

NEURODIVERGENCE & EATING DISORDERS

How does interoception influence the ways neurodivergent people experience body image issues and eating disorders?

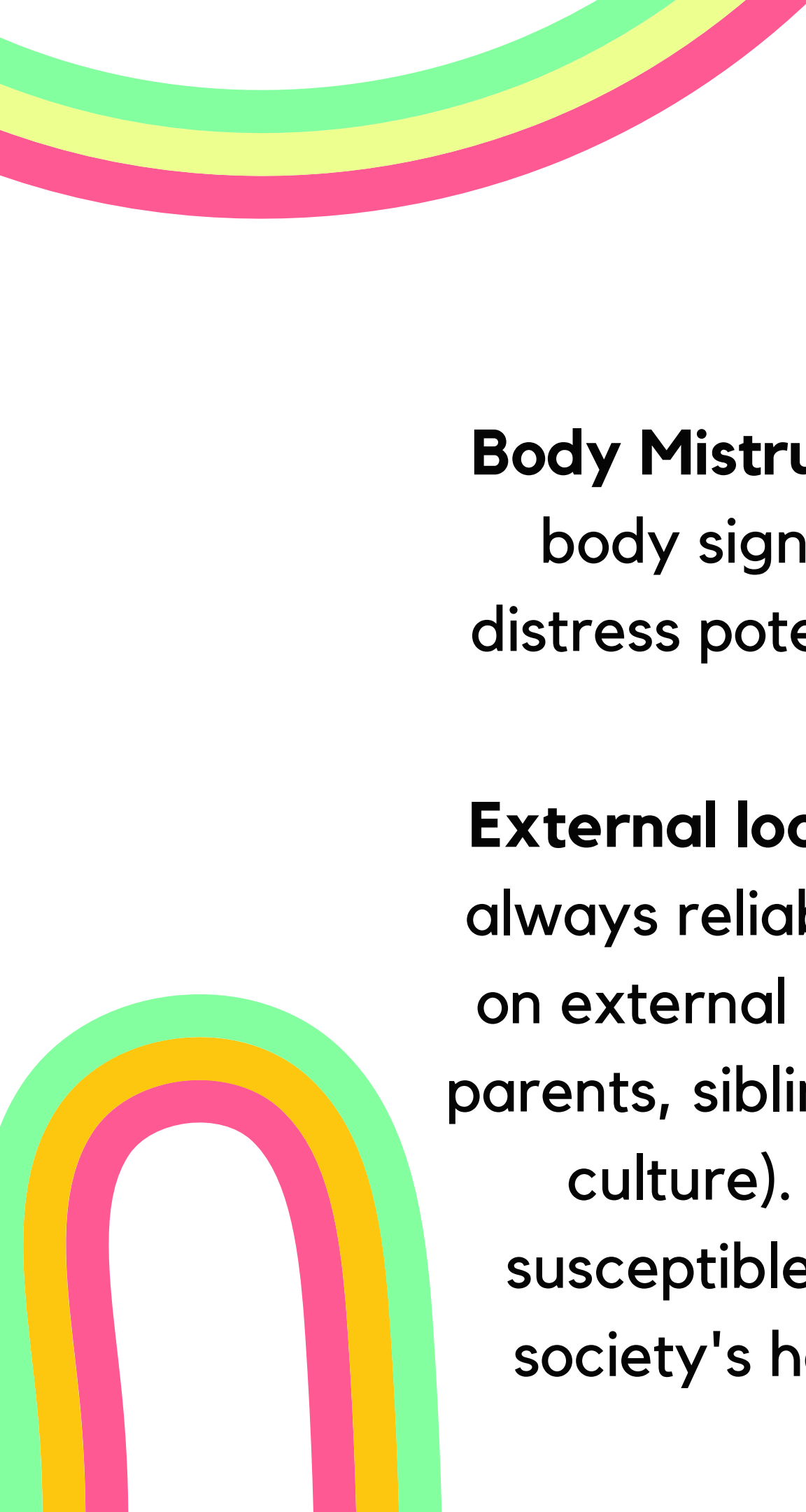
WHAT IS INTEROCEPTION?

Interoception is our ability to assess how our body feels from the inside. For example, thirst, pain, satiety, fatigue, temperature, hunger, and so forth.

Interoception also involves being able to tell apart different sensations. For example: Am I tired or am I hungry? Am I irritated or am I thirsty?

Some experience difficulties with interoception, where the messages they get from their body get tricky to understand and distinguish. This is called interoceptive confusion.


Many neurodivergent individuals experience interoceptive confusion, and this can have an impact on body image, emotional states, and eating.



INTEROCEPTION & BODY IMAGE

Body Mistrust: When you are not able to fully rely on your body signals, this can lead to a state of confusion and distress potentially contributing to feelings of disliking your body.

External locus of control: When your body signals are not always reliable, you can become more dependent or reliant on external sources of feedback, including comments from parents, siblings, friends, and marketing campaigns (i.e., diet culture). This can make neurodivergent people more susceptible to internalise and be negatively impacted by society's harmful messages around body ideals, such as thinness.




WHAT TO DO?

First and foremost, it is important to recognise neurodivergence as early as possible. Oftentimes, neurodivergent women, gender non-binary and trans folks are left behind: undiagnosed and/or misdiagnosed (i.e., borderline personality disorder, anxiety, depression). Indeed, it is estimated that up to 80% of autistic AFAB individuals remain undiagnosed at age 18. ADHD is also vastly underrecognized in this demographic.

Once this has been established, it might be a good idea to assess interoception. This can be done through the assistance of a clinical neuropsychologist or occupational therapist. There are several validated tools that can be used to assess interoception, such as the ISQ (Interoception Sensory Questionnaire) and MAIA (Multidimensional Assessment of Interoceptive Awareness).



KEEP IN MIND: TIPS FOR CARERS AND HEALTH PROFESSIONALS

- Interoceptive confusion can manifest in many different ways. Each neurodivergent individual may experience difficulties of a different nature, similarly to a spectrum. For example, some neurodivergent people may have challenges with recognising hunger, but not thirst; or pain, but not satiety.
 - Neurodivergent people experiencing interoceptive confusion are more at risk of body image issues and disordered eating. Society's messages about body shape, as well as messages around food consumption habits may have a greater negative impact on neurodivergent people. Be mindful of this vulnerability.
 - Try to work around neurodivergent people's interoceptive awareness in a non-coercive manner as much as possible. For example, if someone easily forgets to eat because their body isn't telling them they need to eat, put in place a reminder system (i.e., phone alarms, stickers). If someone feels full more readily, arrange for them to have several small meals throughout the day rather than the usual framework. Or, if someone struggles with perceiving satiety, organising pre-made meals might be helpful. It's all about autonomy, self-efficacy, and flexibility.
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