnection; structural family therapy.

## Introduction

Ming (pseudonym), a 40-year-old Hong Kong Chinese university graduate, was a salesman at a company. At the age of 39, he was diagnosed by a registered clinical psychologist (the second author) as having

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high functioning autism (HFA), according to the diagnostic criteria of DSM-5 (APA, 2013). His wife, Jade (pseudonym), a 40-year-old college graduate, worked as a manager in a training institute before the birth of their daughter, Moon, and their son, Alex. Jade had since become a full-time housewife to look after the two children. Moon was 13 years old and a student in junior secondary school. She was a typically developing child – caring and sociable. Alex, the 7-year-old son, was found to have speech delay, ritualistic behaviours and sudden outbursts of emotions in multiple social contexts (e.g. at home, in school and on the bus). Jade sought professional advice regarding Alex at the age of 6, which confirmed that Alex had autism spectrum disorder (ASD).

A social worker at a rehabilitation agency referred the family to the university family therapy centre because Ming had become depressed and emotionally disconnected from his family after declaring bankruptcy four years earlier. Jade realised the extent of Ming's communication and interpersonal problems soon after their marriage but attributed these to his introverted personality. Ming's diagnosis shed new light on their relational difficulties, suggesting that they might be able to learn better ways of relating to one another. The couple felt relieved, with Jade showing more understanding to Ming, and being willing to seek help for him.

How can a family therapist in Hong Kong, a melting pot of Eastern and Western cultures, where personal achievement is highly valued but the influence of Confucian values (e.g. filial piety) remains, help this family?

Helping families of adults with HFA is challenging for family therapists. The terms AS and HFA are often used interchangeably in the literature. They refer to individuals who have average or above average intellectual functioning ( $>70$ ) and have 'persistent deficits in social communication and social interactions across multiple contexts' (APA, 2013: p. 50). Besides lacking imagination, they have poor mind-reading ability, as well as difficulty understanding the implicit rules and subtle norms governing our social world (Aston, 2003a, b). According to DSM-5 (APA, 2013), AS is no longer a separate diagnosis and has been included in ASD.

Adult ASD is a continuation of childhood ASD, which has a prevalence rate in the USA of about one in fifty-nine children (Centres of Disease Control and Prevention, 2014) and globally sixty-two per 10,000 children (Poon and Sidhu, 2017). The male to female incidence ratio is about four to one. ASD is believed to be heritable (Rutter, 1999), and

may be underpinned by underdevelopment in the part of the brain that influences abilities in perspective taking, intuitive understanding and emotional reciprocity (Aston, 2012).

The psychosocial functioning of individuals with HFA who have intact cognitive processes is higher than that of individuals with the same disorder and with lower intellectual functioning (Bolling, 2015). Adults with HFA may make up for their social deficits through rote learning and drilling of appropriate social skills, but a majority of them may withdraw from social interactions and live solitary lives. Hence, their impairment may be unrecognised until adolescence or adulthood (Grootscholten *et al.*, 2018). Their prospects for higher educational attainment and open employment are better than in earlier decades, at least in Western societies such as Sweden (Engström, Ekström and Emilsson, 2003), due to earlier identification and early treatment of childhood ASD, and increased availability and accessibility of schooling and jobs in society (Poon and Sidhu, 2017). With their special talents (e.g. computers and mathematics) and interests (e.g. trains and airplanes) they may keep jobs, get married and have children (Bolling, 2015). However, these findings all come from Western societies; there is a dearth of evidence, even anecdotal, on the experiences of adults with HFA in Asia (Poon and Sidhu, 2017).

Depression is more frequent for adults with HFA whose cognitive and verbal abilities are higher and whose social awareness of the constant pressure to fit into society is greater (Sterling *et al.*, 2008). Adults with HFA rely predominantly on the logical mind to relate to others, but people's emotional and behavioural responses are too sophisticated, unpredictable and complex for logic alone to comprehend (Aston, 2012). The social clumsiness and social inappropriateness of individuals with HFA makes them vulnerable to bullying and maltreatment in multiple social contexts over their lifespan. Being traumatised and feeling ashamed, they may become more socially withdrawn and less communicative, with increased psychomotor agitation, obsessive behaviours, sleep disturbances, and sudden emotional outbursts. Their depressive moods may exacerbate the characteristics of HFA, such as social withdrawal and impaired communication (Sterling *et al.*, 2008), which may make it harder for families and mental health professionals to identify their mental health needs and render timely help and assistance. Not addressing the depressive moods and other challenges of adults with HFA can have grave consequences for these individuals and for their families.

## **Families of adults with HFA**

Families are a source of both support and distress to adults with HFA. Extensive help from family members and significant others may help them maintain fair psychosocial functioning (Engström *et al.*, 2003). However, adults with HFA may struggle to develop intimacy with their partners. Spouses of adults with HFA may experience profound distress comparable to that of spouses of adults with depression and schizophrenia (Grootscholten *et al.*, 2018).

Being a parent is challenging for adults with HFA. Children often describe fathers with HFA as quiet, emotionally detached and unavailable. In the eyes of their wives, these fathers may be seen as unfit to take care of children alone since they are easily preoccupied by their special interests and hobbies, rather than responding to children's needs and concerns. Some spouses describe having to take care of their husbands as additional 'children' (Aston, 2003b). Parental efficacy is lowest for families in which both father and son have been diagnosed as ASD, compared to families with only one parent with ASD or families in which no member has ASD (Lau *et al.*, 2016). Nevertheless, viewed positively, the shared struggles and challenges may help such fathers and sons better understand each other.

Spousal support is a strong predictor of marital adaptation for men with ASD and their spouses (Renty and Roeyers, 2007). Nevertheless, the impairment in communication, interpersonal relationships and mentalisation of adults with HFA may prevent them achieving fulfilling and intimate relationships. The neurotypical (NT) spouse may feel emotionally disconnected, frustrated and angry when facing her 'stonewall' husband. The husband's non-responsiveness may make her feel unappreciated, especially if she has little knowledge of his undiagnosed ASD. The husband's diagnosis, on the other hand, may provide the perfect opportunity for the couple to learn alternative ways of relating to each other, which may increase marital satisfaction (Aston, 2003b).

Despite the profound negative effects of HFA on the family functioning of married adults with HFA, family therapy has rarely been applied in helping these families in Western societies (Chandrasekhar and Sikich, 2015) or in Hong Kong. Behavioural/social skills training (BT/SST) has been employed to help adults with ASD reduce challenging behaviours (e.g. aggression and self-injury) and strengthen their skills for daily life (Koenig and Levine, 2011). Nevertheless, in view of the inadequacy of BT/SST to address the complex problems faced by adults with HFA, cognitive-behavioural therapy (CBT) is more commonly

used in Western societies and in Hong Kong (Chan *et al.*, 2017). While CBT has undeniably contributed to enhancing the social competence of people with ASD, systemic psychotherapy seems more suitable in order to mobilise family resources (Helps, 2016).

### **Family therapy and families of adults with HFA**

Family therapy is defined as any psychotherapeutic endeavour that explicitly focuses on altering the interactions between family members and that seeks to improve the functioning of the family as a unit, or its subsystems, and the functioning of the individual members of the family (Cottrell, 2003: p. 414). Believing that a family is resourceful, family therapists assist members of a family to become healers in alleviating their own pain and suffering (Minuchin, Nichols and Lee, 2007). Family therapy has been found to be more cost-effective than individual therapy in helping families with mental health challenges such as depression (Crane *et al.*, 2013).

Families with a family member with HFA usually describe their reality with certainty, namely that HFA is a primary cause of the family's distress. From a structural family therapy (SFT) perspective, contextualising the presenting problem is the first step in challenging the certainty of their reality and detaching the symptoms from the symptom-bearer (Minuchin, Nichols and Lee, 2007). Therapists look for the reciprocal effects of the core characteristics of HFA on the couple's and family relationships (Aston, 2003b), while identifying the dance of the couple (e.g. pursuing and distancing pattern) and of parent-child relationships (Tomm *et al.*, 2014) without blaming anyone (Aston, 2003a). By so doing, family members' restricted view of the problem can be broadened. Families may see the active part that each member has been playing in exacerbating their relational difficulties.

A structurally-focused exploration of the past (Minuchin *et al.*, 2007) may assist adults with HFA and depressive moods to link negative life experiences (e.g. child maltreatment, school bullying) to their sudden surges of anger and aggression. The therapist explores how clients have experienced losses – symbolic (e.g. career dream) and/or real (e.g. death of a partner) – and may have been undermined, ridiculed, socially rejected and abused. Careful tracking of life changes may illuminate the psychological and relational meanings of these adults' depressive mood (Keitner, 2018). The influence of the families-of-origin on the couple relationship is equally relevant. Adults with HFA with

partners who were brought up by warm and caring parents may more easily accommodate each other's different social worlds than when partners were raised by critical and unsympathetic parents (Aston, 2003b).

A family therapist's expertise lies both in creating a safe platform for family members' direct dialogue and in identifying or enacting novelty in their patterns of interactions, such as reconnecting members of the family and negotiating mutually comfortable boundaries (both physical and psychological) (Minuchin *et al.*, 2014). The latter is especially crucial for people with HFA. However, what remains unknown is whether SFT can benefit this clientele in Hong Kong, where client families may expect training to enhance social competence, rather than therapy aimed at enhancing family relationships.

This clinical report describes the healing journey of a Chinese family of a depressed father with HFA through SFT; on the basis of this clinical experience, we propose key treatment principles and strategies in helping these families. The family received SFT as part of our pioneer project, which was jointly launched by the research team of an academic department and the service providers of a rehabilitation agency. The University Ethical Committee approved our study.

## Family history

Both Ming and Jade were raised by warm and caring parents. Ming found it hard to keep up with his homework; part way through secondary school, frustrated and angry, he gave up studying. His public examination results were poor and he was relegated to a school with a lower academic standard in order to try again. In the new school, he ranked first in mathematics, which motivated him to excel academically, and he then scored highly when he resat the public examination. At university he earned a degree in science. Ming became a salesman, a position for which he was grossly ill-equipped. However, he acquired sales skills by buying a shirt every day: he memorised the pitches of different salespeople in different shops and practised on the job. 'I was a different person as a salesman', he said. 'I became boastful, assertive and talkative'.

The couple met in church and married after a short period of dating. Jade managed to adjust to Ming's introversion before having children. The birth of the two children, however, made Jade increasingly stressed; she reported that Ming had not taken an active parental role in the past four years.

The family of four took part in seven family sessions, over a period of six months, with each member describing different treatment expectations. Ming wished to be a better father and improve his parent-child relationships, especially with Alex. He thought this might help Alex avoid the hardships Ming had experienced in the past. Jade wished to help Ming, who had become increasingly withdrawn, emotionally disconnected and invisible in the family after a bad investment in the stock market four years earlier had caused him to declare bankruptcy. Jade described the change: 'He just closed up'. Moon echoed her mother's description: 'My dad's presence in our family is negligible', a statement with which Alex agreed.

### Therapists' initial formulation

Figure 1 presents the genogram (McGoldrick, Gerson and Petry, 2008) of the family from the initial stage of treatment. The family was divided into two camps: (a) Ming; and (b) Jade and the two children. The core difference between an NT developing person and an adult with HFA is a matter of ability (Aston, 2003a). The former has the ability to understand and feel the needs of his partner, and choose how to respond; the latter, as with Ming, has significant difficulty understanding others' perspectives and, therefore, connecting with others, including his spouse. Since their marriage, Jade had experienced difficulty in being emotionally close to Ming as he was always logical and reasonable in relating to her. The situation got worse after the bankruptcy. Ming failed to cope with his losses (the financial setback and the sense

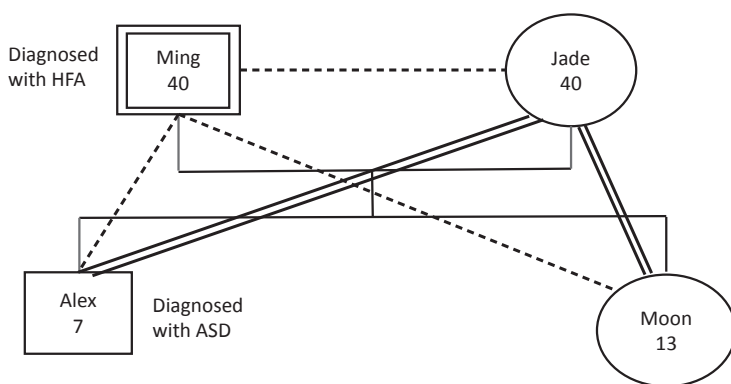


Figure 1. Genogram at the initial stage of treatment

of failure) and the damage he had caused to the family. He retreated further, reasoning that detaching himself from the family would help save them from further damage. The more he detached himself from the family, the more his wife and the children wanted to connect with him, thus continuing the ‘pursuing and distancing’ pattern of interaction (Tomm *et al.*, 2014) in the family.

Two treatment goals were jointly developed with the family: (a) assist the family to reconnect with one another through Ming’s grieving of his losses, both symbolic and real; and (b) help Ming let go of his anger towards himself and resume being a spouse and a father in the family. Accomplishing these treatment goals, it was hoped, would improve the relationship of the dyadic sub-systems within the family (Figure 2).

The following two clinical vignettes illustrate the treatment process in achieving these treatment goals.

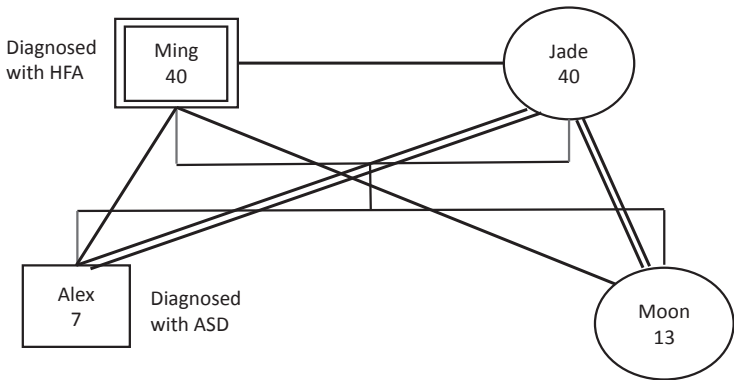


Figure 2. Genogram after treatment

Reconnecting the couple through grieving over Ming’s losses

	Treatment process	Therapists’ therapeutic actions and intentions
Ming	I think, if he [client’s father] worried less and was happier, the situation might be different.	
Therapist	Who did he worry about?	Clarification
Ming	Me.	



Therapist	Oh, did he?	Use of a curious position to elicit client's story
Ming	We were in the park when I chatted with him last time. I told him I was doing fine with my job and that I wouldn't repeat my past mistakes. He told me to let go but sighed: 'I didn't know you could be that stupid'. Sometimes, my Mom worried that Dad would be easily fooled. It turned out I was the one who cheated him most. I don't know what's wrong with me. My feeling is that I should keep my distance from people – whoever it may be, just don't get close with me.	
Jade talked to Ming spontaneously	You've been thinking like this since Dad died?	Therapists made use of facial expressions to encourage Jade to continue conversing with Ming
Ming	Yeah.	Looking down at the floor
Therapist	Did this incident affect your relationship with your wife?	Therapist explored the linkage between his anguish over his father's death and his emotional cut-off from Jade
Ming	Everyone.	
Therapist	Were you trying to protect her by avoiding getting close to her?	Further exploration to reframe the relational meaning of being distanced from Jade
Ming	I am always like that. I wish everything would remain the same with or without me. It's better that way.	
Therapist	Sounds like you have never forgiven yourself since that incident?	Therapist took a risk to explore deeper – would it be too fast and too threatening to Ming?
Ming	<i>(Hanging his head and sobbing)</i>	
Therapist	For how long has it been?	
Ming	More than four years <i>(still sobbing)</i> .	

Jade to Ming	Four years already?	Therapists leaned back to remove ourselves from the dialogue, to encourage the enactment
Ming	Yes.	Gazing at the floor
Jade	You mean since Dad left.	
Ming	No.	
Jade	Do you mean the incident [his bankruptcy]?	
Ming	Yes ( <i>a long silence</i> )	Gazing at the floor
Therapist to the wife	Do you feel for him? For over four years, he has never forgiven himself.	Therapist invited Jade to give support to Ming
Jade	I don't know what I can do except feeling sorry for him. If I had a button I could push for him, I wouldn't hesitate. I wish he could be reset like a computer. What else I can do? It's tough and overwhelming. I have my difficulties, too. Sometimes, I think I am the one who needed the most care; I wish he could support me more. But I can't count on him because he has no energy to move forward. Nothing changes and another day goes by.	Using their facial expression, therapists acknowledged Jade's feeling
Therapist	Suppose your father is talking to you from heaven, what would he say to you?	Activate his resources
	A long silence	Therapists allowed psychological space for Ming to think about it
Ming	Forget all about it. <i>Alex became upset, stopped playing at the other side of the interviewing room and moved toward his father and clung to him. Jade went to hug her husband and her son.</i>	Therapists were touched by Jade's support for her husband and the son

*Reconnecting Ming with his son*

Despite Ming's apparent ability to cope with his communication and relationship difficulties, he remained very self-critical and negative about every aspect of his life. He burst into tears in the fourth session while narrating his failures in life to Jade.

Ming	(Sobbing) I chose the wrong major in the wrong university and the wrong occupation. I was no good as a son, a husband or a father. I gambled with my classmates and got into heavy debt. My dad settled my debt ... I repeatedly made wrong decisions that resulted in bad consequences.	Feeling the pain of the client, therapists listened with care and concern
Ming	I hurt him [his dad] when I decided to drop out of school after Form 5. I overcame these failures but became arrogant and aggressive in college. I have never learned from my past misdeeds!	
Therapists turned to Jade	Do you agree that he hasn't learned from the past?	Therapists encouraged Jade to respond her husband's self-blaming
Jade to Ming	No. You quickly reversed your academic underachievement and learned fast once you had a learning goal. I wish that you could come out of your cocoon at home, like you are doing here.	
Ming	<i>Sobbing and hanging his head further</i>	Therapists were struggling to find ways of giving Ming hope
Alex	<i>On the white board at the other side of the interviewing room, Alex was drawing a picture of a little sailing boat struggling in a rugged sea during stormy, rainy weather and finally reaching the shore.</i>	Seeing Alex's drawing, therapists made use of this opportunity to reconnect the father with the son

Therapist to the couple	Excuse me, would you like to have a look at Alex's drawing?	Arouse the couple's curiosity
Therapist to Alex	What a good drawing! Would you like to give it to your dad as a gift?	
Alex	Yeah!	
Therapist	Can you describe your drawing to your dad and mom?	
Alex	A boat is sailing on the sea. There is a thunderstorm and the boat is going to sink. The captain keeps steering the boat with great effort. Then the sun comes out and the boat gets ashore.	
Jade to Alex	Thank you very much. It is so meaningful! <i>Ming nodded his head to show his appreciation to Alex.</i>	
Therapists to Alex	This is the best gift for your dad.	
Therapist to the parents smilingly	Your son gave more hope to his dad than we did [therapists]	Joining by appreciating Alex's competence and care toward his father
Therapist to Ming	It must be hard for you to have gone through all these past struggles, and there is every reason for you to feel depressed. However, your wife and your children are always on your side to support you.	Joining by validating the father's effort

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### **Treatment outcome: moving out of the cocoon and reconnecting with the family**

The fifth session was characterised by a light and relaxed family atmosphere, despite the fact that Jade had a cold. Ming had gone canoeing with their children, as Jade had been too sick to accompany them. She had not wanted to disappoint Moon, who had been looking forward to having fun. Jade said: 'Ming dislikes any outing, as it upsets his daily routines. Besides, it means he has to go to a new place. I was pleased that he said "yes" when I asked him to do this favour for me. It was quite surprising, and delightful that he went canoeing with Moon and Alex

in the camp as well. All of them got sun-tanned'. Alex chimed in from the other side of the room: 'Dad challenged a teenage boy who followed her [Moon] everywhere in the camp and teased her'. The family burst into laughter, except for Moon, who was embarrassed and started blushing.

In reply to an inquiry from the therapist (first author) about what made him change, Ming said: 'I've let go a bit because of my neighbour, a 17-year-old adolescent boy. I've been playing basketball every evening after work to relieve my stress and to avoid interacting with my wife and my two children. One time, I started chatting with this boy on the court. After learning that I was a university graduate, he sought my advice on ways of being better prepared for the public examination'. Ming continued: 'I was baffled. In the past I was the target of teasing at school and in work. Never have I been looked upon as a mentor or a teacher!' Equally puzzling to Ming was that the young man's appreciation and respect for him had come so naturally. There had been no need for him to work hard to earn it. Ming became the young man's tutor. He was struck by his student's poor study skills, and he realised that his own skills were stronger.

Ming still found it difficult to talk about his emotions with Jade but was willing to try. He knew that getting in touch with his feelings was the first step for him to reconnect with his family and with himself. Ming began to critically review his past ways of thinking about himself: 'I am searching for a new self, rather than swinging between the two extremes: "I am good-for-nothing" or "I am invincible"'.

Family relationships had changed (Figure 2). They had become more comfortable relating to one another. The couple had dined out together for the first time since the bankruptcy. Ming had become involved more in child-rearing. Ming and his daughter had had breakfast together on their way to her choir rehearsal, and he had let Alex cling to him more.

### **Family perspective of the healing journey in family therapy**

A post-treatment interview was conducted by the third author, who had not participated in the family treatment. This aimed to identify the subjective experiences of Ming and his family during family therapy. From Ming's perspective, the sense of security and trust created in family therapy had facilitated the disclosure of his disappointment and hatred towards himself, his wife and his children, and even

towards his mourning over his father's death. The opportunity to hear his wife's and his two children's views of him had illuminated multiple perspectives on his unresolved issues, on the basis of which he could transcend his sense of culpability: 'I am not as bad as I thought'; and 'The effect of my HFA on my two children isn't detrimental – their life stories will be different from mine'. For their part, Jade and the two children gained a deeper understanding of Ming as a husband and as a father.

## Discussion

This is the first clinical case known to the authors documented in a Chinese context to unfold the healing journey through SFT of a depressed Chinese father with HFA. As the therapists of this family, we were privileged to accompany the family in navigating this journey. Towards the end of the therapy, Ming gradually overcame his depressive mood and reconnected with his family.

People with HFA have a great discrepancy between intellectual ability and social functioning, and their talents are often undermined as a result of their atypical social behaviours. The inconsistency between their self-perception and others' perception of them may cause a sense of resentment. Driven by such feelings, they may seek to prove themselves and gain others' recognition, as demonstrated by Ming's setting up an unlimited company without much thought, and his trading in high-risk stocks even after his debts had been settled. When such measures fail to help people with HFA gain social recognition, they may respond by isolating themselves. Failure to manage or resolve such feelings, coupled with shame arising from their social deficits, may disconnect people with HFA from significant others. Ming did indeed admit that when his business turned bad, he felt ashamed and deliberately cut himself off from his church and his family members.

Therapists of such clients need to cultivate a safe haven for such clients to disclose their pain and suffering, using the following therapeutic means: provision of sufficient space (both physical and psychological), respectful use of silence, and slow and caring therapeutic pacing. The therapists had to be mindful not to push Ming prematurely into disclosure of his vulnerabilities, as this may be too intense for a logical mind to face (Aston, 2003b).

Ming's revelation of his regret and anguish over the death of his father in the third session was critical for his healing. Ming's feeling

of culpability in his father's death is especially understandable for Chinese therapists. In traditional Chinese culture, intergenerational family relationships are influenced by filial piety, *xiao* (孝), an ethical principle of Confucianism. A filial son is expected to obey his father during childhood, and to honour the family in adulthood (Ma and Wan, 2015). Hence, we responded to Ming caringly: 'No wonder you can't forgive yourself – you felt you had been unfilial (不孝)!'. Jade's alternative explanation for the death of her father-in-law, however, did ameliorate Ming's sense of culpability. Such a therapeutic moment was made possible by the presence of the spouse and children, a distinctive characteristic of family therapy (Minuchin, Nichols and Lee, 2007).

SFT has been criticised as directive, expert-oriented and culturally insensitive (Simon, 1995). However, therapists trained in SFT can be as humble and culturally respectful as therapists from post-modernist (e.g. solution-focused and narrative) schools. Minuchin *et al.* (2014: p. 68) remind therapists to accept their ignorance and be interested in learning from others, which in turn facilitates exploring the client's life story and eliciting the family drama through enactment, a characteristic technique of SFT.

There are two types of enactment: one is the occurrence of spontaneous family interactions; the other happens when family members are encouraged to talk to each other on a commonly addressed issue in the presence of the therapists (Minuchin *et al.*, 2014). During enactment, the therapist becomes a participant-observer and a facilitator, rather than an expert, to identify family competence and promote novelty in family interactions.

The beauty of enactment is vividly illustrated by Jade's listening and spontaneous emotional support towards Ming while he was mourning, which in turn fostered their reconnection. There were two moments in the vignette when Ming avoided eye contact and gazed at the floor. Whilst this could be a typical response when one is feeling sad, the therapists also considered the possibility of this as a social communication trait of HFA and chose not to prompt Ming to make eye contact with Jade. Instead, they invited Jade to use direct, clear and precise language in communicating with Ming (Aston, 2003a). Although the two children chose to engage themselves with drawing or reading on the other side of the room while their parents were talking with each other, they were attentive to their dialogue. Experience enables therapists to be available and open to all aspects of the client's experiences, on the basis of which he or she can respond to the client (Geller and Greenberg,

2002). If we had been unaware of Alex's drawing, we would have missed the opportunity of reconnecting the father and the son. This clinical vignette fits with the SFT belief that families can heal themselves if therapists are able to set up a caring and supportive therapeutic context (Minuchin *et al.*, 2014).

From Ming's perspective, security, trust and multiple perspectives were three crucial therapeutic elements of family therapy that helped him overcome his depressive mood and reconnect with his family. Trust is the ability to be vulnerable with another person (Townsend, 2011) and can be developed only in a safe environment. Ming's trust of the therapists gave him the faith to cooperate and collaborate so that he could work on his unresolved issues with his wife and his children. Other critical factors conducive to Ming's change included the couple's motivation to find and receive help, the family's strengths and resilience, and the appreciation and respect of Ming's basketball friend. Last but not least, the therapists' knowledge of HFA must not be underestimated, as this provided the basis for deepening their empathy for this individual with HFA and assisting the family in overcoming their communication difficulties. For instance, the therapists helped Jade understand Ming's 'shut-down' as a common coping mechanism of an adult with HFA in face of unbearable emotional stress, rather than as an emotional rejection of her. Some families may need therapists' coaching and guidance in finding mutually agreeable ways of better communicating. For other families, therapists may facilitate mutual learning; in so doing, the family may then embrace the different social worlds of a 'hawk' and a 'zebra', the metaphors Aston (2003b) used to describe people with HFA and those without.

Therapists need to respect the uniqueness of adults with HFA and embrace their diversity, rather than demanding that they fit in with the majority, i.e. people without HFA. Adults with HFA and their therapists are likely to belong to two different social worlds. From the perspective of our clients, adjusting to the social world of the majority is like a stranger landing in a strange land and experiencing a foreign culture and a foreign language (Aston, 2003b). A similar metaphor applies to the therapist. It is imperative that therapists reflect on the privilege brought about by their social position (in the majority) and be perceptive enough to identify any social oppression that adults with HFA may have experienced (Zimmerman *et al.*, 2015).



## Conclusion

Ming's healing provides anecdotal evidence to suggest that family therapy is a valid treatment choice for adults with HFA. In view of the limitations of this case report, there is a need to carry out more outcome research in family therapy for this clientele.

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