

# Autism and OCD

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## What is autism?

Autism is a neurodevelopmental difference that affects communication, social interaction, behaviour, thinking processes, and sensory processing.

Autistic people experience the world very differently to non-autistic people. If you are autistic, you may find some sensory input overwhelming, unpleasant, or painful; you may find it difficult or exhausting to interact and socialise with other people, or struggle to maintain friendships and relationships; you may have deep interests and passions, and huge depth of knowledge about specific subjects; and you may notice that you use a lot of repetitive movements (these are called stims, and can range from hand flapping and rocking to small, invisible movements like clenching particular muscles, to fidgets like playing with hair or clothes).

## What is OCD?

OCD stands for obsessive compulsive disorder. Like autism, OCD has a wide variety of traits and presentations, but always includes obsessions and compulsions.

Obsessions are unwanted thoughts or impulses that are difficult or impossible to dismiss, and often involve thoughts of harming yourself or others, or of someone being in danger. While everyone experiences unwanted thoughts sometimes, for people with OCD these thoughts are frequent and unpleasant enough that they have a significant impact on the person's life and ability to function.

Compulsions are thoughts or behaviours that are repeated in order to deal with obsessive thoughts. The most common forms are constantly checking that something is safe (for example, going back several times to check that you locked the door, or needing to walk all around the house to look for danger); and making something right (for example, repeatedly cleaning something that may have touched a contaminant, or reciting a comforting list to neutralise a negative thought).

You can find more information on OCD here: <https://www.o.cd.org.nz/>

## OCD and autism

From the outside, autism and OCD can sometimes look similar, particularly in children – both conditions can involve repetitive behaviour and rituals, and both autistic people and people with OCD can become very upset when these rituals and behaviours are interrupted.

There are several key differences, however:

- A diagnosis of autism requires differences in communication, socialising, and sensory processing, none of which are OCD traits. (For more about what autistic traits might look and feel like, see our resource [here](#).)
- Autistic people often think about the same things over and over – but this is likely to be enjoyable, and part of a deep interest or fascination with a particular subject. People with OCD do not enjoy their obsessive thoughts, and don't see them as part of their personality or consistent with who they are.

- Autistic people generally don't experience obsessive thoughts about themselves or others being in danger, or about hurting others. It is common for autistic people to experience some form of anxiety, which may manifest as constant worry about being in danger or getting hurt, or someone else getting hurt; however, this is different to OCD's obsessive thought patterns. If you are concerned that you or your child is having these thought patterns, there are a few ways to distinguish the two (see the end of this resource for a list).
- The same behaviour can fulfil very different functions; repetitive behaviour in autistic people can be a way to regulate or express emotions, process sensory input, help with spatial and body awareness, or help focus attention. The easiest way to distinguish this sort of helpful repetition from OCD compulsions is to ask the person why they're doing it. (The onset of OCD is usually in late childhood or adolescence, so a child too young to communicate their reasoning is very unlikely to have OCD.)
- Another way to distinguish autistic stims and repetitions from OCD compulsions is to work out whether the repetitive behaviour is directly connected to a particular fear or anxiety. OCD compulsions are directly linked to fears of something bad happening, and to the belief that performing the repeated behaviour will stop the bad thing. Autistic people's repetitive behaviours, on the other hand, are not usually directly related to a particular fear (or are related only in that the person is using a repetitive motion to calm themselves down), and are not connected to any sort of belief that performing the behaviour will stop the thing the person is anxious about.

## Co-occurring autism and OCD

Both autism and OCD frequently come with co-occurring conditions. Autistic people are more likely to be diagnosed with OCD than the general population; and people with OCD are more likely to be autistic than those without.[1]

Most treatment for OCD aims to reduce or eliminate the obsessive thoughts that lead to compulsive behaviours, meaning that an important first step is identifying which behaviours are related to OCD obsessions and compulsions, and which are the sort of helpful repetitive behaviour common in autistic people. Cognitive-behavioural therapy and mindfulness training are the most effective treatment options for OCD, but both can be ineffective for autistic people; finding a neuro-affirming therapist who is willing to adjust their methodology to suit individuals is essential.

If you are considering pursuing treatment for OCD, you can find more information here: <https://www.oed.org.nz/help-in-new-zealand/>

For more support with autism, and help finding a neuro-affirming professional, contact your local Autism NZ Outreach Coordinator – you can find a list of Outreach Coordinators by region here: <https://autismnz.org.nz/support-from-us/>

[1] McLeod et al., 2024

<https://doi.org/10.1080/03036758.2024.2406827>; Meier et al., 2011

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4641696/>

## Distinguishing anxiety from obsessive thoughts

### Anxiety

- Tends to be based on something real and concrete - something that has happened before, or could reasonably be expected to happen
- Is not connected to any compulsions - there is no sense that if you just check something again, the bad thing won't happen.
- Does not involve thoughts about intentionally hurting others. (Worrying about unintentionally hurting people's feelings is common for autistic people, but not frequent thoughts about hurting people on purpose).
- Is compatible with your beliefs and values. You may be anxious about unintentionally hurting someone, but it's much less common to have persistent anxiety about hurting yourself or someone else on purpose, when you don't want to do that and would find it unethical.

### Obsessive thoughts

- Often involve fear of a form of undefined harm or danger that is horrible, but vague.
- Is usually connected to a compulsion, a strong sense that if you just count to a certain number, make sure something is totally clean, double-check you turned the oven off, etc., then you and everyone else will be safe.
- Can involve frequent unwanted thoughts about hurting others or hurting yourself, that are not connected to how you actually feel about yourself or others. (Wanting to punch someone who annoys you is not an obsessive thought; a sudden impulse to push a stranger in front of a bus may be, particularly if it recurs often.)
- Are often incompatible with your beliefs or values. Obsessive thoughts frequently involve impulses or thoughts about harming yourself or others, or other actions that you would never actually want to do.