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Expanding Descriptions of Autistic Rituals and Routines: A Co-Produced Update

Stephanie Petty[1] | Amy Cantwell[1] | Lindsay Clayton[2] | Lucy Matthews[3] | Stuart Angell-McGregor[4]

[1]Department of Psychology, School of Education, Language and Psychology, York St John University, York, UK | [2]Barnsley, UK | [3]London, UK | [4]Doncaster, UK

Correspondence: Stephanie Petty (s.petty@yorksj.ac.uk)

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ABSTRACT

Descriptions of rituals and routines inform autism assessment and diagnosis and remain influential when determining what being autistic means. Currently they present autistic characteristics as problematic. Examples slowly catch-up with research that shows their personal appearances and meanings. We explored what happens when descriptions of autistic rituals and routines are co-authored by autistic people. In this qualitative participatory study in the UK, 12 autistic adults contributed via interviews, written exchanges, and data analysis/writing sessions. We identified five themes using codebook thematic analysis: (1) ways of talking about rituals and routines; (2) meanings; (3) visibility; (4) what makes a ritual or routine autistic; and (5) when rituals and routines become detrimental. Rituals were frequently hidden. They had superstitious qualities that achieved a subjective sense of things being 'OK'. They were behaviours, repetitive thoughts, and mental checks. Whilst there were both positive and negative impacts of performing rituals and routines, it was reliability, necessity, and devotion to them that characterised them as autistic behaviours. There is an important re-narration of the 'inflexibility' or 'rigidity' of autistic repetitive behaviours when authored by autistic people, which appreciates the demands of navigating neurotypical-default environments. Autistic adults emphasised a heavily-tipped scale in the direction of valuing rituals and routines over censoring them.

Repetitive patterns of behaviour form part of the diagnostic criteria for autism, which require autistic people to show repetition, or ritualised patterns, in their movements or speech, interests or activities, or show repetitive behaviours relating to sensory input (American Psychiatric Association 2022; World Health Organization 2022). Repetitive behaviours must be observed alongside 'deficits in reciprocal social communication and interaction' (American Psychiatric Association 2022; World Health Organization 2022). Clinical diagnosis is not the only legitimate way to identify as autistic and it comes with costs (Fletcher-Watson 2023; Sarrett 2016), but this dominant conceptualisation is nonetheless influential. Using routines or showing ritualised patterns of behaviour are examples of repetitive behaviours that educators and clinicians must look for when they recognise autism. Within diagnostic criteria, 'inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior' are grouped together with 'insistence on sameness', and together these form one example of 'restricted, repetitive patterns of behavior, interests, or activities' (RRBs); further details include 'greeting rituals' or 'lining up or sorting objects in a particular way' and 'need to take same route or eat food every day' or 'follow familiar routes, or may require precise timing such as mealtimes or transport' (American Psychiatric Association 2022; World Health Organization 2022). Three other examples of 'RRBs' in diagnostic criteria refer to body movements, interests, and sensory related behaviours. It is

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challenging to design tools that identify examples of repetitive behaviours and assess their functional impact because different types of repetitive behaviours are often grouped together and people use these different behaviours in highly variable personal circumstances (Collis et al. 2022, 2024; Rosen et al. 2021). Subjectivity also comes in when recognising different examples of these behaviours and determining which behaviours are 'repetitive' – which are 'restricted' or 'rigid' (American Psychiatric Association 2022; National Institute for Health and Care Excellence 2021; World Health Organization 2022) – raising questions around who repetitive behaviours are actually restricting or rigid for.

Rituals and routines in particular are little researched (Collis et al. 2024). The differences between rituals and routines are not well described and the definition of a 'ritual' is especially unclear. Understanding of these behaviours in clinical practice is not being updated. When looking for a short-list of examples of repetitive behaviours based on appearance only, subjective judgments must be made about what repetitive behaviours are. Rituals can be conceptualised for some people (e.g., people described as having obsessive-compulsive disorder, OCD) as being outside of personal control and perpetuating anxiety (Long et al. 2024). However, this understanding will not be appropriate for all autistic people and rituals should not be assumed to cause distress or be unwanted.

It is important to recognise that contexts influence how autistic repetitive behaviours are defined. For example, it has been suggested that repetitive behaviours can be particularly challenging for families (Harrop et al. 2016); in this study, repetitive behaviours were described as stereotyped, self-injuring, compulsive, ritualistic, and restricted and were grouped together within a standardised scale. However, qualitative studies of families' experiences have shown that routines are valuable for many people including autistic young people and their families together when they promote organisation in the morning or contribute to good sleep for everyone (Bagatell et al. 2014; Daly et al. 2022). When a repetitive behaviour is judged to be without meaning or as being difficult to understand by an observer it can be judged more negatively (Kapp et al. 2019; Pantazakos and Vanaken 2023; Pearson and Rose 2021), in part due to negative judgments that come from outside the family (Sethi et al. 2019). Some teachers seem to discourage repetitive behaviours when autistic children respond to demands differently from their peers at school, such as deterring use of fidget items or punishing children who struggle with planning and organisation (Mesa and Hamilton 2022). Autistic young people often make efforts to get through the school day until they can behave more freely at home (Mesa and Hamilton 2022). The consequences of masking or hiding autistic behaviours from sight can be seen in exhaustion or overwhelm at the end of the day. However, when repetitive behaviours are seen to advance particular skills, such as using routines or schedules to thrive in structured settings like schools and workplaces, they can be conceptualised as gifts, helping a young person to flourish and build their career (Jones et al. 2021; Warren et al. 2021). For adults, being welcomed to use repetitive behaviours in workplaces can contribute to employment longevity (Petty et al. 2023; Remington and Pellicano 2018). These studies provide examples of how autistic people themselves, their family members, or clinicians, either welcome or censor some autistic repetitive behaviours. In these ways, some behaviours are problematised more than others.

Interventions might then try to target and reduce certain repetitive behaviours, for example, through use of medication (Tural Hesapcioglu et al. 2020). However, it has been argued, and we agree, that behaviours should not be changed to help autistic people look or 'be' less autistic because of negative judgments attached to them (Pukki et al. 2022). Parry et al. (2023) provide an alternative approach to intervention whereby understanding the perspectives of autistic children was used to recommend ways to support them in healthcare appointments whilst recognising the value of repetitive behaviours such as replaying scenarios or asking repeated questions. They recommended allowing time to self-regulate and time to process information. Research should seek to understand the meaning of repetitive behaviours before designing interventions that prevent or change them. When personal perspectives of autistic people do not inform understandings, Honey et al. (2012) say, "it is clear that the question of 'what really matters when measuring [repetitive behaviours]?' cannot be fully answered" (p. 768). This is why personal authorship of autistic experiences must update academic and clinical understandings.

In an interview study with autistic adults, Collis et al. (2022) asked about preferred language for describing repetitive behaviours and recent examples. Repetitive behaviours were grouped and included behaviours that showed sameness (including sameness in routines, clothing, food, or the order of doing things), preferred (or 'special' or 'restricted') interests, repetitive movements, and having interest in the look, smell, or feel of objects. This study did not ask about rituals specifically. In addition to explaining how the use of repetitive behaviours seemed to reflect the extent of demands placed on an autistic person, these participants described negative impacts of repetitive behaviours including self-censorship, self-injury relating to skin picking, scratching, or biting, and interrupted sleep. However, Collis et al. (2022) led conversations about repetitive behaviours by first presenting a list of behaviours taken from a standardised scale. As such, the design likely promoted a priori assumptions of what repetitive behaviours are (Nicolaidis et al. 2019; Pellicano and den Houting 2022). Using a different research design, Petty and Cantwell (2025) presented a line-of-argument synthesis for how and why rituals and routines are used as described in unprompted blog entries written by autistic adults. No assumptions were made about the similarities or differences between rituals and routines. Examples of routines included writing lists and following rules. They achieved a sense of control in the world, recharging energy, and reliably reducing overwhelm. They were wellbeing strategies. When describing rituals specifically, some autistic people described greetings and farewells and other expected behaviours in social exchanges as 'rituals', which they said they found confusing or meaningless (Petty and Cantwell 2025). Some autistic young people seem not to use the word 'ritual' to describe their own behaviours either, rather, they describe likes, dislikes, favourites, games, or hobbies (Petty and Clegg 2025). However, in both of these studies, 'ritual' was used as a brief summarising label. This illustrates how the definition of ritualised behaviours can change when people hold different perspectives, much as social communication can be understood differently depending on whose perspective is taken (Milton 2012). However, this study (Petty and Cantwell 2025) exploring personal definitions of rituals and routines written by autistic adults is limited by possible misunderstandings on behalf of the researchers and difficulties extending findings beyond the intended audience of online peer communities (Seidmann 2021). When the authors wrote about rituals and routines as part of their daily lives they were not doing so to answer questions about how these behaviours should be defined or differentiated from each other.

This study aims to add what autistic people themselves think about rituals and routines. It is important that collective understanding of what it means to be autistic reflects pluralistic perspectives (Vivanti and Messinger 2021), guided by autistic people (Chapman and Carel 2022; Fletcher-Watson et al. 2019). We use a participatory approach to understand how autistic rituals and routines are described when research is co-produced with autistic people.

1 | Materials and Methods

1.1 | Community Involvement

This study involved autistic and non-autistic researchers and autistic participants. Two academic researchers on the team were registered psychological practitioners and conducted this study to improve the wellbeing of autistic people by increasing personal perspectives in research, clinical assessment where appropriate, post-diagnostic and therapeutic supports.

We used the practice-based guidelines for participatory research written by Nicolaidis et al. (2019) to give choice over participants' contribution. We were transparent about the research goals and intention to achieve authentic collaboration, but not equal partnership. Participants could refine the research question but did not set it. Contribution to analysis, manuscript review, and coauthorship were offered to all participants. In these ways we checked that the study reflected the participants' priorities, produced credible findings, and supported mutual learning between all members of the research team (Fletcher-Watson et al. 2019; Keating 2021). There was no funding and participants were not compensated with payment. The second academic author was also unpaid, but was completing a professional qualification. These were inherent power differences. Invitation via professional networks intended to reach contributors with some awareness of research practice but academic experience was not required. No formal training, onward education, or employment opportunities were provided. We gave options for communication methods, allowing time for participants to make choices, and provided questions in advance of agreed interview dates. Reflexivity helped with being open about intentions not to pathologise autistic experiences. The participatory ethos aligns with the neurodiversity paradigm, placing lived experience at the centre of descriptions about autistic people and their experiences (Pellicano and den Houting 2022).

1.2 | Recruitment

An advert was shared on social media platforms and via networks of researchers and stakeholders through the Anna Freud Centre in July 2023. Invitation was for autistic adults aged 18 or over, either with a clinical diagnosis of autism or self-identification as autistic, to talk about rituals and routines. The inclusion of people in research who identify as autistic has received support to counter discrimination and exclusions that have allowed only some autistic people to complete assessment and diagnostic pathways (Sarrett 2016). We were aware that this recruitment strategy excluded many people and may have been biased towards students, trainers, and researchers.

Participants were invited to take part via being interviewed by a researcher in person or online, answering written questions, contributing a written or video diary, or interviewing a researcher (no further information was given for this option to allow participants to give their preferences, though it was anticipated that participants might ask questions about shared or differing assumptions about rituals and routines). They could choose to contribute to the data analysis, critique the findings and interpretation, write the study, be part of an expert panel to check and correct the work, or proof read. 12 people made contact, all of whom contributed to the study. A demographics questionnaire was emailed to participants. We were unaware of demographic information before participants volunteered and acknowledge that many viewpoints are not represented.

1.3 | Participants

Of the 12 participants, seven participants identified as female, two as male, one nonbinary, and two did not disclose gender. Both academic researchers were female. Average age was 39, range 19 to 54 years. Eight participants disclosed they were clinically diagnosed as autistic, two said they were self-diagnosed as autistic, and two did not disclose this information but confirmed that they were autistic. White British ($n = 4$), Portuguese/South African ($n = 1$), and White Scottish ($n = 1$) ethnicities and heritages were represented. No other demographic information was shared and some participants chose not to provide further demographic information.

Three participants formed part of the research team to contribute to the data analysis, writing, and editing of the manuscript. This formed a research team of two academic researchers and three autistic participants.

1.4 | Materials and Procedure

Nine participants chose semi-structured interviews: five people chose online interviews and four chose written interviews in an email exchange. A semi-structured interview guide was developed by the two academic researchers based on previous research literature (e.g. Petty and Cantwell 2025). Participants were given the option to see the interview questions in advance of meeting and guide the interview based on their preferences, which two participants accepted. The interview guide asked about experiences of rituals and routines (see Supporting Material). We asked open questions about preferred language, examples of rituals and routines, and descriptions of their meanings and functions. For example, 'What do you think of when I say rituals? Do you call these rituals? If not what do you call them? What do you think of when I say routines? Do you call these routines? If not, what do you call them?' The questions could be adapted in conversation with each participant to explore relevant context. Prompts were used, such as 'Do other people know about your rituals and/or routines? How do they respond?' We were led by the wording used by participants and discussed 'rituals' when they did and 'routines' when they did. Interviews were audio-recorded and transcribed to keep the content of the discussion only, omitting other conversation features. All interviews took place between July and October 2023.

1.5 | Analysis

We used codebook thematic analysis to organise themes in the data (Braun and Clarke 2006, 2022). Braun and Clarke (2022) discuss opportunities when using a codebook approach including team working (including teams with variable experience of the research method), different team members contributing more or less to coding, and working to agreed timelines. A codebook allows for clear record-keeping of the developing analysis. We recognise that codebook analysis is different from a reflexive approach but it does share a qualitative philosophy of being open and exploratory whilst having more systematic record keeping (Braun and Clarke 2019). An inductive approach was taken so that codes were not known before the analysis began (Braun and Clarke 2006). The following steps proposed by Braun and Clarke (2006) and Roberts et al. (2019) were followed: 1) data familiarisation; 2) generating initial codes, labelling and defining codes, selecting qualifying data examples and exclusions, applying codes to a sample of data and reviewing codes with intercoder input; 3) collating codes into potential themes; 4) reviewing themes with reference to all study data; 5) refining and naming themes to tell an overall story; and 6) selecting compelling data extracts to report the analysis.

One academic researcher reviewed all transcripts and created initial codes. The second academic researcher reviewed a randomly-selected sample of two full transcripts and created codes independently. The researchers were not aiming to comment on intercoder agreement; we were aiming for the analysis to be approached systematically and supported by the data (Braun and Clarke 2019). Codes were discussed and refined to create a draft codebook, which was shared with the full research team with invitation to revise codes or contribute new or different codes. One academic researcher completed the final coding by applying the agreed codebook to allow continuity in the process. The full team contributed to developing and refining themes in an iterative process. Reflexivity was encouraged through discussions so that all contributors could reflect on their personal and professional experiences and how these might influence the study (Trainor and Bundon 2021). We took a critical realist approach (Botha 2021): we intended to be open to hearing different and sometimes inconsistent ways of understanding what being autistic means. We made our differing knowledge and assumptions as a mixed-neurotype team explicit and we agreed that research should not stigmatise autistic people. We kept a reflexive journal to record personal and professional influences over the research. Manuscript edits suggested by any research team member were incorporated.

1.6 | Compliance with Ethical Considerations

This study was granted ethical approval by York St John University's School Research Ethics Committee. All participation was voluntary and with written informed consent. The study was carried out in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments.

2 | Results

The results are discussed as five themes with accompanying subthemes (shown in Table 1). The result summaries keep close to the descriptions of rituals and routines given by participants. Sometimes rituals and routines were differentiated from each other and sometimes they shared meanings and defining characteristics.

2.1 | Theme 1: Ways of Talking About Rituals and Routines

Participants described rituals as a repeated behaviours, where the behaviour is done in the same way each time. Rituals were said to be personally chosen and meaningful to each individual, and achieved a valued outcome. Examples included moving the body in certain ways such as rolling an ankle, 'shuggling', or bouncing, sometimes described as stimming, as well as mentally going over the events of the day, repeating a word, mentally checking details in the environment, or nodding the head to mentally acknowledge something important. A ritual could be part of someone's routine. Participants described their routines as being something they did automatically as part of everyday life. Routines helped more at specific times of the day, particularly for transitions to other routines. Examples of

TABLE 1 | Descriptions of autistic rituals and routines by autistic adults in a co-produced study.

Themes and subthemes
1. Ways of talking about rituals and routines
1.1 Names for rituals
1.2 Names for routines
2. Meanings of rituals and routines
2.1 Feeling prepared
2.2 Regulating sensory input
2.3 Comfort, contentment, and emotion regulation
2.4 Achieving tasks
3. Visibility of rituals
4. What makes a ritual or routine autistic
4.1 Devotion
4.2 Superstitious beliefs
5. When rituals and routines become detrimental
5.1 Rituals and routines that become their own constraints
5.2 Interruptions

routines included cooking, morning, night, weekend, and holiday routines.

2.1.1 | Subtheme 1.1: Names for Rituals

Participants called their rituals "*patterns of ritualistic behaviour*" (SM), "*shuggling*" described as regularly bouncing one leg up and down (SM), stimming (AM, BA, LH, SM), "*my obsessions or my way of doing things*" (SA), "*regular compulsive behaviour*" (SM), and "*my nighttime thing*" (AM). Some participants said they were confused over the difference between rituals and routines, and for some, rituals were part of their routines. There was agreement that all participants had rituals though they did not consistently choose this word themselves.

> *I call the whole thing that I just mentioned 'my nighttime thing', but my therapist said that it is known as a ritual so I suppose I call it both these things.*
>
> (AM)

2.1.2 | Subtheme 1.2: Names for Routines

Participants called their routines "*schedules*" (CG), "*my things*" (BA), "*my plan of the day*" (LH), and "*my way of doing things*" (SA). Some also used the word 'routine'.

> *I definitely don't call them routines. What do I call them? Do I call them anything? I just call them my things.*
>
> (BA)

2.2 | Theme 2: Meanings of Rituals and Routines

Rituals and routines were consistently said to be meaningful, even when other people did not understand reasons for them. Functions were often shared by rituals and routines and included feeling prepared for the day ahead, achieving sensory regulation, comfort, contentment, and emotion regulation, feeling positive when feeling dysregulated, and being a way to cope.

2.2.1 | Subtheme 2.1: Feeling Prepared

Rituals were said to help with feeling prepared: "*prepared... and less anxious*" (LH). For instance, when a ritual was completed, SM described feeling like he could carry on with his day and he felt peaceful as a result. Completing a ritual in-and-of-itself did not impact on the whole day but "*it merely allows the day to carry on existing*" (SM). CG said, "*I feel like they definitely prepare me for the day ahead.*" Routines in the morning and evening could offer simplicity, "*because there's so much going on*" (BA). PD said that when there is no routine, "*an unmanaged bit*," they begin to think about lots of different things they need to do, with difficulty working out what needs attention and what does not. Rituals and routines were ways to reduce confusion and feelings of not knowing what to do. DC said her routines help her "to *make sense of the world around me*," and with routines she has more control. Details included wearing certain items of clothing and having specific belongings (including "*emergency money in the right pocket*," [DC]).

> *My routine is everything to me, it is something that helps me to cope or be in a world that is confusing. It helps me to know what to do in confusing situations... I have some routines that help me be structured and to cope around allistics [non-autistic people].*
>
> (DC)

> *And that we get tired after making a certain number of decisions and not having to decide what I'm doing in the morning or what I'm eating and stuff like that takes a lot of that out so then I've got brain left for the rest of it.*
>
> (PD)

2.2.2 | Subtheme 2.2: Regulating Sensory Input

Routines regulated sensory sensitivities. Adding sensations including "*minty*" by brushing their teeth enabled sleep (PD). For some participants, routines were used to reduce sensations, for instance, not wearing pyjamas to bed reduced "*itchy*" and "*hot*" sensations (AM). Rituals and routines could be used to respond to sensory information.

> *I think most of mine come from sensory elements. So I really like, I feel like most of the time my sensory sort of experience can be so distressing that I've stumbled across these things.... that have sort of dampened them... and I've accumulated them.*
>
> (BA)

2.2.3 | Subtheme 2.3: Comfort, Contentment, and Emotion Regulation

This subtheme was referred to by a coauthor as 'making good from bad'. Routines provided consistency. When a routine was not achieved, negative emotions could be heightened, including annoyance (ZK). DC said that when she completed a routine she felt "*a sense of release of anxiety over that particular task.*" A completed routine could bring feelings of relief, calmness, and satisfaction, "*Then I'm OK to do other things because that is my state*" (SA). Routines could "*assist me with my moods and how I feel later on in the day*" (CG). CG said she felt more comfortable waking up and getting up at a certain time. SA said that she knows that she does not need her rituals but that if she did not complete them then she would feel more distress. AM said rituals mean, "*I feel like my emotions aren't overwhelming.*" LH said that her ritual of putting cream on her skin helped to settle her before going to bed.

> *Yeah there's the potential for these really dysregulating things to happen so then having had routine before and after those dysregulations makes it feel ok again.*
>
> (PD)

2.2.4 | Subtheme 2.4: Achieving Tasks

This subtheme was talked about by one coauthor as 'meeting expectations'. Some participants said using a routine reduces mistakes. Completing a routine allowed some participants to get things done in the day and transitioning, for instance, "th*ey help me with doing whatever comes next as well*" (SA).

> *It's a careful and methodical approach that does not allow for deviation, and therefore basically wipes out the chance I could make a mistake. (I take mistakes extremely badly).*
>
> (SM)

2.3 | Theme 3: Visibility of Rituals

One coauthor called this theme 'the path to acceptance' and referred to attempts to hide rituals or give them up to fit in. Many participants spoke about experiencing negative judgements from others. Participants said they felt ashamed and not understood by others. SM said he does not tend to speak to anyone about his rituals: "*should I think about these things too much, that what I am doing is 'not normal*" (SM). He also said, "*I make a concerted EFFORT not to annoy or upset anyone*." LH spoke about not doing her rituals in front of other people because she has experienced people watching her and talking about her and, instead, keeps her rituals private. Other participants said they found alternative, hidden rituals. BA described changing a ritual to playing with a pen instead of tapping his fingers.

> *There have been times when I have attempted to not say the name of the mechanic out loud. I simply cannot supress myself in this way though, I feel a worrying build in my chest and so I either blurt the name out or say it silently in my head.*
>
> (SM)

2.4 | Theme 4: What Makes a Ritual or Routine Autistic

2.4.1 | Subtheme 4.1 Devotion

Some participants said their rituals and routines related to being autistic because they feel more important than those that 'everyone' has. SM said he sometimes walks away from conversations, which is "*preferable to feeling bad for being 'different'*" (SM). Autistic rituals and routines had a subjective 'have to' importance. "*I tend to carry on REGARDLESS!*" (SM). Participants said they prioritised completing a ritual or routine even when deterred or judged negatively by other people. They also described difficulty switching or changing, "*[not] able to move on without routine*," (DC). Although participants acknowledged that most people had routines, PD said "*it feels like safety*." Some participants said that other people tend to be able to change an activity more easily. For instance, "*Others, however, seem to just switch to the new subject/task, much like a train switching to a new railway track*" (DC). AM said "*I know my husband has a morning routine but he can be interrupted where I can't*". Routines were 'loved' as opposed to being more neutral in a person's life. Changing a routine could feel "*devastating*" (AM). SM said, "*I feel I'm a much better person to be around once my compulsions have been addressed*."

> *ermmm... no idea... I don't know... I think I am attached more to mine, I think they help me to live my life more than some people who seem ok when they can't do something that they are set on.*
>
> (LH)

2.4.2 | Subtheme 4.2 Superstitious Beliefs

Rituals held superstitious meanings for some participants. Omitting a ritual could disrupt sleep. AM said, "*I feel like a ritual feels like something I have to do in order for something to go right for me*." Examples were checking the door had been locked a number of times, checking that belongings were lined up, and repeating a word whilst performing an action. DC said, "*This will be on my mind all day*" if not completed. SM said they recognise that they imagine "*the worst possible extremes, and that nothing will be right again*." The ritual itself might achieve something important, but the value of the behaviour went beyond this and achieved a subjective feeling of things being 'OK', or a belief that things would then 'go right' in the future.

> *I feel that if I didn't have this ritual that is incorporated into my night routine then I wouldn't sleep well and then the next day wouldn't go right.*
>
> (AM)

2.5 | Theme 5: When Rituals and Routines Become Detrimental

Participants said repetitive behaviours could exist in a balance for them, balanced between achieving a desired outcome and causing problems.

2.5.1 | Subtheme 5.1: Rituals and Routines That Become Their Own Constraints

Problems occurred when having a set way of doing something limited opportunities to do things differently, when a ritual or routine was not transferrable to different contexts, and when changes and interruptions to completing a ritual or routine caused them to feel upset. For example, "*it doesn't allow me to just do something in whatever way, and maybe even in the easiest way that could be available for me*" (SA). SM said that because his rituals are structured they prevented more creative aspects of writing. Not being able to be creative made him feel worse; he described having to ensure that sentences looked "*right*." AM said, "*My ritual is definitely unhelpful*," causing lateness. Regarding having enough time, PD said that completing only half of a ritual was "*just not as good for some* *reason*." SM said, "*I do odds and ends through the week*" but spoke of the "*inconvenience*" of making efforts to keep the house clean and tidy. For example, "*I will sit on the floor for as long as possible to ensure that the sofas do not end up messy*." In these ways, a ritual or routine was prioritised and achieved the more important function, but some participants criticised themselves for keeping firmly to their use.

> *I find myself berating myself for having to go back 'one more time'. This then nullifies the positive effect of checking the door.*
>
> (DC)

2.5.2 | Subtheme 5.2: Interruptions

Routines often did not work on holidays or at weekends. AM said, "*I struggle to adjust to changing [my routines]*". SA also said routines did not achieve the same valued function on holidays. PD said, "*if we stay away at hotels... I can't necessarily eat the breakfast that I need to ... I can't necessarily make the bed comfy or neat enough*." CG said that disruptions to her routines can lead to physical changes in her body, for example, "*I start to fidget a lot, I feel anxious on the inside and breathe a bit more heavily*." When unable to complete a ritual, SA said, "*I'm almost in shock. Or very surprised, perhaps. Then it's like I feel angry but also sad*." On the whole, times when rituals and routines could not be performed as intended were occasional. These times also highlighted situations when participants felt more unsettled and less able to be themselves.

> *Sometimes they can be unhelpful especially when I am in a rush or something happens that I cannot control. It can cause a lot of panic from time to time but this is in rare cases.*
>
> (CG)

3 | Discussion

We co-produced an updated description of autistic rituals and routines. Rituals, or 'my way of doing things', were described more fully in this study than in previous literature (Collis et al. 2022; Petty and Cantwell 2025). Autistic rituals were characterised by a meaningful feeling of things being 'OK'. Examples were leg bouncing, ankle rolling, wearing the right clothing, carrying the right item, checking that things looked right, locking and checking the door, lining up belongings, repeating a word, and mentally replaying scenarios. They were observable behaviours and mental rituals. Mental rituals are not very well understood, but it seems that some autistic children count or check, where other children show repetition in more visible behaviours such as sorting or ordering items (Scahill et al. 2014): less visible behaviours have been said to be more common for children with higher cognitive and language abilities. Readers may be familiar with concepts of masking and camouflaging (Mandy 2019; Pearson and Rose 2021). Many autistic people change their behaviour to conform to majority, neurotypical expectations. Participants in this study described hiding rituals and changing what was visible to achieve a steady function but keep out of sight. Clicking a pen, completing a mental ritual in private, or leaving the room to say something aloud were ways to avoid negative judgments from others. These add examples of rituals that are only limited in number in assessment tools (Le Couteur et al. 2003; Lord et al. 1989). Essentially, autistic rituals served a valuable cognitive and wellbeing function of reducing restlessness or anxiety caused by a sense of unease over anticipated high efforts to think flexibly and plan for the unknown. Rituals 'make it feel ok again', are 'part of my being', and 'help me to live my life'.

It was unsurprising to hear that rituals have a superstitious quality. Rituals used by many people in many cultures are known to have meaning beyond what is observable (Norton and Gino 2014); they achieve a sense of control in difficult and overwhelming situations, such as following loss. Rituals can also be meaningful when people have clinical levels of distress (Wairauch et al. 2024). The use of rituals in the daily lives of autistic people illustrates the use of a commonplace and human strategy for managing subjective wellbeing in response to feeling dysregulated. Their use also suggests the degree of everyday overwhelm experienced by autistic people.

Rituals and routines together had many shared functions. Autistic people have expressed their functions in previous research as providing reliable and personally chosen ways to manage demands placed on them, to achieve a sense of control over their world, anticipate and reduce overwhelm, and recharge (Petty and Cantwell 2025). Repetitive behaviours defined more generally (encompassing repetitive movements, sensory seeking or avoiding behaviours, use of routines, use of rituals, preference for sameness, resistance to change, investment in preferred interests, and repetitive speech) seem to share these valuable functions (Collis et al. 2022), as do repetitive body movements (Kapp et al. 2019; Petty and Ellis 2024), demonstrating similarities in the reasons why autistic people use different repetitive behaviours. Rituals and routines were particularly valuable when aiding tasks of daily living and sleep. These repetitive behaviours were not without function, as has been a contradicting assumption demonstrated in some previous research (Mackay and Parry 2015). Routines were more difficult to maintain on holidays and rituals and routines were more difficult to maintain in new settings when not being able to complete preferred behaviours caused upset and self-criticism.

The importance of this understanding is the fundamental shift that occurs when autistic people author their own experiences. Rituals and routines were consistently said to be meaningful, even when other people did not understand reasons for them. When participants were asked what made their rituals and routines specifically autistic they spoke of devotion to the behaviours. Though the behaviours were needed some were not accepted, which created additional strain to manage negative judgments, change, and hide behaviours. Participants described harm that occurs when behaviours that are necessary for wellbeing are censored, such as feeling 'shocked' and 'distraught' and making efforts to find different ways to manage. Repetitive movements, or stimming, especially seem to lack social acceptance (Kapp et al. 2019; Petty and Ellis 2024). In this study, the visibility of some rituals caused people to hide them or find hidden alternatives. In a systematic review of descriptions of repetitive behaviours by autistic adults, Collis et al. (2024) described the consequences of social pressures and stigma in limiting how autistic people use repetitive behaviours as a "cycle of stress" (p. 11), where the loss of a valuable coping strategy and additional efforts made to mask interact. Much literature aligning with the neurodiversity paradigm addresses the need for societal inclusion of difference (Pearson and Rose 2021; Pellicano and den Houting 2022). An empowering understanding of autism does not seek to change autistic behaviours, but rather, respect and support their potential to contribute to wellbeing for autistic people (Deakin et al. 2024; Pukki et al. 2022). This co-produced update adds a different consideration to what is restricted or rigid, or rather, what is effective, when autistic people describe the meanings of rituals and routines. It is beneficial for autistic individuals to recognise the demands placed on them, and they should be supported to value the ways in which they respond to these demands in ways that work for them. This is underrepresented in previous literature that suggests that rituals and routines used by autistic people are at odds with normal life (Bagatell et al. 2014; Schaaf et al. 2011).

Our findings are compatible with therapeutic approaches that aim to support autistic people to thrive when autistic people set personal therapeutic goals, speak in their own voice instead of repeating what they might have been previously told, and share knowledge about ways to manage demands and distress in ways that validate their autistic identity (Zener 2019). In this study, autistic rituals and routines allowed a person to 'make good from bad'. This understanding can be used in psychoeducation, therapeutic work, and post-diagnostic supports, and investment in research topics chosen by autistic people (Fletcher-Watson et al. 2019; Pukki et al. 2022). Post-diagnostic support will be particularly valuable and should include up-to-date knowledge of how masking impacts a person's identity (Crowson et al. 2024). A 'lost generation' of adults who were not recognised as being autistic throughout their earlier life (Lai & Baron-Cohen, 2015), and who accumulated conflicting narratives of being different (Harmens et al. 2022), would especially benefit from identity-positive post-diagnostic support (Crowson et al. 2024). Personal accounts in this study contribute narratives of how repetitive behaviours both reflect autistic characteristics and demonstrate personal resourcefulness in response to 'the confusing world around me'.

Many contexts can benefit from these affirming findings. Education and employment contexts interact and build accumulated experiences of being marginalised when showing different behaviours (Department for Work & Pensions 2024; Mesa and Hamilton 2022). There is an essential thread of compassion underpinning work that proactively considers the experiences of another person without judgment, whilst acting where possible to alleviate distress by noticing and welcoming difference (Hamilton and Petty 2023). A compassionate understanding of autistic rituals and routines sees them as valuable strategies to provide both self-soothing and achievement functions. Future research might explore how accepting and accommodating environments and neurodiversity-informed parenting affect how autistic people use rituals and routines over the lifespan.

3.1 | Practice Implications

Qualitative descriptions of autistic rituals and routines were sought to provide different stakeholders (including clinicians and educators) with a point-of-reference outside of clinical definitions for what contributes to valid autistic identity, to inform gatekeeping, assessment, and decision making about support. There is repeated cautioning against reliance on using inappropriately standardised assessment tools with autistic clients, and instead a need for personalised formulation (Bishop and Lord 2023; National Institute for Health and Care Excellence 2021). Variable judgments over some repetitive behaviours should be expected. Clinicians seem to be less likely to notice repetitive behaviours for autistic females, which is associated with efforts to camouflage (Allely 2019). As a team we discussed unanswered questions about whether there were importance differences in ritual use by people of different genders given different masking expectations; clinicians and researchers might explore this further. This study's findings can aid in the following ways. Assessments requiring reports from family members might be supplemented with increased curiosity about whether rituals have been hidden as part of a formulation of how autistic characteristics interact with a person's identity and wellbeing. Clinicians can ask when the person is most themselves, and how they behave in private: what are 'your ways of doing things' that you feel you 'have to do' to feel 'OK' (calm, satisfied, so the day will go OK)? They can look to this study for examples to prompt conversation. Participants described harms when repetitive behaviours were constraining for them, which should be explored as part of risk formulation. We should expect that hidden behaviours require conditions of acceptance for disclosure. Autistic adults in prior research have described skin picking, scratching, and biting as examples of repetitive behaviours (Collis et al. 2022). This balanced understanding – which reserves negative judgment – should be used across contexts. Collectively, personal narratives of being different can contribute to inclusive understandings that represent more autistic people and inform decisions that affect who is permitted to identify positively as autistic (Russell et al. 2022). Practitioners need to have awareness that descriptions of what it means to be autistic can reflect transient societal judgments about what behaviours are acceptable to display.

3.2 | Limitations

This was a small study with 12 participants. The results do not represent all autistic people. Limited demographic information was shared meaning it will be difficult to apply the findings to other contexts. We made the decision to include participants who self-identified as autistic. Whilst there can be discrimination and exclusions that allow only some autistic people to complete assessment and diagnostic pathways (Sarrett 2016), including research participants who identify as autistic without formal diagnosis requires further consideration. Self-diagnosis can be seemingly more accessible to people who identify with positive autistic characteristics, who are older, female, and employed (McDonald 2020). The participatory design offered choice over the ways in which autistic adults could be included (Nicolaidis et al. 2019) and we made efforts to achieve coworking that could appreciate a complex and multidimensional account. However, researchers should be aware of much available literature to guide planning of co-operative, democratic, and emancipatory designs (Bertilsdotter Rosqvist et al. 2019; Heron and Reason 1997). More commitment to collaboration is shown when all decisions made about the research involve the participants (Heron 1996). Participants in this study contributed unequally across different stages. The preferred format for participation was via an online video conversation and email exchanges. Future autism research should work to increase the contributions of different autistic people.

Author Contributions

Stephanie Petty and Amy Cantwell contributed to the study conception and design. Data collection was carried out by Amy Cantwell. Data analysis was performed by all authors. The first draft of the manuscript was written by Stephanie Petty and Amy Cantwell. All authors revised the manuscript, read and approved the final manuscript.

Ethics Statement

The study was approved by York St John University's School Research Ethics Committee.

Consent

All participants gave informed consent.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.
Interview guide.