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Rituals and Routines: A Delphi Study With Autistic Young People as Experiential Experts

Stephanie Petty | Victorina Clegg | Amy Cantwell

School of Education, Language and Psychology, York St John University, York, UK

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

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ABSTRACT

We report an updated perspective on what autistic rituals and routines are because there is too little recognition of their variable appearances and underpinning functions. We conducted a novel Constructivist Grounded Delphi study with autistic young people as experiential experts ($n = 12$) to reach consensus over three rounds. Participants were aged 12–18 years, mean age 15.6 years. Seven reported male gender, five reported female gender. Seven reported White ethnicity, three reported Mixed and two reported Asian ethnicities without giving further details. There were a range of views over whether rituals and routines were the same, similar, or different, but routines were consistently made up of rituals. Rituals were autistic when they had a 'have to do it' quality, met personal limits (number, order, colour) and managed anxiety by subjectively organising the day (often linked to a belief that things will be OK). Examples were attention to left/right when dressing, counting when walking, or ending social interactions in a set way. Routines organised activities of daily living and were used mostly at meals and bedtime. Autistic rituals and routines were characterised by their emotional meaning and the disruption to wellbeing when denied. We share this update with autistic people, their families, clinicians and researchers who align with a non-pathologizing approach.

1 | Introduction

Definitions of autistic characteristics allow for their consistent recognition and support for individuals and their families, but a useful definition should keep up with advancing knowledge. In autism research, this knowledge is incomplete without first person accounts (Fletcher-Watson et al. 2019; Pellicano and den Houting 2022). We report findings from a Delphi study which reached a consensus definition of rituals and routines with autistic young people. Critically, this inclusive design ensures that autistic behaviours are understood before they are subject to negative judgement and intervention.

Limited descriptions of 'restrictive and repetitive patterns of behaviour' are found in diagnostic criteria and accompanying assessment tools for autism (American Psychiatric Association, APA 2022; World Health Organization 2022). There are four descriptors of repetitive behaviours, which include stereotyped movements or speech, inflexible routines and rituals, focused interests and sensory responses, indicated by being *abnormal* or *unusual* in intensity. We chose to explore the second descriptor to bring attention to this aspect of autistic experience. 'Ritual' and 'routine' are two specific terms used for recognising, assessing, diagnosing and understanding autistic experiences, but they are inconsistently collapsed and confused. These brief descriptive labels do not address causes and are at odds with how autistic people conceptualise these behaviours in important ways.

The historical and conceptual origins of this category of repetitive behaviours show development over time, from a formulation that '[t]he child's behavior is governed by an anxiously obsessive desire for the maintenance of sameness'

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Highlights

- We asked autistic young people to update understanding of what rituals and routines look like and why they are used.
- This is a Delphi study with autistic young people as experiential experts reaching a consensus.
- Autistic young people, their families, teachers and clinicians can feel positive about repetitive behaviours beyond stereotyped examples and can support their use.

(Kanner 1943, 245), towards observing groupings of impairments using deficit-based descriptions (impairments in social interaction, social communication, social imagination and repetitive patterns of activities and interests) (Wing 2005). Current diagnostic language may be at odds with autistic people's conceptualisations not only because of limited descriptive detail but also because of differences in assumed causality and meanings of behaviours across time.

Autistic young people have given different perspectives of their rituals and routines from their parents, teachers and healthcare professionals. A systematic review by Petty and Clegg (2025) illustrated how a behaviour (such as asking repeated questions before going to bed) was interpreted differently based on assumptions made about its meaninglessness (or meaningfulness). Though autistic young people were rarely asked their views in research, when they were, they described likes, hobbies and favourites and told ways in which rituals and routines achieved a window of being at ease in the world. Autistic adults have shared complementary descriptions, with routines being likened to an 'island of stability' or 'traffic light' (Petty and Cantwell 2025). Importantly, some repetitive behaviours can result in families avoiding public places, shared meals, or holidays (Petty and Clegg 2025; Sethi et al. 2019) and censoring of autistic expression. Whilst there is agreement that rituals and routines are part of an autistic person's daily life, there are insufficient examples of behaviours that represent autistic phenomenology beyond shortlists of stereotyped examples; this is alongside underappreciation of their usefulness to autistic people (den Houting et al. 2021; Hobson and Petty 2021).

Sometimes there are challenges for professionals to see the differences between obsessive-compulsive behaviours and some natural autistic behaviours that support autistic processing and regulation needs. Autistic people have described different repetitive behaviours as being intrinsic to their identity and being a way to manage anxiety, which differs from how they describe obsessive-compulsive behaviours as being associated with negative emotions (Long et al. 2024).

Academic literature is being influenced by self-authored accounts of being autistic (Harmens et al. 2022; Higgins et al. 2021; Pearson and Rose 2021). For example, autistic behaviours are being reconceptualised in the following ways: repetitive behaviours including stimming (Kapp et al. 2019), exercising and ways of moving the body (Petty and Ellis 2024) and moments of absorption (Heasman et al. 2024) are being recognised by their meanings to autistic people, including near-term and longer-term implications of hiding or changing authentic ways of behaving. Rituals and routines would benefit from similar scrutiny. Beyond repetitive behaviours, social communication differences have received welcome re-authorship (Heasman and Gillespie 2019; Milton 2012). Clinicians are including lived experience of being autistic in their design of assessment tools for mental health and wellbeing (Bearss et al. 2016; Deakin et al. 2024; Lisboa White et al. 2024; Love et al. 2025). In these ways, phenomenology can bridge the distance that exists between traditional research and support practices (Pantazakos and Vanaken 2023).

Importantly, autistic young people have been underrepresented in research about their repetitive behaviours (Petty and Clegg 2025). Young people need to find their fit within rigid institutional structures (Hamilton and Petty 2023; Mesa and Hamilton 2022) but they are uniquely placed to 'correct misconceptions' about the merits of changing their behaviours to do so (Pukki et al. 2022).

2 | Method

We convened a panel of autistic adolescents who were asked to give their definitions of rituals and routines, and then revise these over iterative rounds (Barrett and Heale 2020). A Constructivist Grounded Delphi methodology allowed us to reach consensus. This aimed to: (1) provide acknowledgment of autistic experiences, (2) expand the ways in which autistic characteristics are recognised in clinical and educational settings, and (3) direct future research towards supportive interventions for autistic young people and their families.

2.1 | Recruitment

We advertised the study through social media pages, nationwide autistic support group networks, autistic charities and school newsletters, using both print and electronic media. The advert said that autistic people age 10–19 years without co-occurring learning disability or ADHD diagnoses were invited to take part. All participants were required to reside within the UK. Participation was said to include up to three rounds of structured communication with a choice of format (paper or electronic questionnaires, email exchange, text chat, video call, or face-to-face meetings). Each format presented the same questionnaires about rituals and routines.

There is no ideal number of experts within Delphi studies. It is important that experts are knowledgeable and can provide an answer that is otherwise uncertain or speculative. Experts in this study were considered to be experiential experts, offering insight into their own experiences of rituals and routines. Twenty young people expressed interest; of these, 12 chose to participate. Reasons for opting out were: one person was outside the UK; two responded to say they had a diagnosis of ADHD; four did not respond after being sent study information; one parent gave consent but the young person did not return study data.

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2.2 | Experiential Experts

The 12 young people were aged 12–18 years, mean age 15.6 years (SD 2.1). Seven reported male gender, five reported female gender. Seven reported White ethnicity, three reported Mixed and two reported Asian ethnicities without giving further details. Seven participants had a formal diagnosis of autism; five identified as autistic. This sampling assumed that self-identification is valid, with appreciation of the barriers and delays to young people receiving assessment (Sarrett 2016). We did not reverify autism diagnosis. All the young people attended mainstream schools. There are limitations of this sampling; the findings may not represent the many diverse experiences and identities of autistic people (Mallipeddi and VanDaalen 2022). These young people might also have non-diagnosed co-occurring neurodivergence.

The participants' identities were known to only one member of the research team (VC) for administrative purposes, who collated responses from each round. All 12 young people responded to all three rounds.

2.3 | Constructivist Grounded Delphi Method

This study uses a Constructivist Grounded Delphi Method, which is a novel application of Constructivist Grounded Theory in place of Grounded Theory in the Delphi method. We followed the procedure for using the Grounded Delphi Method (Howard 2018; Päivärinta et al. 2011) as used by Higgins et al. (2021) except that *Constructivist* Grounded Theory allowed us to embrace our subjectivity as researchers and the interaction between expert accounts and our interpretation of these (Charmaz 2021).

Traditional Grounded Theory reflects objectivist epistemological and realist approaches (Birks and Mills 2005; Glaser et al. 1968); these assume that reality exists, external to the researcher's influence. Theory is consequently grounded in the data (Glaser et al. 1968). When using Constructivist Grounded Theory, the researcher is not assumed to be a neutral observer but a co-participant (Charmaz 2021). There are several realities to be appreciated. In adopting this method, we acknowledge prior understandings and biases as we construct new theory together (Sebastian 2019). The resulting theory offers 'an interpretation rather than an exact representation,' (Sebastian 2019, 4). We chose this method to respect different and changeable constructions of what being autistic means.

2.3.1 | Co-Design

Co-design was encouraged in the following ways: Round one asked open-ended questions; experts were offered questions in advance of any interviews; experts could comment on or make changes to the questionnaire directly during any round; in Rounds two and three experts were invited to challenge the evolving analysis via free-text boxes; each expert's opinion was given equal weight; all experts were sent a draft of the full results for feedback. Constructivist Grounded Theory aligns with the researchers' relativist ontological and constructionist epistemological approach, which assumes that knowledge is rooted in socio-cultural situations and is co-constructed between the researcher and the participants (Kourti 2021). All study authors are registered psychological practitioners and conducted this research to support the wellbeing of autistic people. The team of researchers was predominantly neurotypical.

2.4 | Materials and Procedure

Experiential experts completed three rounds over five months. One young person asked to complete the questionnaire in paper format; five people asked for the questionnaire to be sent via email; and six young people asked to meet online for video interviews. After each round, experts were given an overview of the summary findings, together with a reminder of their own response.

In Round one, we asked open questions in order to draft statements about rituals and routines. Rituals and routines were explored as two distinct examples of repetitive behaviour, not assumed to be interchangeable with each other or interchangeable with focussed interests or sensory experiences. This invited autistic young people to contribute their own definitions. See File S1 for the full questionnaire. As a summary, the questionnaire asked what rituals and routines are, asked for personal examples of these, perceptions of how the young person's rituals and routines are the same or different from those used by other people, whether the young person's rituals and routines are known to other people and what responses they get, and the benefits and effects of using rituals and routines. For example, 'Do you think everyone has rituals and routines? How are they the same? How are they different?' and 'Do other people know about your rituals? What do they say about them?'

Rounds two and three presented draft statements created by the researchers, each with accompanying five-point Likert rating scales (response options: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree). See Table 1 for all statements. Free-text boxes elicited qualitative data. Example: 'Please tell me the reason for your answer (How strongly do you agree that autistic rituals differ from non-autistic rituals?), for example, if there is a difference, what is the difference?'

In Round three we asked the experiential experts for their views on the changes made following Round two, including rating their agreement with any amended statements and giving comments via free-text boxes. See Figure 1 for the study procedure.

2.5 | Data Analysis

We used Constructivist Grounded Theory to analyse the open responses in Rounds one, two and three.

2.5.1 | Round One

Consensus was not sought in this round. Definition statements were drafted. We took an inductive approach to coding. Two

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TABLE 1 | Results from Round two questionnaire agreement ratings.

How strongly do you agree with the following statements?	Consensus (%)	Mean agreement, max 5 strongly agree (SD)
When your ritual is interrupted, not completed, or when others attempt to influence how the ritual is performed, it has a negative impact on your emotional wellbeing (e.g., you may get angry or feel frustrated).	100	5.00 (0.00)
Rituals can be performed within activities of daily living. (Activities of daily living are self-care activities that we do to keep ourselves safe, healthy, clean and feeling good. These can include bathing, getting dressed, eating, or taking part in enjoyable interests.)	100	4.92 (0.29)
You feel as though you must complete your ritual.	100	4.83 (0.39)
When you complete your ritual you feel positive emotions.	100	4.75 (0.45)
When your ritual is interrupted, not completed, or when others attempt to influence how the ritual is performed, it has a negative impact on your overall mental health.	100	4.75 (0.45)
Autistic rituals are different from non-autistic rituals because if the ritual is not completed or someone tries to change it, an autistic person will have a stronger reaction than a non-autistic person would.	92	4.75 (0.62)
Routines make getting ready easier for you.	100	4.75 (0.45)
A ritual is an activity made up of a set sequence of actions, which are completed in a particular order.	100	4.67 (0.49)
You use rituals to help you cope with the challenges of daily life. Some examples of this include using rituals to help you manage your feelings or to help you organise your day.	100	4.67 (0.49)
When your ritual is interrupted, not completed, or when others attempt to influence how the ritual is performed, it has a negative impact on your thoughts (for example, you may have more negative thoughts about who you are or if your behaviour is 'normal').	100	4.67 (0.49)
A routine is completed in the same way each time you do it.	100	4.67 (0.49)
Your routines are connected to activities of daily living. (Activities of daily living can include bathing, getting dressed, eating, or taking part in enjoyable interests.)	100	4.67 (0.49)
You complete a routine to help you get ready for something. For example, to get ready for school or to get ready for bed.	100	4.67 (0.49)
Routines help you to be organised.	92	4.67 (0.65)
Your rituals are completed to your rules and how you want them to be. This may include your rules about shape, time, colour, or place.	92	4.58 (0.67)
Autistic rituals are different from non-autistic rituals because it is more important to an autistic person to complete their ritual compared to a non-autistic person.	92	4.58 (0.67)
Using routines makes you feel positive.	100	4.58 (0.51)
Rituals are repeated at a frequency that is meaningful to you. This means that the same ritual may be performed by someone else but at different times of the day or week. However, the time that you perform your ritual is important to you.	100	4.50 (0.52)
Rituals are performed daily.	92	4.50 (0.67)
You perform your ritual to prevent something bad happening. For example, the day being ruined or feeling an increase in anxiety levels.	92	4.50 (0.67)

(Continues)

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TABLE 1 | (Continued)

How strongly do you agree with the following statements?	Consensus (%)	Mean agreement, max 5 strongly agree (SD)
Performing your ritual can influence future events. For example, if you complete your ritual the day will go better.	100	4.50 (0.52)
A routine is made up of rituals.	100	4.50 (0.52)
Using routines helps with your emotional control.	100	4.50 (0.52)
Using routines makes the day go better.	92	4.50 (0.67)
When you complete your ritual you feel positive physical sensations.	92	4.42 (0.67)
When you complete your ritual you have positive beliefs.	100	4.42 (0.51)
When your ritual is interrupted, not completed, or when others attempt to influence how the ritual is performed, it has a negative impact on your physical sensations (for example, you might feel sick or feel hot).	92	4.42 (0.67)
Autistic rituals are different from non-autistic rituals because autistic people 'need to do their ritual' but non-autistic people do not need to.	92	4.42 (0.90)
Your routines follow your rules. For example, you may do them for a certain amount of time or a certain number of times.	100	4.42 (0.51)
When your routines are interrupted, not completed, or when others attempt to influence how they are performed, you experience a negative emotion.	92	4.42 (0.67)
Rituals become challenging for others when they impact other people. For example, the whole family eating in a specific café so one person can eat their safe food.	92	4.25 (0.62)
Autistic rituals differ from non-autistic rituals.	83	4.17 (0.94)
Your routines happen at the same time each day.	92	4.17 (0.58)
Autistic routines are the same as non-autistic routines.	50	3.17 (0.19)
Autistic routines are different from non-autistic routines.	33	3.00 (1.04)
Rituals and routines are separate activities.	8	2.67 (0.98)

questionnaires were independently coded by each researcher during initial coding. The researchers remained open to exploring the theoretical possibilities derived from the data, rather than trying to fit data into pre-existing categories (Charmaz 2021). Names given to codes varied, though the underpinning code description often seemed consistent, introducing different interpretation possibilities. For example, data excerpt, 'Then I won't sleep', was coded as 'imagined outcome of repetitive behaviour', (VC) 'magical thinking about future events', (SP) and 'self-fulfilling prophecy', (AC). The researchers agreed that the differing assumptions would not be carried forward in the draft definitions; wording used by the young people was retained where possible and neutral descriptions were chosen to allow the young people to provide their own reasons in later rounds. VC coded the remaining questionnaires to develop a coding framework in discussion with SP and AC, supported by a reflective diary. When developing the framework, we sought to find relationships between the initial codes, grouping them based on interconnected characteristics and relationships (Birks and Mills 2005) but whilst 'tolerating ambiguity' rather than fitting data to concepts. This differs from axial coding used in other methods. Ambiguity can be seen in this statement which states that there are differences without concluding what the differences are, 'There are important differences when autistic people use routines. It would be unhelpful to think that autistic and non-autistic routines are the same'.

Only autistic young people were interviewed and therefore comparisons of how autistic rituals and routines differ from those of non-autistic peers represent the viewpoints of these young people and welcome exploration in future research.

2.5.2 | Rounds Two and Three

Eighty percent (80%) of the experiential experts needed to rate a statement 'agree' or 'strongly agree' for it to be included in the definition. Statements with lower agreement were returned to the young people in the next round. When experts were given the summary of findings from Round two, they received an anonymised summary of Likert responses with a list of reasons for these responses which came from the Constructivist Grounded Theory analysis.

Experiential experts were given one month to complete each round (Hsu and Sandford 2007).

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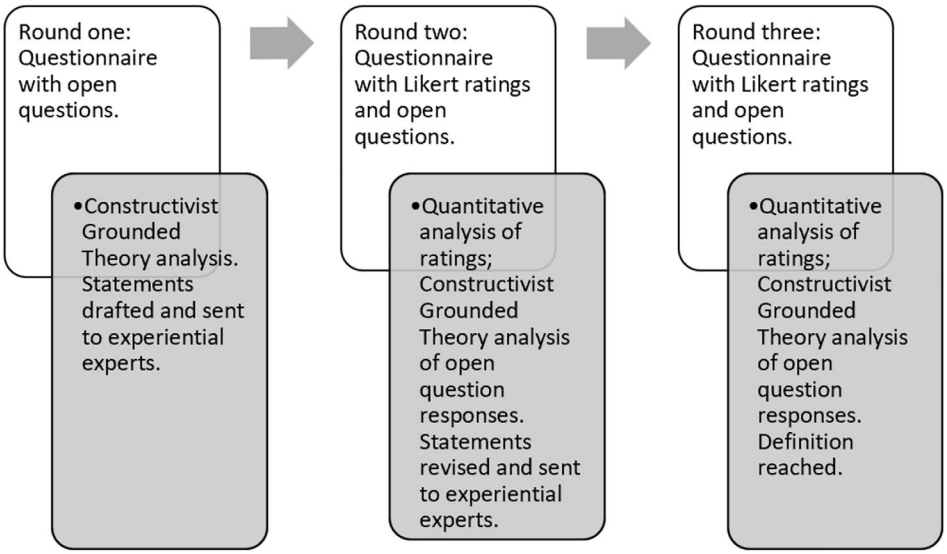

FIGURE 1 | Delphi procedure. Adapted from Higgins et al. (2021).

There is no predetermined number of Delphi rounds; rather, the number is decided by reaching a balance between the quality of data (and establishing a consensus) and possible fatigue or attrition of experts. We completed three rounds by which point all statements reached consensus.

2.6 | Compliance With Ethical Standards

Ethical approval was granted by the School of Education, Language and Psychology Ethics Committee at York St John University (ETH-2223-0151) in April 2023. All communication was sent to the primary caregiver of each young person to share with their child however they thought appropriate. All young people were given full study information with the opportunity to ask questions. Written informed consent from the caregiver and assent from the young person was confirmed at the beginning of each round. The young people had choice over how they took part. They were given all questions in advance of interviews and were debriefed in full and signposted to supports. Participation was voluntary and without incentive. We actively reflected on our statuses as researchers and acknowledge that this is not a substitute for autistic-led research. The researchers had no competing interests to disclose. This study was performed in line with the principles of the Declaration of Helsinki.

3 | Results

3.1 | Round One

Analysis of the qualitative data created a draft theory of autistic rituals and routines, which was made up of two categories: (i) what is a ritual and (ii) what is a routine. These each included: defining statements, examples, descriptors of what specifically identifies a ritual or routines as being autistic, circumstances within which autistic young people said they used rituals or routines, the effects and influential perceptions of other people. Records were kept of which experiential expert contributed to each subcategory. Between seven and 12 experts contributed to each subcategory. The narrative synthesis is presented below.

3.1.1 | Rituals

Rituals were performed by choice. They were a repeated action, with intention to carry out each ritual the same way each time. Rituals were performed most days if not every day and for one young person, 'almost as soon as I wake up,' (E8). Rituals had a set order, which was a sequence or pattern that was personal. For example, 'I'll start with the left one, I put it on and then I take it off and then I put it on again and then I put the right one on', (E9). Rituals were motivated by an underpinning 'have to do it' quality, which one young person elaborated on by saying 'I really really love doing it'., (E10). Finally, rituals had specific qualifying details, markers, or limits that let the young person know it was carried out properly. Details could include the number of times something was done or could use a specific object: 'I must have 2 weatabix in my blue bowl with just enough milk to get to the dark line', (E1) and 'I need to walk up the stairs and count them if I forget what number I'm on then I have to go back and start again', (E3).

Some but not all rituals were ways to carry out tasks of daily living, including brushing teeth or making sandwiches, for example, 'I have to have everything lined out. I have to have my toothbrush. It has to be charged, fully charged', (E2); 'When I make my sandwiches they have to be cut into 4 triangles or I can't eat them', (E3). Another example was a walking pattern to get to a certain place, and one expert said, 'I don't even have to be fully awake and thinking about what I'm doing', (E6). Rituals could be greetings and endings in social exchanges: 'I always say stay safe when someone leaves a conversation', (E5) and, ''I have to say goodbye to everybody in my, in the family, including X... And then when I come home from school I have to say hello to everybody including X', (E7).

The young people identified their own rituals in four main ways. The first was the intensity of attention and 'extent' to which a

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ritual is performed; the second was the 'effect' it has on the person; third was the priority given to the ritual; and fourth, the perceived outcomes of completing a ritual: 'I think it makes autistic people's days go worse or better', (E1). There was minimal further description of these details. Some young people also said that they couldn't describe rituals used by other people because they don't see them.

A ritual was carried out because a young person believed it would make them feel good. There were several factors to feeling good. Some believed there would be a better outcome if a ritual was performed, 'when I eat ham sandwiches I know everything is going to be ok', (E3), or a negative outcome if a ritual was not performed, such as, 'I feel like I'll forget something and then things will be wrong', (E2). In these ways rituals were said to influence something in the future that was not directly connected to the ritual. Rituals made some people feel better, calmer, relaxed, peaceful, secure, or more confident. 'I would probably say I just feel a general happiness', (E6). Some physical sensations could represent feeling good after carrying out a ritual: 'I just feel tingly good, my mouth also gets excited', (E1). One young person said, 'without them I would not be the person I am', (E5). Rituals were a coping strategy, to cope with 'challenges that interfere with my normal day', (E1). Rituals could reduce the need to think about the task at hand. They could aid organisation, 'keep me on track', (E2), and help 'to focus on the goal', (E9).

Young people described ways in which their rituals were socially appraised, when other people influenced their behaviour. 'I do this everyday kind of thing, so to me it's not odd or weird', (E9); 'I only find it challenging when I get told I cannot do it. Sometimes at school they won't let me do it and that makes me angry and I can get a shouty', (E10); 'But if somebody stops me from stimming, I don't like it., It's like a sort of like an explosion it's like something that builds up in my body where I feel like I have to explode', (E2). Mostly, rituals were understood by autistic people, who were friends or teachers. These people were said to 'completely understand', (E2) or '*get it*', (E6). This meant that a young person talked about their rituals. These examples were compared directly with times when rituals had been misunderstood. Two examples were given of food preferences being discouraged: 'The others usually just tell me that I am a fussy eater and it's not very healthy to only eat beige food', (E6) and, 'I think they thought it was a fad or something but I have eaten the same food for 4 years now and I like it so I am not going to change it', (E10).

Not all the young people used the word 'ritual' but recognised it being used by other people: 'I don't even know where that word came from because i don't really think it is something i would say', (E1); 'I have a lot of rituals that well my parents no sorry that the doctors have told my parents are rituals', (E6).

3.1.2 | Routines

Routines were associated with a time of day, most frequently on waking and getting ready in mornings. Examples included: 'Get up same time, get dressed, breakfast, brush teeth, hair and leave for school', (E4). They were carried out every day. They were carried out in a specific order and had personal rules: 'It's just my rules... my way of doing things', (E7). Personalised details of routines could reduce other distractions, 'I have to have no noise around me', (E2), or addressed sensory needs: 'But they have to be cooked a certain way. If they're not cooked crispy, like almost burnt. If there's even like the hint of sogginess, I will not touch it and I will go off it. It makes me feel sick. I just don't like different textures, it has to be solid', (E11). They also had counts and timings: 'I count to 40 before I get up. Then I go to the toilet, then I brush my teeth for 40 s, then I get in the shower', (E3).

These young people said that they adhered to their routines strictly, and they would like other people to appreciate the importance of their routines. However, it was also said that everybody has routines, especially in the morning and at bedtime.

Completing a routine could determine that things had been finished properly and things had 'gone to plan'. Young people would feel accomplished as well as in control: 'I feel like I'm in control which means I'm happier' (E7). Feeling happy, fulfilled, smiley, and more energetic were aftereffects of routines. An alternative could be the day being 'ruined': 'Everything has to be a certain way otherwise, like it'll just fall like dominoes and the entire rest of the day, I'll be in like a bad mood', (E11). Routines were said to stop meltdown and shutdown.

Sometimes a young person described a routine but said they personally didn't call it a routine, rather, a 'way of calming down', (E1). Different perspectives were relayed of teachers and parents. A routine could be considered 'not normal', 'but it's always just felt right to me. I am not sure if she was joking though', (E12). Young people said they did not agree with other people on occasions when they were considered 'fussy', or 'going through a phase'. For example, 'they said it's a phase...and I'm going to grow out of, but I don't think it is. I mean, I don't want it to be. I don't wanna grow out of it', (E2). There were breaks in friendships when a friend tried to change a routine: 'I've like, really screamed at them because, I'm like no, and then they asked me again. No', (E2).

3.2 | Round Two

The questionnaire in Round 2 contained 36 statements created from the draft theory from Round one data. All 12 young people rated every statement. Three statements did not reach consensus, shown in the last three rows of Table 1.

Comments returned from Round two showed disagreement over what differentiated autistic routines from routines used by everybody. It was said that everybody uses routines. However, it was also said that, 'Autistic routines carry significantly more emotional meaning', (E5); 'they mean something more to me', (E2). Statements were not altered which said that using routines helps with emotional control and feeling positive. One comment said that autistic routines are more 'stringent'. One young person said that the order of a routine was especially important to them. The negative impacts of a routine being interrupted were said to last longer. Closely echoing a comment from Round one,

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TABLE 2 | Results of round three questionnaire.

Re-written statement how strongly do you agree with the following statements?	Consensus (%)	Mean agreement, max 5 strongly agree (SD)
Autistic and non-autistic people use routines.	100	4.83 (0.39)
Rituals and routines can be different behaviours, but they come together as a whole in a way that is meaningful to each person. For example, some people may get dressed in a certain order (ritual) when they get ready in the morning (routine), or they may use a certain set of cutlery (ritual) when they have their meals (routine).	100	4.58 (0.51)
There are important differences when autistic people use routines. It would be unhelpful to think that autistic and non-autistic routines are the same.	92	4.25 (0.62)

it was said that, 'If I can't do the routine, my whole day is ruined. I think that is the difference, their day isn't ruined they can just move on', (E6).

There were a range of views over whether rituals and routines were the same, similar or different. Comments consistently said rituals were part of routines. A number of rituals could make up a routine, or rituals and routines could overlap to be completed together. 'They are similar/the same as we use rituals within our most routines' (E4). One expert said, 'This one is hard because they are different but I think that when I get ready in the morning that is a routine but the way it all has to be done the way I like it is probably more like a ritual' (E7). These results suggest that rituals and routines should be approached as distinct behaviours as this reflects the experiences of some autistic young people. For some autistic people, rituals and routines may share functions; they will come together as a whole in a way that is meaningful to each person.

The three statements not reaching consensus were re-written and returned in Round three, shown in Table 2.

3.3 | Round Three

Table 2 shows consensus reached for revised statements.

Four young people provided comments, which showed agreement that everybody has their own routines but that there are important descriptions of the reasons why autistic people use routines. These comments also said routines are made up of rituals, and routines are used to help manage emotions and reduce frustration. For rituals, these young people said there was a 'need to' feeling behind completing them. Examples given were looking out for a certain colour of car or using certain cutlery at meal times: 'I need my special fork and my glass when I eat', (E12).

We present a consensus definition formed from the final statements in Table 3.

TABLE 3 | Delphi definition of a ritual and routine.

Definition
Together rituals and routines are a set sequence of actions, completed in a particular order. When and how often a ritual or routine is performed is meaningful to each person, often every day. Both rituals and routines manage anxiety and worries by subjectively organising the day. Therefore, their use increases positive emotions and positive physical sensations. Rituals and routines are coping strategies. When interrupted or not completed fully, or when other people try to influence how they are performed, a person is likely to feel anxiety, anger and frustration, might feel hot or sick,- and have increased worries about being 'not normal'. Autistic rituals and routines are defined by the importance attributed to them and the prolonged negative impact on an individual's wellbeing if influenced or not completed. These are similarities between rituals and routines. Different emphases placed on the functions of rituals and routines can be seen in the following descriptions. Routines streamline activities of daily living and keep them organised, often used for getting up in the morning, bathing, dressing, preparing for school, eating, socialising and getting ready for bed. Routines are often made up of rituals. Rituals feel like they 'have to' to be completed to a 'just right' standard which is subjective. Specific qualities include looking a certain way, using a specific object, or being done to a certain count or timing. Rituals are often linked to a belief that things unrelated to the ritual will then go OK in the future.

4 | Discussion

This Delphi study which surveyed the views of 12 autistic young people as experiential experts allowed us to propose a perspective on what autistic rituals and routines are. The definitions offer an expansion to the predominant conceptualisations of 'restrictive, repetitive patterns of behaviour, interests and activities' found in autism assessment tools (American Psychiatric Association 2022; World Health Organization 2022). We agree with the description that autistic individuals 'need to' perform their chosen rituals and routines, and they experience distress when interrupted. However, our definition includes the positive function of rituals and routines, which achieve a subjective marker of wellbeing when things in the world momentarily feel 'just right' and within control. This 'mechanism' is missing from theorising behind much wellbeing research (Deakin et al. 2024). We

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highlight that a ritual or routine is a coping strategy and will be performed when and how it is meaningful to each person.

We note unrealised potential to support autistic adolescents as they navigate the world around them if we value these repetitive behaviours, in contrast with illbeing and 'not normal' identity caused by censoring them. This comes with recognition of the harm that can arise when we do not consider an individual's circumstances before trying to change their behaviours (Bottema-Beutel and Crowley 2021; Najeeb and Quadt 2024; Pukki et al. 2022). Being 'unusual' should not be a defining characteristic of autistic repetitive behaviours. We would like autistic young people to understand the value of their repetitive behaviours and be able to hold a positive sense of self as they navigate their use. The neurodiversity paradigm, with which we align, means 'preferring interventions that target systems and environments, supporting individuals to thrive as they are, instead of trying to bring them closer to the perceived norm', (Pukki et al. 2022, 94–95).

We suggest a definition of rituals and routines that includes both the circumstances of use and desired outcomes to (1) help more autistic people identify with their strengths and manage their wellbeing in ways that are right for them, (2) aid recognition of these meaningful behaviours in clinical and educational settings, and (3) direct research towards neurodiversity affirming conditions that welcome different behaviours.

Whilst the changing appearances of rituals and routines might make recognition difficult, we argue that this subjectivity is actually a strength. For healthcare and educational practitioners, it guides open questions about what most challenges a young person, and how they have responded in line with their capabilities. Listening for examples that mirror the consensus definition will inform referral and diagnostic decisions, and can inform a wellbeing formulation to guide support. Collaborative interventions that come from this understanding should increase acceptance of autistic differences in society rather than colluding with efforts to reduce 'symptoms' (Daly et al. 2022; Hamilton and Petty 2023; Pantazakos and Vanaken 2023). We heard repeated accounts of negative impacts for young people of being labelled 'fussy' or 'going through a phase'. Young people voiced an opposing view that they wanted to feel confident in themselves and did not want to change their behaviours. This advocacy has not been seen in previous research about the rituals and routines used by autistic children and adolescents (Petty and Clegg 2025). Neurodiversity affirming mental health practices, whereby autistic strengths can be leveraged to create positive change in their wellbeing (Cherewick and Matergia 2023), fit well with this Delphi description. Thus, rituals and routines can be understood as functions of autistic forms of life (which are often wrongly interpreted or misunderstood from the outside when seen only as behaviour). Considerations of energy management might explain when rituals or routines are more important, in light of energy accounting or budgeting (Rosqvist et al. 2023). Some rituals and routines seem to be energysaving coping strategies. In these ways they might be understood as demonstrations of resilience, self-awareness and empowerment (Rosqvist et al. 2023), rather than as behaviours to abandon for the sake of social acceptance (Long et al. 2024; Pearson and Rose 2021).

We suggest three things that researchers might want to be aware of. First it was unclear whether young people felt ownership over the word 'ritual' or whether they had inherited it. Second, qualities of rituals and routines will likely be hidden from an observer; therefore phenomenology can 'clarify the experiential structures of [psychiatric and psychological] conditions'—it creates knowledge that resonates in individual terms (Pantazakos and Vanaken 2023, 6). Young people must be able to choose which aspects of their identity get to define them. Participatory research can direct future investment in wellbeing interventions across many sectors through education and healthcare (den Houting et al. 2021). Third, when designing supports for autistic young people who may benefit from using rituals and routines to support energy management, confidence in themselves and emotional wellbeing, we need an approach that appreciates accumulating vulnerabilities to stigma, including differences seen at school, exclusion from aspects of family life and friendship fall outs across the lifespan (Botha et al. 2022; Hartley et al. 2024; Mesa and Hamilton 2022). We want to direct attention towards the most affecting contexts for autistic young people—namely school and supports provided after diagnosis. These priorities have been discussed comprehensively (Beresford and Mukherjee 2023; Crane et al. 2016; den Houting et al. 2021; Hamilton and Petty 2023).

A strength of this study is its positioning of autistic young people as experiential experts, hearing their knowledge without confrontation (Okoli and Pawlowski 2004). This is valuable if autistic people have had their viewpoints challenged throughout their life. A limitation is that consensus from a small group of knowledgeable experts is not the same as a representative description for all autistic people (Okoli and Pawlowski 2004). The foregrounding of experiential expertise of the participants does not mean to position these young people as experts in 'autism' but in their own lived accounts. There is diversity in knowledge levels amongst autistic people (including self-identified or clinically identified autistic identities), family and friends and educational, clinical and research professionals. This study contributes the personal meanings of rituals and routines to 12 autistic young people aged 12–18 from a single socio-cultural context. While this is a strength for depth and feasibility as noted, it is also a constraint on claims that might read as being broadly applicable to all autistic experiences. Autistic characteristics are heterogeneous and rituals and routines are expected to be mediated by socio-cultural contexts. We also excluded young people with co-occurring ADHD and learning disability diagnoses, meaning we missed many experiences. We saw no attrition and expect these young people were motivated to give their accounts. Finally, this is not co-produced research, which would seek to achieve more equitable power at every stage (Fletcher-Watson et al. 2019). Future research needs to extend beyond the UK to increase the usability of this conceptualisation (Jiang et al. 2023). Future research should seek to explore the meanings of autistic rituals and routines across cultures, with non-autistic young people, and consider where there may be points of agreement or tension across mixed stakeholder panels. Future research might also pose an open question about what defines 'repetitive behaviours' that are meaningful to autistic people. This could bring helpful discussion of how behaviours relating to sensory processing and focussed interests are conceptualised using autistic phenomenology. This would separate

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out socio-cultural pressures to hide, change or perform certain behaviours (Pearson and Rose 2021) from natural autistic ways of being, such as seeking absorption (Heasman et al. 2024) or meaningful energy management (Rosqvist et al. 2023). Co-design of the starting point for these questions would strengthen future research design.

Author Contributions

Stephanie Petty: conceptualization, methodology, supervision, project administration, writing – original draft, writing – review and editing. **Amy Cantwell:** formal analysis, writing – review and editing. **Victorina Clegg:** conceptualization, methodology, data curation, formal analysis, writing – original draft, writing – review and editing.

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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 openly available in the OSF at https://doi.org/10.17605/OSF.IO/9ES4J.

Peer Review

For transparency, the peer review documents associated with this article are available at https://doi.org/10.1002/icd.70133.

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