

A Safe Space to Heal: Psychotherapy as a Relational Therapeutic Space Across Psychological Disorders and Neurodiversity

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Abstract: *Psychotherapy is supported by evidence across several psychological conditions, yet its value cannot be understood solely through symptom change. This thematic integrative review examines psychotherapy as both an intervention and a relational setting in which psychological safety, trust, collaboration, and self-understanding may support change. Literature discussed in the source synopsis is organized around three themes: psychotherapy outcomes across mood, anxiety, trauma-related, and personality difficulties; the therapeutic alliance and safety; and adapted, neurodiversity-affirming support for autistic people. Meta-analytic and theoretical literature generally supports psychotherapy effectiveness, while alliance research identifies the therapeutic relationship as a robust correlate of outcomes. Work on autistic youth suggests that adapted interventions can be beneficial, although outcomes and methods vary. Across these areas, the review identifies a need to connect clinical outcomes with clients' lived experience of safety, identity, accessibility, and agency. The review is integrative rather than systematic: the source material does not document reproducible database searches, screening counts, or formal quality appraisal. Accordingly, conclusions are interpretive and should not be treated as a comprehensive estimate of treatment effects. The paper argues for therapeutic spaces that combine evidence-informed care with collaborative, individualized, and affirming relationships.*

Keywords: psychotherapy, therapeutic alliance, psychological safety, neurodiversity

1. Introduction

The present paper focuses on a complementary question: what makes therapy a space in which people can engage with distress, explore difficult experiences, and develop new ways of relating to themselves and others? The phrase "safe space" is used here as a relational concept, not as a promise that therapy will always feel comfortable or free of challenge. Safety may involve respect, predictable boundaries, trust, emotional containment, and the ability to disagree or disclose at a tolerable pace. It is also shaped by culture, power, communication, disability, and the fit between a person and the therapeutic approach.

This focus is relevant across diagnostic categories and especially important when considering neurodivergent people, whose needs may be poorly served by approaches that prioritize normalization over individual goals. The paper synthesizes literature on psychotherapy outcomes, therapeutic alliance and safety, and neurodiversity-informed care. It then considers the implications and limitations of treating therapy as both an evidence-based intervention and a relational process.

2. Review Approach

This paper uses an integrative, thematic approach to literature discussed in the supplied research synopsis. The material includes meta-analyses, systematic reviews, theoretical contributions, and clinical texts addressing psychotherapy outcomes, therapeutic alliance, personality disorders, trauma-related concerns, and autism. The

synthesis is organized around recurring concepts rather than a pooled statistical estimate.

The source synopsis identifies academic resources and databases- including PubMed, PsycINFO, Scopus, Google Scholar, and professional or public-health organizations- as intended sources. However, it does not provide exact search strings, search dates, duplicate-removal procedures, screening totals, a final included-study count, or a formal risk-of-bias assessment. Therefore, this manuscript does not describe the review as systematic, does not claim exhaustive coverage, and does not present new empirical data. The findings below are a narrative synthesis of the cited literature and should be interpreted accordingly.

The thematic synthesis follows three questions: (1) what does the cited literature indicate about psychotherapy outcomes across selected clinical presentations; (2) how do alliance and perceived safety relate to therapeutic change; and (3) what considerations arise when psychotherapy is adapted for autistic and other neurodivergent people?

3. Psychotherapy across psychological difficulties

3.1 Mood, Anxiety, and Trauma-related Concerns

Evidence syntheses support psychotherapy for depression and anxiety, with cognitive behavioural therapy (CBT) among the most frequently evaluated approaches. Comparative research and re-analyses have generally found psychotherapy to outperform no-treatment or minimal-

treatment conditions, while also emphasizing the importance of comparator choice, study quality, and analytic decisions [1, 2]. Trauma-focused psychological therapies have likewise been examined in systematic reviews for post-traumatic stress disorder (PTSD), with findings supporting their clinical relevance while leaving questions about variation in response and the quality of evidence [3].

The meta-analysis by de Ponti et al. included 66 studies with 98 comparisons and reported a large pooled effect for psychotherapy for social anxiety disorder ($g = 0.88$; number needed to treat = 3.8) [4]. The authors also noted substantial heterogeneity and risk-of-bias concerns, so the estimate should be interpreted alongside these limitations rather than as a guarantee of individual response.

Taken together, the literature supports psychotherapy as a useful intervention across mood, anxiety, and trauma-related concerns. Yet symptom change alone does not fully describe recovery. People may also value greater emotional understanding, restored agency, improved relationships, and the ability to approach distress without feeling overwhelmed. These outcomes are important to the safe-space framework, but they should be measured and reported rather than assumed to follow automatically from symptom improvement.

3.2 Personality disorders and enduring interpersonal difficulties

Psychotherapy is a central treatment approach for personality disorders, where difficulties may involve emotional regulation, identity, and recurring interpersonal patterns. Reviews and meta-analyses have examined psychodynamic and cognitive-behavioural approaches, with findings indicating that structured psychological treatments can be beneficial [5–7]. For borderline personality disorder, specialized approaches such as dialectical behaviour therapy are designed to address emotion dysregulation and self-harm alongside broader functioning.

A relational perspective is especially relevant in this area because treatment may involve navigating mistrust, sensitivity to rejection, ruptures, and repair within the therapeutic relationship. This does not mean that relationship quality replaces specific clinical methods. Rather, a coherent treatment model and a collaborative alliance may work together: structure can make the work predictable, while responsiveness and respect help clients participate actively. Claims about which modality is superior should remain cautious unless supported by direct comparative evidence.

The source synopsis also mentions communication-related difficulties and the possible value of coordinating psychotherapy with speech-language support. This is a plausible interdisciplinary consideration, particularly where anxiety or avoidance affects participation, but the supplied material relies on clinical resources rather than a clearly identified body of comparative trials. It is therefore better treated as a potential area for collaboration and further research than as a firmly established general effect.

4. Therapeutic Alliance and Psychological Safety

The therapeutic relationship has long been considered an important part of psychological change. Rogers emphasized therapist empathy, genuineness, and unconditional positive regard as conditions that can support change [8]. Contemporary research on the therapeutic alliance- often understood through agreement on goals, agreement on tasks, and the quality of the bond- has found a consistent association between alliance and psychotherapy outcomes across treatment approaches [9].

Safety in therapy is more than the absence of threat. An integrative theoretical account by Podolan and Gelo describes safety as a function that can be considered across therapeutic schools [10]. In practice, it may be communicated through clear boundaries, confidentiality, reliable attendance, collaborative pacing, and the therapist's ability to respond without humiliation or retaliation when a client expresses anger, uncertainty, or disagreement. These behaviours can make it easier to disclose difficult material and remain engaged when sessions evoke distress.

A useful distinction is between safety and comfort. Effective therapy may involve uncertainty, emotional activation, or gentle challenge; the relevant question is whether this work occurs within a sufficiently supportive and collaborative relationship. If the therapist moves too quickly, dismisses a client's account, or treats disagreement as resistance without exploration, the setting may cease to feel safe. Conversely, a relationship that avoids every difficult topic may limit opportunities for meaningful change. Safety therefore involves ongoing negotiation rather than a fixed condition established at the beginning.

Alliance findings should also be interpreted carefully. An association between alliance and outcome does not, by itself, prove that alliance alone causes improvement. Early symptom change can influence how clients experience the relationship, and both may be shaped by other factors. Nonetheless, alliance research supports treating relational quality as a clinically meaningful component of care, not merely as a pleasant extra [9, 11].

5. Autism and Neurodiversity- Affirming Psychotherapy

Psychotherapy for autistic people requires attention to individual goals, communication preferences, sensory environments, cognitive styles, and co-occurring mental health concerns. The aim should not be to make a person appear less autistic for its own sake, but to support well-being and address distress or difficulties that the person wants help with. CBT-informed approaches may be useful for some autistic people, particularly when adapted to their communication and processing needs; the fit and goals of intervention remain important.

The meta-analysis by Rosenau et al. included 29 randomized controlled studies and 1,464 autistic youth, reporting a small overall mean effect size of 0.38 and larger effects for CBT

on autism-related clinical needs (0.81) and overall mental-health outcomes (0.78) [12]. The article was published online in 2024 and appears in the 2026 volume and issue; the reference below follows the journal's volume-year citation.

Milton's double-empathy account challenges the assumption that communication difficulties are located exclusively within autistic individuals; misunderstandings can arise between people with different experiences and ways of interpreting the world [13]. Applied to therapy, this perspective asks clinicians to consider their own communication style and assumptions, not only the client's behaviour. Explicit language, processing time, sensory accommodations, and shared clarification may help create a more accessible therapeutic relationship.

A neurodiversity-affirming approach is not a rejection of treatment or support. It distinguishes between reducing distress and enforcing conformity. For example, therapy may address anxiety, trauma, depression, or self-advocacy while respecting a client's identity and avoiding goals that are imposed solely to satisfy others' expectations. The therapeutic space should allow clients to define what meaningful progress looks like, with adaptations reviewed collaboratively.

The available literature discussed here suggests a promising direction, but evidence connecting neurodiversity-affirming principles directly to perceived safety, alliance processes, and long-term outcomes remains less developed than the broader psychotherapy-outcome literature. This is a key area for future empirical work.

6. Integrative Discussion

Across the themes, psychotherapy appears to be best understood as an intervention delivered through a relationship. Evidence of symptom improvement establishes the importance of effective treatment, while alliance and safety frameworks help explain how clients may be supported to engage with difficult experiences. Neurodiversity-affirming perspectives add a further requirement: the relationship and intervention must be accessible and responsive to the person, rather than built around a single assumed way of communicating or functioning.

Three implications follow. First, clinicians can make relational safety more concrete by explaining confidentiality and its limits, clarifying goals and roles, inviting feedback, and responding constructively to ruptures. Second, treatment planning should combine evidence-informed methods with individual preferences and functional needs. Third, services and research should avoid treating diagnosis as a complete description of the person. Context, identity, culture, sensory needs, social barriers, and the client's own priorities can shape whether a treatment is experienced as useful and safe.

The safe-space concept should nevertheless not be treated as a substitute for outcome evaluation. A warm therapeutic relationship is not sufficient if care is ineffective, inaccessible, unethical, or mismatched to the presenting

concern. Equally, a manualized intervention may be difficult to use if the client does not understand its purpose or feels unable to raise concerns. A balanced model therefore considers evidence-based techniques, alliance, informed consent, boundaries, accessibility, and meaningful outcomes together.

The conceptual contribution of this review is to connect literatures that are often discussed separately: general psychotherapy effectiveness, relational processes, and neurodiversity-informed care. This synthesis is exploratory. Because the source material does not document a reproducible search and screening process, it cannot establish how common these themes are across the entire literature or prove that the specific concept of therapy as a "safe space" has been neglected in all relevant research.

7. Limitations and Future Directions

This review has several limitations. It relies on literature described in the original synopsis rather than a newly executed, fully documented systematic search. Search dates, full strategies, selection counts, and formal quality appraisal are not available. Some references in the source list are incomplete or inconsistent, and several broad claims rely on clinical or theoretical sources rather than directly comparable empirical studies. These issues restrict reproducibility and mean that the review should be read as a thematic synthesis, not an exhaustive evidence assessment.

Future research could define psychological safety in therapy more precisely and examine how clients from different cultural and neurodevelopmental backgrounds describe it. Longitudinal studies could explore how safety and alliance develop over time, including how ruptures are repaired. Research involving autistic participants should include their own priorities and experiences, distinguish mental-health outcomes from normalization goals, and report adaptations clearly. Reviews should also compare symptom outcomes with measures of functioning, agency, quality of life, and treatment acceptability.

8. Conclusion

The literature discussed in this review supports psychotherapy as a valuable intervention across several psychological difficulties and highlights the therapeutic alliance as an important correlate of outcomes. A safe therapeutic space is not simply a comfortable room or an absence of challenge; it is a collaborative relationship in which trust, boundaries, respect, and responsive care make difficult work possible. For autistic and other neurodivergent clients, this requires attention to communication, sensory and individual needs, and goals defined with the client rather than imposed upon them. Future research should more directly connect these relational and neurodiversity-affirming principles with measurable clinical and lived-experience outcomes. The argument is not that safety replaces evidence-based treatment, but that effective care should make room for both.

References

- [1] P. Cuijpers, A. van Straten, G. Andersson, and P. van Oppen, "Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies," *Journal of Consulting and Clinical Psychology*, vol. 76, no. 6, pp. 909–922, 2008. doi: 10.1037/a0013075.
- [2] T. Munder et al., "Is psychotherapy effective? A re-analysis of treatments for depression," *Epidemiology and Psychiatric Sciences*, vol. 28, no. 3, pp. 268–279, 2019. doi: 10.1017/S2045796018000355.
- [3] J. I. Bisson, N. P. Roberts, M. Andrew, R. Cooper, and C. Lewis, "Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults," *Cochrane Database of Systematic Reviews*, no. 12, CD003388, 2013. doi: 10.1002/14651858.CD003388.pub4.
- [4] N. de Ponti et al., "The efficacy of psychotherapy for social anxiety disorder: A systematic review and meta-analysis," *Journal of Anxiety Disorders*, vol. 104, article 102881, 2024. doi: 10.1016/j.janxdis.2024.102881.
- [5] F. Leichsenring and E. Leibling, "The effectiveness of psychodynamic therapy and cognitive behavior therapy in the treatment of personality disorders: A meta-analysis," *American Journal of Psychiatry*, vol. 160, no. 7, pp. 1223–1232, 2003. doi: 10.1176/appi.ajp.160.7.1223.
- [6] S. F. McMain and A. E. Pos, "Psychotherapy for personality disorders: A review," *Current Psychiatry Reports*, vol. 9, no. 1, pp. 49–55, 2007.
- [7] J. Shedler, "The efficacy of psychodynamic psychotherapy," *American Psychologist*, vol. 65, no. 2, pp. 98–109, 2010.
- [8] C. R. Rogers, "The necessary and sufficient conditions of therapeutic personality change," *Journal of Consulting Psychology*, vol. 21, no. 2, pp. 95–103, 1957.
- [9] C. Flückiger, A. C. Del Re, B. E. Wampold, and A. O. Horvath, "The alliance in adult psychotherapy: A meta-analytic synthesis," *Psychotherapy*, vol. 55, no. 4, pp. 316–340, 2018. doi: 10.1037/pst0000172.
- [10] M. Podolan and O. C. Gelo, "The functions of safety in psychotherapy: An integrative theoretical perspective across therapeutic schools," *Clinical Neuropsychiatry*, vol. 20, no. 3, pp. 193–204, 2023. doi: 10.36131/cnfioritieditore20230304.
- [11] B. E. Wampold, "How important are the common factors in psychotherapy? An update," *World Psychiatry*, vol. 14, no. 3, pp. 270–277, 2015.
- [12] K. A. Rosenau, J. Kim, A. C. B. Cho, M. Seltzer, A. M. Ugueto, J. R. Weisz, and J. J. Wood, "Meta-analysis of psychotherapy for autistic youth," *Child Psychiatry & Human Development*, vol. 57, pp. 289–300, 2026. doi: 10.1007/s10578-024-01686-2.
- [13] D. E. M. Milton, "On the ontological status of autism: The 'double empathy problem'," *Disability & Society*, vol. 27, no. 6, pp. 883–887, 2012. doi: 10.1080/09687599.2012.710008.