

Holding Therapy for Children with Autism and Its Impact on The Family's Psychological Environment

Nazokat Abidova

Lecturer at the Nizami National Pedagogical University of Uzbekistan, Doctor of Pedagogical Sciences (PhD), Associate Professor, Uzbekistan

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Abstract: Holding therapy for children with autism is currently used worldwide as one of the most effective methods. It plays a crucial role not only in effective interventions for children with autism within the family environment but also in fostering a positive attitude toward the child and their abilities within the family. This article examines the impact of holding therapy on the family environment through interventions for children with autism.

Keywords: Autism, children with autism, holding therapy, method, family environment, interventions.

Introduction: In recent years, our country has been actively introducing international experience, advanced technologies, and methods into the healthcare and rehabilitation of children with disabilities. One such method is holding therapy, which has been recognized as effective in family-based interventions with children with autism.

Holding therapy, a psychotherapeutic method of working with families first proposed by the American psychiatrist M. Welch in 1983, is becoming increasingly widespread throughout the world. This method is used in working with families in which the emotional connection between parents and children is disrupted: in situations where the relationship with the child is disrupted after the parents' divorce, when siblings conflict, when the mother spends too much time at work, or when the child becomes aggressive and unyielding. Holding therapy is effective even for children with severe emotional pathologies such as childhood autism [1].

Holding therapy is a collaborative effort between the entire family, requiring significant emotional investment. Gradually establishing family interaction,

helping parents understand their child and feel their love reciprocated, holding therapy is based primarily on the parents' belief in their abilities and their willpower, which in this case is directed toward overcoming doubts, fatigue, and disappointments.

Holding therapy (from the English "hold") promotes improved parent-child relationships, enabling family members to better understand each other. The classic holding procedure is as follows: at a designated time, the mother and father pick up their child and hold them face to face. The child should sit on the mother's or father's lap or lie in the parents' arms so they can look into the child's eyes. Without weakening their embrace, despite the child's resistance, the parents express their feelings and love for the child, and how they want to help them overcome this or that problem.

Holding therapy has generated considerable discussion in both clinical practice and academic research. While it was initially introduced by Martha Welch as a method for restoring disrupted emotional bonds between parents and children, its application in autism intervention has remained controversial. Some practitioners emphasize its potential to strengthen attachment and improve emotional reciprocity within the family, whereas many contemporary autism

specialists advocate for approaches grounded in developmental and behavioral science.

From a theoretical perspective, holding therapy is often associated with attachment theory, particularly the foundational ideas of John Bowlby, who highlighted the importance of early emotional bonds between a child and caregiver. Proponents argue that sustained physical closeness, eye contact, and emotional expression during holding sessions may stimulate attachment-related processes that are sometimes disrupted in children with autism spectrum disorder (ASD). Through repeated structured contact, parents may become more sensitive to their child's nonverbal cues, gradually improving mutual understanding.

However, it is important to note that modern evidence-based autism interventions typically prioritize child-centered, developmentally appropriate, and non-coercive strategies. Approaches such as Applied Behavior Analysis (ABA), DIR/Floortime, and TEACCH focus on communication development, sensory regulation, structured learning, and social interaction without physically restraining the child. Some researchers have raised ethical concerns regarding forced holding, particularly if it induces distress, fear, or sensory overload in children with heightened tactile sensitivity.

In recent years, many specialists have shifted toward modified forms of attachment-based interventions that emphasize voluntary physical closeness, emotional attunement, and co-regulation rather than resistance-based holding. These approaches focus on:

- strengthening emotional attunement between parent and child,
- supporting sensory integration,
- promoting safe and predictable physical contact,
- developing joint attention and shared emotional experiences.

The impact of holding therapy on the family's psychological environment can be viewed from multiple angles. On the positive side, structured parent involvement may:

- increase parental confidence,
- reduce feelings of helplessness,
- strengthen family cohesion,

- foster emotional openness between spouses,
- create a shared therapeutic goal.

At the same time, the emotional intensity of the method may increase parental stress if not carefully supervised by a trained psychologist. Feelings of guilt, frustration, or self-doubt may arise, especially when immediate improvements are not observed. Therefore, professional guidance, supervision, and psychoeducation are crucial components when families engage in emotionally demanding interventions.

Contemporary family-centered autism support emphasizes:

1. Respect for the child's sensory profile and emotional boundaries.
2. Promotion of secure attachment through warmth rather than coercion.
3. Integration of emotional therapy with speech therapy, occupational therapy, and special education.
4. Ongoing psychological support for parents to maintain a healthy family climate.

In conclusion, while holding therapy historically played a role in attachment-oriented interventions for children with autism, modern practice increasingly supports flexible, ethically sensitive, and evidence-based family interventions. The psychological environment of the family remains a central factor in the child's development. Warmth, consistency, emotional availability, and parental self-regulation are now considered fundamental elements of effective support for children with autism.

The essence of the method lies not in mechanically holding the child, but in what happens between the child, mother, and father during the holding process; that is, holding occurs on an emotional level. Within a few days, the child begins to demand sessions: running to the parents, pulling them along, climbing onto their laps. Holding allows the child to compensate for the initial lack of contact through eyes, voice, and physical touch, which are so essential for the child's psychological development.

Holding is not only a form of family therapy; it is also a collaboration between the psychologist and the parents, during which they essentially become co-therapists. The effectiveness of the sessions largely depends on their emotional state and internal

readiness for long-term, daily work. Inevitably, during the process, parents may experience doubts, uncertainty about the correctness of their actions, and anxiety about the child's future development. Therefore, for a psychologist who constantly supports a family in the process of holding therapy, it is very important to be able to anticipate the parents' experiences in order to avoid breakdowns and, in some cases, refusals to continue their studies [2: 55-66].

The mother sits on a chair and places the child facing her on her lap, with the child's legs dangling freely at the sides of the mother's body. The mother forcibly holds the child in her arms, overcoming their physical and emotional resistance. During tactile contact with the child, she expresses her feelings to the child, expressing how much their parents love them, how they ask them to stay and not leave them. Moreover, if the mother's irritation increases during holding therapy, this is also verbalized, including even expressions of anger at the child's resistance. This verbal accompaniment teaches the child to understand the mother's language and feelings, despite the fact that their emotional characteristics hinder the process of perceiving maternal affection.

A distinction is made between systematic holding exercises, performed once or twice daily, and specially designed exercises, which are performed when the child is agitated or due to other changes in their emotional behavior.

In the first months, these exercises are extremely unpleasant for a child with autism, and they resist until they become exhausted. Overcoming a child's resistance is crucial, as it is a critical period for the subsequent effectiveness of the therapy.

Psychologically, to feel comfortable, one must experience and acknowledge discomfort. And to feel secure, one must experience vulnerability. Therefore, to achieve the subsequent effect of feeling comfortable, the child must first be induced into a state of discomfort.

Exercises suggested for provoking discomfort in the child include: showing desired objects without the possibility of possessing or touching them; preventing the child from orienting themselves by turning their head or looking back; exposing the child to stimuli that are unpleasant but socially accepted (a prolonged kiss

if the child dislikes it, whispering directly into the ear if the child is hypersensitive to nearby sounds, stroking the hair, etc.). The mother must strictly control and prevent any attempt by the child to harm her, but at the same time, she must continue the exercises.

This is precisely the duality of her role. On the one hand, the mother must make the child feel special and, in this regard, demonstrate her strength, while on the other hand, she must act as a protector.

The session with the child ends after the child has passed through the stage of exhaustion and submission, allowing the mother to provide the child with comfortable conditions of rest or quiet, short play. At this point, the mother herself is exhausted, both physically and emotionally. However, it is during this time that a special emotional bond is established and a close emotional connection develops between mother and child.

The classic form of holding therapy begins with one hour of holding and progresses to shorter periods, focusing on calming the child. If the child has a seizure disorder or epilepsy, holding therapy is performed with increasing durations from 3 minutes to 10 minutes (by the middle of the second week of holding therapy), 1-2 times a day at specific times.

During periods of agitation, the session is much longer – holding can last up to an hour, until the child completely relaxes.

An autistic child will resist, may fight, bite, or struggle. The mother should never give in; she should continue holding the child and establish eye contact until the child snuggles into her and relaxes. After about an hour of holding, the child begins to interact with the mother and, having relaxed, may even fall asleep. This is considered the most favorable outcome.

All family members should be involved in this procedure, with the father supporting the mother as she holds the child. If the mother is unable to provide the required amount of therapy, it is administered twice a day: once by the mother, once by the father, and if the child is agitated, by the family member who is nearby, or by both family members. Holding therapy is carried out long-term, from 1 to 3 years. If the family sees the effectiveness of holding therapy, it may be continued longer as part of the child's activities.

Holding therapy is a "driver" of emotional

development, but it does not replace the full range of corrective and educational activities necessary for an autistic child, as holding therapy does not teach the child to write or count, does not introduce letters, and does not show how to ride a bike or make a sandwich. Remember that in addition to emotional development, the child needs to develop intellect, speech, logical and abstract thinking, fine and gross motor skills, interhemispheric connections, enrich their knowledge system, and develop self-care skills. This means that concurrent sessions with a speech therapist and homework to reinforce the material learned from the specialist sessions are necessary [3].

The effectiveness of holding therapy leaves no room for doubt. This is explained by the fact that the "holding" situation models, in a concentrated form, the process of everyday interaction between mother and child during the successful, normal mental development of the latter. During holding therapy, the mother is forced to communicate with her child for an extended period, unable to interrupt contact or distract herself from them. Her communication gradually becomes increasingly error-free, and she masters new ways of interacting with her son or daughter. In turn, thanks to the psychologist's support and positive reinforcement that mothers receive along with this new experience, their self-confidence increases, their satisfaction with their interactions with their child grows, and their ability to accept their child expands, ultimately imbuing the mother's self-image with positive emotional content. And the child, through the implementation of patterns of full interaction with the mother, improves various aspects of mental development.

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