

Communiqué

High sensitivity versus Autism

and why everyone should know the difference

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Introduction

Not every brain works the same way. If a brain signals and/or processes information very differently than average, in the past we often called that a **disorder**. But now we know that **talents** can also arise from a brain that functions differently.

The term neurodiversity is therefore increasingly used to emphasize that neurological differences are natural variations in the functioning and structure of the brain. It is important to promote understanding, acceptance and appreciation of this diversity.

People often discover that they have a **neurodivergent** brain, because they encounter challenges. A brain that works differently can be difficult because society is structured around the standard way of thinking.

Recognizing the experiences of others can be a way to get to know yourself better, but there can also be a danger in this. What if people have the same struggles, but for different reasons? Then one person's solution will not necessarily work for another person. To find appropriate solutions to your struggles, it is important to understand how you are wired. Each neurodivergent profile comes with different needs, challenges and strengths.

In this article, we focus on high sensitivity and autism because we have noticed that there is still a lot of confusion and misinformation about these phenomena, leading to the two profiles being confused with each other. However, the correct label is crucial for determining an appropriate approach.

Confusion between high sensitivity and autism

The fact that high sensitivity and autism are often confused is primarily due to a **lack of knowledge** about the phenomenon of high sensitivity. This term is still too often wrongly confused with or reduced to sensitivity to stimuli, overstimulation, and overemotionality. This is incorrect. **Core of high sensitivity** is a profound and complex way of processing information in which the brain notices subtle details in the (social) context with great clarity and quickly connects them to form a comprehensive overall picture (see further under 'high sensitivity').

Overstimulation, sensory overload and overemotionality on the other hand, are

symptoms of stress and are therefore often also observed in people with autism. These are not core characteristics of autism (nor of high sensitivity), but we see them in everyone with an overloaded stress system (chronic stress). Because sensory overload is seen as a symptom of autism and due to the lack of understanding of what high sensitivity truly is, the spectrum of what is classified as autism continues to expand, wrongly. This only increases the confusion. Autism, at its core, hasn't changed; the popular interpretation of it has (see further under 'autism').

To eliminate this confusion, it's crucial that we all adopt the same understanding of the concept of high sensitivity. Below, we'll review the most important insights from recent scientific research (as summarized in Esther Bergsma's book "The Brain of the Highly Sensitive Person").

1. High sensitivity

High sensitivity is briefly and concisely described as a **trait** whereby you notice information from your environment more subtly and process that information more deeply. The brain is much more active, and there are more connections between different parts of the brain and between brain networks. The same situation therefore has a greater impact on a highly sensitive person (HSP) than on a non-HSP. Approximately 20% of people have this trait, and this percentage has also been demonstrated among animal species.¹

Research on high sensitivity is relatively recent. Elaine Aron published the first article on the subject in 1997.² Over the past 25 years, hundreds of studies, including about ten brain studies, have provided important insights into the trait. Time and again, the core of this trait appears to be **depth of processing**. Simply put, highly sensitive people activate all their brain processing every time to analyze a situation. While non-HSPs act immediately, or at least consider it from one

¹ Wolf, M., Van Doorn, G. S., & Weissing, F. J. (2008). Evolutionary emergence of responsive and unresponsive personalities. *Proceedings of the National Academy of Sciences*, 105 (41), 15825-15830.

² Aron, E. N. & Aron, A. (1997). Sensory-processing sensitivity and its relation to introversion and emotionality. *Journal of Personality and Social Psychology*, 73, 345-368.

perspective first and perhaps add another later. This in-depth processing requires a great deal of brain energy, but this process can also be a significant advantage in complex situations.

The first part of the definition **-the more subtle noticing of information-** has led to the misconception that high sensitivity is the same as sensory sensitivity. Sensory sensitivity means that stimuli have a stronger effect on you. But many people experience this, sometimes temporarily, for example, due to a concussion. Being sensory sensitive doesn't automatically make you highly sensitive. To be considered highly sensitive, there must be a profound processing of information; the core aspect of high sensitivity.

Depth of processing consists of **two main processes**: the pause-to-check system and the optimal-option ambition. The first process involves parts of the brain that connect the newly received information with existing insights. A highly sensitive person therefore often needs more time to assess a situation. However, it does provide them with a complete overview, enabling them to make more informed decisions.

During the second process (the optimal option ambition), the brain searches for the best action to take in that situation. Strong social intuition plays a major role in this. The social brain areas appear to be much stronger and more frequently activated in HSPs. Information about the social process plays a major role in the deliberations of a highly sensitive person. The interests of those close to them are often weighed more heavily by an HSP than their own.

2. Autism

According to the 'autism diagnostics' guideline of the Quality Centre for Diagnostics, the criteria of the DSM-5-TR must be used for a diagnosis of autism spectrum disorder (in addition to a broader evaluation of functioning). ALL of the following criteria must be met:

A. Persistent deficits in social communication and social interaction across multiple contexts, as currently or historically demonstrated by all three of the following characteristics:

- Deficits in social-emotional reciprocity, ranging from, for example, abnormal social contact and an inability to engage in normal conversational interaction; reduced sharing of interests, emotions or affect; to an inability to initiate and respond to social interactions.
- Deficiencies in non-verbal communicative behavior used for social interaction, ranging from, for example, poorly integrated verbal and non-verbal communication; abnormal behavior in eye contact and body language or deficiencies in understanding and using gestures; to a total lack of facial expressions and non-verbal communication.
- Deficits in developing, maintaining and understanding relationships, ranging from, for example, problems adapting behavior to different social circumstances; difficulty participating in imaginative play or making friends; to a lack of interest in peers.

B. Restricted repetitive patterns of behavior, interests or activities, as currently or historically evidenced by at least two of the following characteristics:

- Stereotyped or repetitive motor movements, use of objects or spoken language (such as simple motor stereotypies, lining up toys or spinning objects; echolalia; idiosyncratic expressions).
- Persistent adherence to the same, inflexible attachment to routines or ritualized patterns of verbal or non-verbal behavior (e.g. extreme distress when faced with minor changes, difficulty with transitions, rigid thinking patterns, ritualistic manner of greeting, the need to follow the same route or eat the same food every day).
- Very limited, fixed interests that are abnormally intense or focused (e.g. strong attachment to or preoccupation with unusual objects, particularly specific or persistent interests).
- Hyper- or hyporeactivity to sensory stimuli or unusual interest in the sensory aspects of the environment (e.g., apparent insensitivity to pain and/or temperature, negative reaction to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

C. The symptoms must be present in the early developmental period (but may sometimes only become fully manifest when social demands exceed limited capacities, or may be masked by strategies learned later in life).

D. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The symptoms cannot be better explained by an intellectual developmental disorder (intellectual disability) or a global developmental delay. Intellectual disability and autism spectrum disorder often occur together; in order to assign the comorbid classification of autism spectrum disorder alongside intellectual disability, social communication must be below the expected general level of development.

So

People with autism experience **significant difficulties in social-communication skills**. This is the essence of autism and the reason why it was given a name in the first place. Contrary to how it is sometimes portrayed on social media, autism is not a *superpower* with which you can breeze through life. It has a profound impact on all areas of life, such as work, relationships, and home life.

3. Similar experiences

Although there are clear differences between highly sensitive people and people with autism, they sometimes experience similar difficulties in daily life.

Some of these behavioral traits only resemble each other externally, but have different origins. We'll mention a few here, but this list is not exhaustive.

Both groups indicate that they have a strong **sense of justice**. In the case of high sensitivity, this comes from an extremely strongly developed cognitive empathy (see below), which quickly leads to the feeling that something is unfair to someone else. While in the case of autism this usually has to do with the feeling of unfairness when rules are not followed.

Difficulty with changes in people with autism, is mainly due to sudden, unannounced changes or changes that the person has not been able to anticipate. This creates a great deal of uncertainty and stress because many questions don't get immediate answers. Think: When will it happen? What will change? What will remain unchanged?

Highly sensitive people also need some time to consider the consequences of the

change. But for an HSP, this analysis can be done in just a few minutes, and the highly sensitive person can adapt to the changing situation.

What looks like a **deep processing** of information, as with HSP, is often the result of an associative thought process in autism, where one detail triggers another. This can lead to analyses appearing very detailed. The so-called "eye for detail" in autism is primarily an eye for detail **changes**. Contextually relevant details are not always picked up well by autistic brains.

A highly sensitive person, on the other hand, is adept at connecting details with context. Their understanding of the situation is constantly updated with new information. This process takes time, which can sometimes seem inactive to an outsider. However, it produces a coherent picture that allows for better decision-making.

Another similar experience from both groups is a **stronger reaction** to sensory stimuli. And, for example, the experience of sensory overload or sensory discomfort, both in which stress plays a significant role. Nevertheless, there are some important differences here as well. For example, in autism, in addition to this sensory overreactivity, we often also observe sensory underreactivity. Think of a less strong reaction to hunger, cold, or pain, which we don't observe in high sensitivity.

Effects of stress

Furthermore, much of the overlap in symptoms is due to stress. The reason for this is that people with a differently functioning brain (such as those with autism, ADHD, high sensitivity, or giftedness) have a stress system that is activated more frequently, more quickly, and more intensely. This often causes them to experience similar symptoms.³

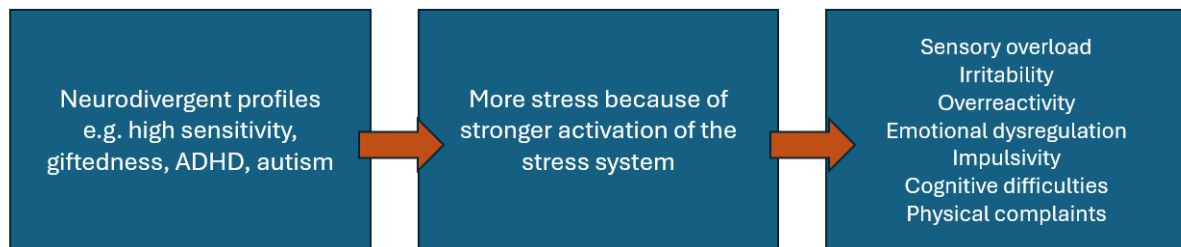
When your stress system is overloaded, your thinking brain shuts down and your emotional brain takes over. You can no longer rely on the functions of that thinking brain, such as finding solutions to problems, flexibility, concentration, memory, and structured behavior. You become irritable and find it difficult to control your emotions. You react more intensely than necessary to situations. Your

³ Van De Voorde, S. (2023). *Hoogsensitief omgaan met stress*. Borgerhoff & Lamberigts.

"danger scanner" is constantly on (hypervigilance), causing you to quickly become sensory overloaded. Chronic stress leads to worrying, sleep problems, and physical complaints (e.g., muscle and joint pain, migraines, irritable bowel syndrome).

Because stress demands a tremendous amount of energy from your system, it can eventually lead to burnout.⁴

These behavioral traits are therefore not a characteristic of high sensitivity or autism, but rather the result of an overloaded stress system. Stimming (repetitive, stereotyped behavior that helps a person calm, regulate, or stimulate themselves) is also not a core characteristic of any neurodivergent profile, but rather an attempt to calm an overloaded stress system.

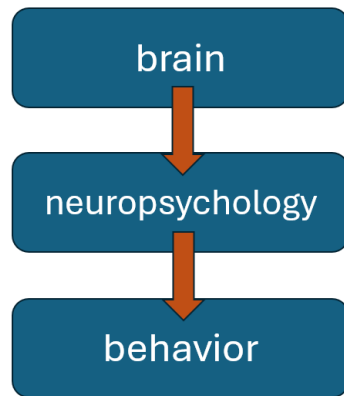


It's important to note that the underlying reasons why different groups have a highly activated stress system differ. To prevent yourself from experiencing too much stress, you need to know your stressors. And to understand your stressors, it helps to better understand how your brain works. This brings us to some important differences between high sensitivity and autism.

4. Differences

As mentioned above, people with autism and highly sensitive individuals sometimes experience similar challenges in daily life. Therefore, we cannot distinguish between the two profiles based on behavior.

⁴ Van De Voorde, S. (2021). *Van stress naar veerkracht*. Borgerhoff & Lamberigts.



However, if we study the **underlying neuropsychological causes**, it does indeed allow us to distinguish between high sensitivity and autism. High sensitivity involves deep and associative information processing with a strong sensitivity to the (social) context. Autism involves an absolute way of thinking, with great difficulty using context spontaneously, unconsciously, and quickly to predict and understand the world.

Below we go over the most important **differences in core properties** of high sensitivity and autism, making it possible to clearly distinguish between both neurodivergences.

Context sensitivity

Context sensitivity is the ability to notice, understand, and use information from the environment to respond appropriately. It involves registering subtle cues—such as tone of voice, body language, social rules, or environmental factors—and adjusting your behavior or thinking based on that context.

In HSP, data processing is above-averagely context-sensitive; in autism, it is below-average.

Highly sensitive people are exceptionally adept at sensing, understanding, and taking the context of situations into account. People with autism struggle with this. Their perception is less contextually driven than average. When explicitly made aware of contextual information, they can reason about how to adjust their behavior accordingly. However, this doesn't happen implicitly, spontaneously, or automatically.

Language is also highly context-sensitive: certain words have different meanings depending on the context in which they are used. A highly sensitive person excels at flexibly handling multiple meanings. Someone with autism struggles with this. They understand language a-contextually (not sufficiently attuned to the context): sometimes too literally, sometimes too figuratively. Autistic people with higher intelligence can derive the correct meaning thanks to their reasoning skills, but this is a consciously guided, not spontaneous, process. This requires a great deal of energy.

Empathy

Another distinction we can make is in the area of empathy. The difference between affective and cognitive empathy is important here.

- Affective empathy = sensing the feelings of others. This can lead to emotional contagion, namely, taking on other people's feelings and mistaking them for your own. It can also lead to emotional overload.
 - In case of high sensitivity: a highly developed skill in sensing the emotions of others.
 - In autism: present but not a significant strength. What is striking is the emotional contagion and overwhelm. Autistic individuals sometimes experience the emotions of others very intensely.
- Cognitive empathy = the ability to understand and grasp another person's thoughts, feelings, expectations, intentions and perspective, without necessarily feeling those emotions yourself. Cognitive empathy occurs largely unconsciously, quickly, and automatically, but occasionally we also engage more conscious empathy processes.⁵
 - In high sensitivity: highly developed cognitive empathy. It comes naturally. The process is implicit, spontaneous, smooth, natural, and effortless. It requires little energy and reasoning.
 - In autism: the fast, unconscious social-cognitive processes, especially those requiring the implicit pickup and unconscious processing of

⁵ Frith, C.D. & Frith, U. (2008). Implicit and explicit processes in social cognition. *Neuron*, 60 (3), 503-10.

contextual information, are naturally less well developed in people with autism.⁶ However, autistic people who are (more than averagely) gifted can learn the conscious, slower form of empathy and compensate by actively 'reasoning' about what is going on inside others. We call this reasoned cognitive empathy.

- Natural cognitive empathy = being able to spontaneously, smoothly, automatically, unconsciously and effortlessly put yourself in another person's perspective.
- Reasoned cognitive empathy = putting yourself in another person's shoes through reflection and reasoning. This process isn't spontaneous, automatic, or effortless. It therefore requires a lot of energy and takes up a lot of brain space.

Social intuition

Social intuition is the implicit, spontaneous, and effortless sense of what's needed in a social interaction. Examples include reading nonverbal cues, sensing whether someone is congruent and/or authentic, and knowing what's needed to reassure someone.

High sensitivity is characterized by very strong social intuition. HSPs are often called social barometers or - radars. They have a keen sense of others, are good at reading between the lines, and possess a strong ability to co-regulate; they spontaneously attune themselves to others.

In autism, we see significant difficulties with social intuition. Noticing and responding to signals from others can be learned (given higher intelligence), but it will never be spontaneous or implicit—it will be explicit and consciously reasoned. They can mask their challenges through social echolalia (imitating others through observation) and learning "social scripts," but are exposed when the script doesn't

⁶ Callenmark, B., Kjellin, L., Rönqvist, L., & Bölte, S. (2014). Explicit versus implicit social cognition testing in autism spectrum disorder. *Autism, 18* (6), 684-693.

Baez, S., & Ibanez, A. (2014). The effects of context processing on social cognition impairments in adults with Asperger's syndrome. *Frontiers in neuroscience, 8*, 270.

fit the situation and they don't intuitively sense how to adjust their behavior in that case.

Schematic representation:

CORE DIFFERENCES	Autism	High sensitivity
context sensitivity	below average	above average
spontaneous cognitive empathy	below average	above average
social intuition	below average	above average

The combination of less strongly developed context sensitivity, spontaneous cognitive empathy and social intuition leads to difficulties with social interactions and communication in autism. Depending on the compensatory capacity provided by strong intellectual abilities, this will lead to more or less challenges in daily and social functioning. Even if autistic people seem to function well in the social area, social interactions are never intuitive or effortless. They require a great deal of energy and brain space.

HSP are, however, above average in context sensitivity, spontaneous cognitive empathy and social intuition. It is important to note that these are natural strengths, which means they are used spontaneously, intuitively, without much effort or energy.

People with autism and a higher **intelligence** can learn these skills, allowing them to mask their inherent difficulties in these domains. You can learn to pick up on subtle nonverbal cues, but it doesn't happen spontaneously. There's no intuitive sense, but rather rational deduction. You can respond appropriately to others, but it takes an enormous amount of effort and energy. And when the situation deviates too much from the "scripts" you've learned, you're exposed because you no longer know how to respond. None of these things apply if you're highly sensitive. Then you have strong social intuition and spontaneous cognitive empathy. Skills that are naturally strong therefore feel different from skills that are learned (see table).

Naturally strong skills	Learned skills
implicit	explicit
spontaneously	reasoned
feel	think
fast	slow (can speed up with experience)
energy giver	energy drain

So we have identified a number of **substantial differences** between autism and high sensitivity. The neurological basis for these differences is being researched. A definitive answer is not yet available. A promising explanation is the theory of the predictive brain.⁷ With further research in the future, we hope to be able to better explain the differences between autism and high sensitivity.

5. *‘Not everything that lays an egg is a bird’*

The experiences of autistic and highly sensitive people often show striking similarities: frequent fatigue, sensory or cognitive overload, insecurity, stress in social situations, worrying, sleep problems, and constantly being on the verge of burnout (or even entering it). These experiences are also common with other neurodivergence disorders, such as ADHD.

Does this mean that autism, ADHD, and high sensitivity are roughly the same? No! What it means is that all three groups have a more highly activated stress system, causing them to experience similar symptoms (see above). Instead of thinking "it's all roughly the same," it's therefore useful and helpful to understand the differences

⁷ Vermeulen, P. (2021), *Autisme en het voorspellende brein. Absoluut denken in een relatieve wereld*. Pelckmans.

behind the similar experiences. And especially not to jump to conclusions about what's behind the experiences. Because then we easily fall into a well-known logical fallacy, namely the unjustified reversal of a conditional statement.

For example: If it's a bird, then it lays eggs. In other words, if P, then you also have Q. From this, one cannot simply conclude the inverse: there is Q, so there must also be P. It lays eggs, so it is also a bird. Reptiles and fish also lay eggs, but that doesn't make them a little bit birds...

By analogy. With autism, we always see difficulties with sensory processing, such as sensory overreactivity. Or difficulties quickly assessing social situations or reading body language. Or being bothered by sudden changes. Or difficulties maintaining relationships. But just because you recognize one or more of these characteristics in yourself doesn't mean you have autism. To reach that conclusion, extensive and thorough (preferably multidisciplinary) research is required.⁸ Such research can provide a proper explanation for the challenges, problems, limitations and difficulties that someone faces and therefore also formulate the right advice to deal with these.

Conclusion

We believe it's important that everyone who needs help receives the support they need, tailored to their challenges. To achieve this, it's essential to identify the root causes of the perceived burden. If autism, high sensitivity, or something else is involved, it's crucial to incorporate this knowledge into a support plan. Someone with autism needs different support than someone who is highly sensitive. And someone who is merely overstimulated and neither has autism nor is highly sensitive needs different tools again.

With this article, we aim to contribute to understanding the differences between autism and high sensitivity so that both the individuals themselves and (mental) health care providers can better understand the underlying reasons for certain behaviors, thus enabling appropriate support measures to be found.

⁸ [Richtlijn Diagnostiek Autisme_0.pdf](#)

About the authors

Esther Bergsma specializes in the trait of high sensitivity. She has conducted various (international) studies on this topic. As the founder of [Hoogsensitief.NL](https://www.hoogsensitief.nl) her mission is to collect, analyze and publish scientific information about high sensitivity (in books, blogs and articles).

Severine Van De Voorde is a doctor in psychology, clinical psychologist, expert in stress, resilience, high sensitivity and ADHD and bestselling author of several books on these topics.

Peter Vermeulen holds a PhD in Educational Sciences and has been passionate about autism for almost 40 years. He has written more than 20 books on autism, translated into several languages, and gives lectures and training sessions worldwide.

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