

**Neurodivergent Experiences of Eating and Body Image: Understanding the Mechanisms
Behind Eating Distress in Autistic, ADHD and AuDHD Individuals**

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Abstract

Neurodivergent individuals face elevated risks of disordered eating. However, existing research often interprets these experiences through a deficit-based lens. This pathologisation is reflected in non-neuro-affirming treatment approaches that seek to ‘correct’ neurodivergent traits, and result in harm and poor treatment outcomes. To develop effective, neurodivergent-specific interventions to treat and prevent disordered eating, it is essential we centre lived-experience in future understandings on this topic and resist reductive interpretations that frame neurodivergent traits as deficits. This research draws on interviews with Autistic, ADHD and AuDHD adults ($N = 9$, 20-46 years) to understand neurodivergent experiences of eating and body image, and how these experiences form potential mechanisms through which distress may develop. Reflexive thematic analysis of data resulted in five key themes: 1) Sensory sensitivities in a world that doesn’t understand, 2) The pursuit of safety, control and emotional regulation 3) Sensory stimulation seeking, 4) The cognitive and energetic demands of eating, 5) Body image as a social compass. These findings underscore the need for neuro-affirming, lived experience-driven models in research and clinical practice, and highlight the importance of neurodivergent-specific approaches to future eating disorder treatment and prevention strategies.

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Eating disorders (EDs) are serious and complex mental health conditions characterised by persistent disturbances in eating behaviours and related cognitions. They affect individuals of all ages, ethnicities, body size and socioeconomic backgrounds (Treasure et al., 2020) and are associated with impaired functioning (Bohn et al., 2008), physical health risks (Mitchell & Crow, 2006), and significant emotional distress (Palmieri et al., 2023). Anorexia nervosa (AN) in particular, carries the highest mortality rate of any psychiatric diagnosis (Krug et al., 2025; NICE, 2023), and all forms of eating disorder psychopathology are linked to increased risk of suicide and self-harm (Moore et al., 2025; Pisetsky et al., 2013; Udo et al., 2019).

Emerging research highlights that neurodivergent individuals, particularly those with autism, attention-deficit/hyperactivity disorder (ADHD), or both (AuDHD), face a disproportionately high risk of experiencing eating distress. Amongst those with a clinically diagnosed ED, 31% meet criteria for ADHD (Svedlund et al., 2017), whilst around 20-35% meet criteria for autism (Boltri & Sapuppo, 2021; Huke et al., 2013; Westwood & Tchanturia, 2017). Conversely, those with ADHD or autism are nearly 4 times more likely to develop an ED in comparison to neurotypical peers (Biederman et al., 2007; Lugo-Marín et al., 2019; Nazar et al., 2016). Neurodivergence is also associated with more severe clinical presentations, poorer treatment outcomes, and increased chronicity (Saure et al., 2020; Testa et al., 2020; Zhang et al., 2022).

A nuanced understanding of the interplay between neurodiversity and eating disorders is therefore critical for identifying mechanisms underlying elevated risk amongst neurodivergent individuals. Current research suggests that traits associated with autism and ADHD can be significant factors in ED pathogenesis, with elevated autistic and ADHD traits associated with more extreme eating behaviours, including both food avoidance and overeating (Harris et al.,

2022). However, the existing literature has a predominance of cross-sectional research, highlighting the importance of qualitative studies to better elucidate the nature of these associations and variability in them within and between individuals. It is also important to consider these relationships in people both with and without a formal diagnosis of a clinical eating disorder, as both underdiagnosis and subclinical disordered eating syndromes are also very common.

In one existing qualitative study (Kinnaird et al., 2019b), participants described a deeply interconnected relationship between their autism and clinically diagnosed eating difficulties, with autistic traits playing a central role in both the development and maintenance of their eating disorder. Current understanding around this dynamic suggests that, amongst autistic individuals, cognitive rigidity, sensory sensitivities, social communication difficulties, emotional dysregulation, interoceptive difficulties, and a strong need for predictability can all contribute to disordered eating (Carpita et al., 2020; Inal-Kaleli et al., 2024; Loomes et al., 2025). For example, individuals with higher autistic traits in childhood are more likely to report fasting, binge eating and purging behaviours in adolescence (Solmi et al., 2021). Whilst autistic traits have been predominantly considered in the context of restrictive eating disorders such as AN and avoidant restrictive food intake disorder (ARFID) in the existing literature due to their established association with food avoidance (Harris et al., 2022), bulimia nervosa (BN) and binge eating disorder (BED) patients also show greater autistic traits compared with controls (Gesi et al., 2017).

Within the literature exploring the relationship between disordered eating and ADHD, impulsivity, inattention, hyperactivity, and emotional dysregulation are cited as the traits underpinning this connection (El Archi et al., 2020; Kaisari et al., 2018; Reinblatt et al., 2015;

Saif & Jahrami., 2022). These ADHD traits are significantly associated with binge eating, purging, restrictive dieting, and a loss of control around food (Kaisari et al., 2017; Martin et al., 2023; Svedlund et al., 2017; Yee Mikami et al., 2008), as well as increased food responsiveness and emotional eating (Harris et al., 2022). This can help explain the significant association between ADHD with BED, BN, and AN bingeing/purging subtype in particular (Svedlund et al., 2017; Villa et al., 2023) but, again, there remains a need for qualitative research to move beyond associations into understanding their dynamics.

While the aforementioned traits associated with autism and ADHD have been implicated in ED pathogenesis, a key limitation of existing research is the deficit-based framework through which neurodivergence is often understood. Much of the literature approaches neurodivergent experiences of eating through a neuronormative lens, which treats neurotypical patterns of thought, emotion, and behaviour as the benchmark for healthy functioning, thereby framing any divergence as inherently problematic or deficient (Chapman, 2020; Leong & Graichen, 2024). For instance, although 70.4% of autistic children, and 16.6% of children with ADHD have ‘atypical’ eating behaviours (Mayes & Zickgraf, 2019), these patterns are not necessarily indicative of disordered eating. For example, preferring to have the foods on one’s plate presented separately rather than touching one another may be statistically atypical eating behaviour – it is not done by the majority of people – but it is entirely physically and psychologically harmless. As such, should it really be considered disordered or dysfunctional?

This pathology paradigm is reflected in dominant treatment models, which often fail to accommodate neurodivergent-specific experiences (e.g., by separating neurodivergent-specific eating preferences and routines from eating disorder symptoms) and drivers of eating distress, despite neurodivergent individuals representing a substantial proportion of those accessing eating

disorder services (Kinnaird et al., 2017; Kinnaird et al., 2019b). Neurodivergent individuals frequently describe treatments to be misaligned with their needs, and report feeling misunderstood or invalidated by clinicians who rely on neurotypical assumptions. They also note the harm caused by clinicians' attempts to modify, eliminate or disallow eating patterns that are not inherently disordered, but instead reflect neurodivergent ways of engaging with food (Cobbaert et al., 2024). This lack of neurodivergence-informed support contributes to the longer and more frequent inpatient admissions seen amongst anorexic patients with autism (Nimbley et al., 2025) and is reflected in the poorer treatment outcomes seen in neurodivergent individuals in comparison to neurotypical peers (Babb et al., 2022; Black & Bölte, 2024; Svedlund et al., 2017).

Given these disparities, it is essential to explore the mechanisms through which neurodivergent traits may contribute to eating distress, while resisting reductive interpretations that frame these traits as deficits (Herle et al., 2025). As such, research in this area should be grounded in the neurodiversity paradigm, which resists deficit-based frameworks and challenges the notion of a singular, normative neurocognitive profile, affirming cognitive and emotional diversity as part of a natural human diversity (Chapman, 2021; Dwyer, 2022; Pellicano & den Houting, 2021). Reframing research in such a way promotes contextually sensitive, person-centred approaches that honour difference rather than impose correction.

The present study is informed by this neuroaffirming framework. It seeks to develop a nuanced understanding of how neurodivergent individuals experience eating and body image, and how these experiences may form mechanisms through which eating distress develops. Whilst acknowledging that neurodivergent traits can contribute to disordered eating, this research does not conceptualise these traits, or associated behaviours and cognitive patterns, as inherently

pathological. Instead, it aims to distinguish between eating-related experiences that reflect adaptive, non-normative expressions of neurodivergent identity and those that are genuinely distressing, harmful, and warrant clinical support, whilst also seeking to understand how these positive or adaptive behaviours, under certain conditions, may evolve into patterns of eating distress.

By centring lived experience within a neuroaffirming framework that recognises the heterogeneity of neurodivergence, this study contributes to a growing body of research advocating for neurodivergent-tailored approaches to ED treatment and prevention (Cobbaert et al., 2024; Keller et al., 2024; Loomes et al., 2025; Nimbley et al., 2025). Insights from reflexive thematic analysis aim to inform clinically responsive, person-centred models of care that reflect the diverse ways neurodivergent people experience food and body image. In doing so, the study advances both theoretical understanding and inclusive clinical practice, with implications for early intervention as well as treatment. It also addresses the underrepresentation of neurodivergent voices in ED research and challenges dominant, neuronormative assumptions around motivation, maintenance, and recovery. By resisting pathologising frameworks and foregrounding neurodivergent lived experience, this research seeks to reorient the field toward more inclusive understandings of eating distress that reduce harm and support meaningful change in both research and clinical practice.

Present study

Building on research highlighting elevated ED risk among neurodivergent individuals, the present study explores how autistic, ADHD, and AuDHD individuals experience eating and body image, and how these experiences may form potential neurodivergent-specific mechanisms for

eating distress. Grounded in the neurodiversity paradigm, this study aims to distinguish genuinely harmful eating patterns from non-normative but harmless ones, whilst also examining how positive or adaptive behaviours, under certain conditions, may evolve into eating distress. Using reflexive thematic analysis of interviews with nine neurodivergent* individuals, mostly women with lived experience of eating distress, this study seeks to inform clinically responsive, person-centred models of treatment and prevention.

*N.B. The term ‘neurodivergent’ will henceforth be used to refer to autistic, ADHD, and AuDHD neurotypes

Method

Participants

We initially recruited 12 neurodivergent adults (self-identified and formally diagnosed) from the UK, to take part in this study. All participants completed interviews, however, due to the time constraints of this project, only 9 interview transcripts were used for the analysis reported herein. These were selected on the basis of variety and depth, with the researcher choosing to analyse a selection of transcripts they felt offered a broad range of experiences and meaningful insight. The final sample included nine participants aged 20-46 years ($M = 26.67$, $SD = 8.90$), three of whom were autistic, and six of whom were AuDHD. Participants consisted of 8 cis-gender women and one non-binary individual. Most identified as White British ($n = 6$), though the sample also included individuals identifying as Chinese and Bidayuh ($n = 1$), German ($n = 1$), and Indian ($n = 1$). Six participants had previous experience of an eating/feeding disorder (AN = 5; BN = 3; BED = 3; ARFID = 1; undiagnosed = 1).

Participants were recruited via social media posts on Durham University Facebook channels and LinkedIn. All participants provided electronic informed consent before participation and received a debrief sheet after their interview. Ethical approval was granted by the Psychology Department Ethics Committee at Durham University (PSYCH-2025-7524-7406). All participants were compensated for their time with a £15 Amazon voucher.

Research Question

To better understand the mechanisms behind eating and body image distress in neurodivergent individuals, this study aimed to investigate the following two research questions:

- 1) How do neurodivergent people experience eating and body image?
- 2) How do these experiences form potential mechanisms through which neurodivergent people may develop eating or body image distress?

Design

This study had a qualitative design, with data collected through online semi-structured interviews and analysed using Reflexive Thematic Analysis (Braun & Clarke, 2019). This study was informed by a critical realist epistemological stance, which assumes that while a reality exists independently of our perceptions, our understanding of it is always mediated by context, interpretation, and social positioning. This approach supports nuanced exploration of subjective experience and is well-suited to capturing the complexity and emotional sensitivity of this topic, including the cultural and systemic influences that shape lived experience and interpretation.

Positionality statement

This project and data analysis was conducted by a white, female undergraduate psychology student with lived experience of an eating disorder. The researcher worked closely with their supervisor, a white, Autistic/ADHD woman and associate professor of psychology specialising in the psychology of body image and eating, to ensure the project was grounded in a neuro-affirmative approach.

Procedure

Participants provided informed consent and demographic information prior to their interviews and were sent a list of the topics that would be covered in advance. To support comfort and accessibility, they were offered the option to switch off their cameras or respond via the chat box instead of speaking. Participants were also asked beforehand whether they required any additional accommodations to help create a more comfortable and inclusive interview environment.

Interviews were conducted online via Microsoft Teams, using a semi-structured interview approach. Interviews lasted between 45 and 101 minutes ($M = 57$ mins), with participants free to take breaks whenever needed. Interviews were recorded with participants' permission and were then transcribed by the researcher to be used for analysis.

Analytic approach and reflexive practice

The data was analysed using reflexive thematic analysis (Braun & Clarke, 2019), a six-phase process in which themes are actively constructed through recursive cycles of coding, reflection, and interpretation. Data familiarisation occurred organically during transcription, with

the researcher reviewing each interview twice and rewatching the recordings, prompting early reflections on potential patterns. Coding was conducted inductively at a semantic level, staying close to participants' language while identifying meaningful features of the data. Interpretive discussions with the researcher's supervisor supported analytic clarity and contributed to a collaborative reflexive process. Initial themes were constructed from broader patterns of meaning and then reviewed and refined, until five rich, nuanced, and conceptually distinct themes were developed.

Reflexive thematic analysis acknowledges that meaning is not discovered but actively constructed, shaped by the researcher's positionality, conceptual lens, and lived experience. In this study, themes were developed inductively through iterative engagement with participants' accounts, while interpretation was informed by theoretical frameworks relating to neurodivergence, disordered eating and cognition. This hybrid approach enabled the researcher to construct meaning through a process grounded in the data and enriched by conceptual insight and personal understanding. Reflexivity was maintained primarily through internal reflection, with the researcher regularly considering how their own assumptions, emotional responses, and experiences shaped the analytic process and interpretive decisions.

Findings and interpretation

Five key themes were developed from the dataset that offered insight into neurodivergent experiences of eating and body image, and potential mechanisms through which these experiences may lead to eating distress. The themes generated were 1) Sensory sensitivities in a world that doesn't understand, 2) The pursuit of safety, control and emotional regulation 3)

Sensory stimulation seeking, 4) The cognitive and energetic demands of eating, 5) Body image as a social compass. These themes are both described and interpreted in the following section.

1. Sensory sensitivities in a world that doesn't understand

Amongst neurodivergent populations, sensitivity to sensory stimulation is often heightened, meaning tastes, textures, scents, noise and light are experienced more intensely and can more readily become overwhelming. These sensitivities are not inherently problematic, rather they reflect a different way of engaging with the world. However, in the context of eating, they have potential to impact wellbeing. This theme explores participants' experiences of sensory sensitivities around food and eating, highlighting both the importance of accommodating sensory needs, and the ways in which these sensitivities may contribute to restrictive eating patterns. It also considers how non-harmful sensory preferences are frequently misunderstood or stigmatised within a society that lacks awareness of neurodivergent eating experiences and imposes neuronormative expectations around food. As such, we explore how the potential for harm often arises not from the sensitivities themselves, but from how they are judged, responded to, or unsupported.

Sensory sensitivities emerged as a consistent theme across participant interviews, shaping how individuals engaged with food-related experiences such as eating, cooking, food shopping, and navigating mealtime environments. NB04 explained that “each of us have our own different set of preferences and needs that make eating a lot easier, and even possible”, whilst NB07 described sensory sensitivities as having “everything to do with how safe I feel when I'm eating”. These accounts illustrate that sensory factors are not incidental preferences but foundational to whether eating feels safe or accessible. They underscore the need to recognise

and respect neurodivergent sensory processing differences in order to support positive eating experiences.

Whilst many participants emphasised the importance of accommodating sensory needs, they also acknowledged the role of food-related sensitivities in their experiences of eating distress. Taste, texture, temperature and smell were cited as factors making certain foods inedible, with even subtle changes provoking discomfort or avoidance. Whilst these experiences are not inherently problematic, the cautiousness they can generate around food can be harmful. NB06 reflected that sensory-aversive eating experiences “can lead to a lot of wariness around food, and very much just can reinforce negative cycles, because you don’t want to be becoming scared of what you eat”. Similarly, BP02 noted that “there’s that issue of you have a bad experience with something once and then you never want to touch it again”. For some, these heightened sensory sensitivities and fears around the sensory aspects of food had led to heavily restrictive diets or avoidance of eating altogether.

“it wasn’t that I didn’t want to eat to starve myself, it was that I would have rather just had my normal safe food, and then that can obviously create, if that happens over time, that can manifest into like, oh, I’d rather just avoid eating altogether” (NB02)

Challenges with sensory sensitivities extended beyond the food itself to the broader eating experience. Participants described how environmental factors, such as lighting, noise, and spatial layout, also shaped their ability to eat. BP03 shared that “if I’m in a restaurant with like bright lights or it’s quite loud, I’ll feel overwhelmed, I’ll feel nauseous, I won’t have an appetite”, while NB05 noted, “I’m quite affected by like even just the type of seat, like the height of it, like the space between like the seat and the table”. Participants described how

overstimulating environments could provoke anxiety, make it difficult to concentrate on eating, or make mealtimes or social eating distressing and aversive.

These challenges were not limited to dining spaces, but also extended to cooking environments and, notably, supermarkets. NB04 described how “even like going to Lidl is just very much an experience that is like war for me, I need to like gear up mentally, physically, I’ve got noise cancelling headphones I can’t live without”. NB07 echoed this sentiment:

“the lights are so strange and like the noise and everything, there’s the other thing of like having to also strategically pick the quiet hours at the Tesco’s and stuff because [...] if there are like eight million people in every single aisle, like I just get to a point where I’m like I just need to curl up in a ball”

These accounts demonstrate how environmental sensory sensitivities can profoundly shape neurodivergent individuals’ relationships with eating. However, it is important to reiterate that heightened sensory sensitivities are not the source of stress in and of themselves. Preferences such as avoiding certain foods or environments, reflect valid and adaptive responses to individual sensory needs. The difficulties arise when these needs intersect with environments that are often not compatible with diverse sensory processing styles. This mismatch can render everyday tasks, such as buying, cooking, or consuming food, more challenging, and may result in distress or avoidance, not because of the sensory traits themselves, but due to the unavailability or limited access to sensory-friendly alternatives. In such situations, individuals may feel they have no option but to avoid eating altogether, potentially leading to restrictive patterns, or alternatively, they may endure the experience but subsequently develop very negative associations around food.

Heightened sensory sensitivity can also present significant challenges in social or catered eating contexts, where normative expectations around how one should eat, interact, and engage with food often conflict with neurodivergent sensory needs. Participants described how the expectation for conversation during meals, for example, not only intensifies environmental stressors, such as noise and overstimulation, but also impacts the sensory experience of food.

NB07 explained:

“when my food arrives it’s a certain taste, texture, temperature, and I’ve anticipated that, and that’s why I picked it. If you expect me to do other things at the same time, I’m like, now that all changes [...], school dinner pasta sauces, my lord, if people tried to make me speak, I was like no, the pasta sauce is at like prime temperature for about three minutes, I have those three minutes then that’s it, after that it’s a no-go zone”

Several participants expressed a preference for eating alone, describing it as calmer and more manageable, but feared the judgement this might invite. Conversely, others feared judgement from remaining in social settings, in that their sensory needs meant their food preferences were more likely to come under scrutiny. For some, this repeated stress of navigating social eating environments led to avoidance altogether, as reflected by NB02 who shared that “it might be easier to just not eat rather than face the social situation”.

Catered eating environments, such as school dinners or university colleges, posed additional barriers. NB06 described how limited sensory-safe options could result in not eating at all:

“if you’re somewhere where you’re getting your meals catered for you and you’re like, okay, this has been paid for us so I must eat it, or this has been paid for so it’s the only thing I can have, but I can’t have this, so I just won’t eat”

These accounts illustrate how social norms around eating and limited food options can make it difficult for neurodivergent individuals to access eating in a way that feels safe and manageable. When sensory needs are unmet, invalidated, or judged, individuals may feel compelled to avoid eating altogether, contributing to nutritional risk and reinforcing distressing associations with food and mealtimes.

This difficulty in navigating social eating environments reflects a broader issue, in that neurodivergent sensory needs and related eating preferences often fall outside of society’s normative models of eating, which can feel deeply othering and make the experience of eating more challenging. NB06 described how “there’s kind of these normative expectations of how people react to food and why people do or don’t eat food”, noting that, “the defaults don’t necessarily fit” when eating as a neurodivergent person. They highlighted how neurodivergent sensory needs do not fit into society’s understanding or categorisation of dietary restrictions, and recalled an experience where “my dietary restriction card was just my name, it was easier, because everyone else is vegetarian, vegan, nut allergy, then me”, “you’re aware that you’ve got dietary restrictions, but you don’t fit into any of the expected boxes”. This lack of conceptual recognition meant that their needs were often dismissed:

“I had [people] take my dietary requirements less seriously because their friend had an allergy, so they knew that friend definitely couldn’t eat at the

place, and I was like, yeah, there's nothing on the menu that I can have, they were like, well, you're not allergic"

NB06's account demonstrates how the absence of frameworks for understanding neurodivergent sensory needs, and the reluctance to accommodate needs that fall outside conventional categories, can leave individuals without safe food options, sometimes resulting in having to go without eating altogether.

Participants described how their eating and sensory needs, when misaligned with normative models, often elicit judgement and contribute to a broader stigma surrounding neurodivergence. NB04 recalled how people would "stare at my eating habits", leading them to prefer eating alone, becoming "a big fan of bathroom lunches" to avoid further scrutiny; "I was already like socially stunted in many ways, like, come on, now you're going to comment on my eating as well?". NB06 similarly reflected that, "if you're eating in a way that's deemed non-normative, people react to it [...] and start judging you for it". They elaborated on how such judgement can compound existing social marginalisation, particularly for those already perceived as different, noting, "especially if you've become some kind of target in another way, like if bullies have picked up on something else and then they say you're eating weirdly too, that's not going to help". NB06 further emphasised that eating differently is often misinterpreted as eating 'weirdly' or 'wrong', even when the behaviour itself is harmless, and "even if you're not actually eating weirdly, it's perceived to be".

These accounts illustrate how judgement toward neurodivergent eating needs, particularly when they fall outside neuronormative expectations, can significantly disrupt individuals' relationships with food. Participants described how scrutiny and judgement for eating differently led to heightened anxiety and shame around eating, which, in response, could result in avoiding

these eating situations altogether. Over time, these experiences can contribute to restrictive eating patterns and reinforce distressing associations with food, not due to disinterest, but as a protective response to environments where eating feels both emotionally and sensorily overwhelming.

This judgement towards neurodivergent eating needs feeds into a broader stigma surrounding neurodivergence and food, particularly through harmful and reductive stereotypes of a ‘picky’ or ‘fussy eater’. Participants described how their eating preferences are frequently framed in negative terms and noted the assumed childishness to eating in such ways. NB06 reflected on how such stigma stems from oversimplified understandings of neurodivergence, particularly autism, as a monolith, referencing the stereotype of, “oh, autistic children eat this and only this”. This idea was also conveyed by NB07 who described how others placing their assumptions about what they personally could or couldn’t eat “treats it like it’s a really big deal and it’s like impossible, and that only kind of reinforces for the person that it’s like, ‘oh, okay so it’s me, I’m the problem, I’m being difficult’, when actually you’re not”. These accounts highlight how dismissive attitudes towards neurodivergent food preferences can undermine the legitimacy and complexity of neurodivergent sensory needs and invalidate lived experience. When eating behaviours are misinterpreted or stigmatised, individuals may feel ashamed, anxious, or reluctant to eat in front of others, further complicating their relationship with food.

Underpinning the judgment, stigma and lack of accommodation in social eating contexts is a broader lack of understanding around neurodivergence, particularly in relation to sensory sensitivities and eating experiences. Societal discourse around neurodivergence frequently relies on reductive assumptions, with limited education distinguishing these from lived experience. This may be particularly true for female neurodivergent individuals given that diagnostic

frameworks have historically centred on male presentations, leaving female experiences largely misunderstood. NB07 described the stress caused “if other people either don’t understand, or don’t want to understand, and start kind of expecting you to be able to interact with food in the same way that they can”. Their reflection highlights how neuronormative expectations are often used as a framework through which neurodivergent eating behaviours are interpreted or judged. When others make assumptions or attempt to impose normative eating practices, they may inadvertently disrupt behaviours that do not require changing, and in fact offer safety and regulation. This can undermine autonomy and turn eating into a source of distress. In many cases, eating difficulties arise not from sensory traits themselves, but from external efforts to override them.

Participants identified home and school environments as particularly harmful in this sense, describing numerous occasions of being forced to eat food they found aversive. NB07 reflected on the emotional impact of failing to meet the neuronormative standards expected of them, sharing that they could be “made to feel like really small and silly” for struggling with these, and be left with a sense of guilt when unable to comply. Participants described how, particularly during childhood, their food preferences were routinely dismissed, with NB07 explaining that:

“adults very regularly tap out, and they’re like, I don’t like that so I’m just not going to eat it, but when you say it as a fourteen year old, you’re like, I don’t like it, they’re like, well you have to eat it [...] and eating becomes like a really scary, kind of invasive process, and very much associated with like, my boundaries aren’t respected, my taste isn’t respected, and that can be difficult”

NB06 and NB02 shared similar experiences, with NB06 noting the added emotional pressure of guilt-inducing responses from adults. NB05 iterated these challenges in the context of school dinners, describing how “being forced to have those was a bit of a traumatic experience”. They also reflected on the imposition of frameworks like the ‘healthy eating plate’, which felt incompatible with their sensory needs and condescending in tone.

Although often well-intentioned, these approaches to neurodivergent eating preferences can create distressing associations with food, particularly in children or individuals who may not yet understand their neurodivergence but intuitively know they need to engage with food in a certain way to feel safe. When eating is enforced without understanding or regard for sensory boundaries, individuals may feel guilty, powerless, or confused as to why they struggle so much with eating. Over time, this can foster a negative relationship with mealtimes, exacerbate food aversion, and contribute to enduring patterns of eating distress.

The final area in which participants experienced a very harmful lack of understanding or regard for neurodivergent experiences of eating was in healthcare. Whilst a couple of participants acknowledged the lack of understanding amongst GPs and other healthcare professionals, the majority of accounts related to experiences of NHS eating disorder services or CAMHS. Participants felt that practitioners were not trained to recognise neurodivergence and were unable to provide treatment that aligned with neurodivergent needs and experiences. They expressed their frustration at how unhelpful and harmful they had found their experiences in these services, with NB04 reflecting that for “therapy or like any sort of counselling, if you’re not trained in autism, it can do more harm than good”. NB05 also shared their experiences of eating disorder services, explaining

“I found all of their kind of therapy [...] pretty unhelpful because it wasn't really tackling why I was doing what I was doing”, “like that experience was pretty awful at points because of like, yeah, how much they just assume that you are doing something for a certain reason”, “it was often quite distressing at times because then it would kind of create like a difficult family environment at home, which then makes the whole eating experience more stressful”

Participants highlight the harm that can occur when clinicians lack a nuanced understanding of how neurodivergence intersects with disordered eating. NB05's reflection demonstrates how neuronormative treatment frameworks often lead to inaccurate assumptions about the underlying causes of eating distress, such as attributing behaviours to weight or shape concerns, while overlooking neurodivergent-specific pathways, such as sensory-based mechanisms, that may be central to neurodivergent experiences of eating. As a result, individuals may feel invalidated, misunderstood, or unheard within clinical settings, particularly as standard treatment approaches often emphasise increasing dietary variety, eliminating fear foods, relinquishing control, engaging in social eating, and embracing flexibility around food, which can directly conflict with the sensory needs and safety strategies neurodivergent people rely on to maintain a positive relationship with eating. Although clinical support remains essential for addressing genuinely harmful eating patterns, participants' accounts call for a more neurodivergent-specific approach that recognises neurodivergent pathways to eating distress, and challenges disordered behaviours without pathologising an individuals' sensory profile or practices that are protective, regulating, and necessary.

In conclusion, this theme highlights the complex nature of heightened sensory sensitivities in shaping neurodivergent experiences of eating, alongside the importance of

respecting neurodivergent sensory needs. It demonstrates how both food-specific and environmental sensitivities can negatively impact an individual's ability to eat, particularly in contexts that fail to accommodate sensory differences. Crucially, it demonstrates how judgement and lack of understanding towards neurodivergent eating needs, particularly when these needs fall outside normative models, can result in enforcement of eating practices that do not align with sensory needs. When neurodivergent individuals' sensory-based strategies are dismissed or forcibly altered, eating may become a source of distress. These findings underscore how harm often arises not from the sensory sensitivities themselves, but from how they are interpreted and responded to, reinforcing the need for approaches that honour sensory needs as valid and integral to safe, positive eating experiences.

2. The pursuit of safety, control and emotional regulation

The need for safety and control is often central to the neurodivergent relationship with eating. Participants described how food-related behaviours and cognitive patterns often emerged from a desire for predictability, sameness, familiarity, and certainty, all elements that support emotional regulation and cultivate a sense of stability in an otherwise unpredictable social and sensory landscape. This theme explores the interrelated nature of control, safety, and emotional regulation, as well as the strategies through which individuals seek to achieve these states within the context of eating.

A sense of control is often a core regulatory need for neurodivergent individuals, particularly for those whose external environments are experienced as unpredictable, overwhelming, or difficult to interpret. This was articulated by NB03, who explained that "I think as a neurodivergent person, when the world around you just is so overwhelming, doesn't

make sense, like you process things so much differently, that control is so much more important”. Participants described how, when these environments contribute to feeling a lack of autonomy, using food-related behaviours can provide a way to feel in control and can serve as an emotionally stabilising strategy in the face of broader uncertainty. NB04 shared their experience of turning to restrictive eating in order to feel in control, explaining that

“it was at a time where I was having a very difficult home life and where I lacked a lot of control in my own autonomy, so, when you lack control, it’s not out of a point of like obsession and compulsion, it’s like, you want to have, like, especially as an autistic person, you want to have control and like exact detail over as much of your life as you can, and I barely had any of that, and for me, as I child who didn’t know any better, food was one way, and obviously that wasn’t very healthy”

Their account illustrates the importance of control for neurodivergent individuals, which is not about being rigid or obsessive, but instead is a means to survival, regulation and creating a sense of safety. However, they also highlight the risk of individuals turning to restrictive eating behaviours or food avoidance in order to find that sense of control, and the serious consequences this can have to physical and emotional health.

Among participants, control through limiting food intake, or abstaining from eating altogether, tended to manifest in two distinct ways. For some, it functioned as a means to regain a sense of control in response to broader life stressors or emotional overwhelm. For others, the distress was rooted more specifically in the experience of food itself, where sensory sensitivities and a lack of autonomy around food choices made eating an emotionally dysregulating and difficult experience.

Reflecting on the former, NB04 observed that “not eating might be a symptom of something else”, such as coping with negative experiences like bullying or academic pressure. They noted that “people start taking control by not eating”, suggesting that food can become a site of agency when other areas of life feel overwhelming or unmanageable. In this context, restriction may offer individuals a way to assert control, emotionally regulate, and navigate distress in environments where they otherwise feel powerless or unheard.

Meanwhile, in the context of feeling unsafe around eating, NB07 reflected that

“if you don’t have any control over your own food in terms of what’s cooked and kind of served to you, you then lean into the control of, okay, well, I’ll just avoid, or like I might, it can be put in front of me, but if I pick at it for half an hour and everyone then gets kind of sick of waiting and leaves me be, that’s the only control I can exert”

This account illustrates how food avoidance can function as a subtle assertion of agency in contexts where overt control, such as choosing what or how to eat, is unavailable. Particularly in environments where neurodivergent experiences of eating are misunderstood or dismissed, the control of food in such ways may become the only accessible strategy for maintaining autonomy and protecting against sensory overwhelm and emotional dysregulation.

Whilst the drivers behind these two patterns are distinct, with one reflecting a broader attempt to manage external difficulties, and the other centred around the internal emotional and sensory challenges of eating, these may also intersect; in some cases, establishing control over one’s eating experience may feel necessary in order to be better emotionally regulated so they can then feel a more general sense of stability and agency in daily life.

A tendency toward binary thinking, perfectionism, and rule-based reasoning can also shape how neurodivergent individuals interact with food. Whilst these cognitive styles are often viewed negatively within neurotypical frameworks, for neurodivergent individuals, they can provide a subconscious sense of safety and control by creating clear boundaries around what is ‘good or ‘bad’, reducing uncertainty and the perceived risk of ‘doing it wrong’. In the context of eating, finding strict rules about what, when, or how one should eat can reduce anxiety by eliminating grey areas. NB05 described wanting “fixed answers with food” and noted that “if you google things around food, you can find yes or no answers, which then to a neurodivergent person, is probably going to get taken as gospel”. NB02 similarly reflected how literal interpretations around media messaging could negatively impact eating behaviours, explaining that

“for a lot of autistic individuals, their safe foods are things like ultra-processed foods because they always taste the same [...] but in the media you see articles about like ultra-processed foods are really bad and then that could make people feel really bad, and then that can make people feel like, oh now I can’t eat this anymore because it’s bad for me, so I don’t eat anything at all”.

While these cognitive patterns may initially support emotional regulation, they can also lead to rigid and exclusionary eating behaviours, such as eliminating entire food groups or adhering to strict calorie limits in an attempt to eat as ‘perfectly’ as possible. These restrictive or avoidant eating behaviours may then become increasingly rigid and obsessive, not only due to the illusion of control they provide, but also because the neurological effects of undernourishment can further exacerbate perfectionistic, binary, rule-bound thinking (Spettigue et al., 2025). This creates a cycle that is both emotionally compelling and physiologically

reinforced, making such patterns difficult to interrupt, even when they negatively impact on physical and mental health.

Whilst restriction and food avoidance are maladaptive, it is important to note that using food to feel in control is not inherently harmful, and for some neurodivergent individuals, it can serve as a functional coping strategy for managing both eating and also broader life demands. For example, when this manifests through structured systems around food, routine-based eating, or a preference for familiar foods, such practices can support autonomy, emotional regulation, and overall wellbeing.

Having structured systems, or food-related rules or rituals, was an experience shared by many participants that helped them feel safe around eating. BP03 explained that, “I have these systems that I wasn’t even like really conscious of like as a child, and like now, where if the way I eat doesn’t follow that system, then it’s like, I can’t eat it”. Rules experienced across participants included foods not touching, what order foods need to be eaten, how food is cooked, how food is presented on a plate, foods being mixed together, and needing to serve one’s own food. For neurodivergent individuals, structured rules and rituals around eating can be important for emotional regulation, sensory predictability, and feeling in control, therefore adhering to these systems can be instrumental in shaping appetite and how safe eating feels. NB02 reflected this, explaining that their “preferences aren’t only preferences, but are like, I actually can’t eat this food if it’s plated up that way”, with NB04 adding that their need for foods to not touch is “out of sanity and necessity”.

Routine and structure around eating was another type of control around food through which participants felt more emotionally regulated. NB04 reflected that when you experience a lot of unfamiliarity and unpredictability in your life, “the structure and repetitiveness of eating

can be in fact grounding for many people [...] because like, let's say I've had a horrible day, I'm like hey, I'm eating dinner, I did the same thing yesterday at the exact same time, that's nice". NB02 echoed this sentiment, explaining "I eat the same time every day all my meals and that really helps, or like roughly around the same hours, and that is really powerful for me". These accounts demonstrate how control and predictability around food can foster a sense of emotional stability and psychological comfort. NB05 further emphasised the value of structured eating, describing it as "a less stressful experience" that enables them to "emotionally regulate so much better", highlighting its role in managing mood and mitigating overwhelm.

It is clear from participants' accounts how positively these forms of control around food can be experienced by neurodivergent individuals. A risk of such strategies however, is that individuals develop extreme cognitive rigidity around them, such that minor changes in timing, preparation or presentation, for example, cause significant distress. In this case, each time an individual is faced with eating outside of their established parameters, they may experience heightened emotional dysregulation, a loss of perceived control, and a sense of loss of safety. Not only can this foster an aversive relationship with eating, but it might also lead individuals to avoid eating altogether in order to prevent the distress triggered when their routines or rules around food are disrupted. This can perpetuate a cycle in which food avoidance becomes a strategy to pre-empt future distress, reinforcing a reliance on restrictive eating as a means of preserving predictability, emotional safety and control.

Alongside structured rules and routines, participants also described a preference for eating the same foods repeatedly as a supportive strategy that helped make eating feel safer and more manageable. NB02 described how they would

“have a phase where I’m really obsessed with like one kind of food [...] I think that can, from the outside perhaps, be perceived as quite like, like why would someone always eat, I don’t know, fish fingers and chips, like why would they not eat something else, when actually that is what makes them feel safe”

For them, sameness offers the safety of predictability and familiarity, reducing the risk of sensory surprises. NB05 similarly described how “having the same thing every day was almost kind of like calming”, highlighting the regulatory effect of repetitive eating and its role in supporting mood and emotional stability. The only caution here is that eating the same foods repeatedly may reduce dietary variety to the point of vulnerability to nutritional deficiencies. In such cases, some participants described finding it difficult to break out of these repetitive cycles, even when the patterns had become potentially harmful.

Whilst repetitive food choices may simply reflect a preference for sameness or a way to reduce decision fatigue, for some neurodivergent individuals, they can also function as a special interest or form of hyperfixation; an intense, sustained focus on a specific interest or activity. In this context, repeatedly eating the same food can offer comfort, joy, and a sense of control, and may become both identity-affirming and emotionally regulating. Through the lens of monotropic theory (Murray, Lesser & Lawson, 2005), hyperfixation can be understood as a natural extension of the neurodivergent attentional style, in which individuals become immersed in a single channel of interest rather than distributing attention more broadly. When food becomes part of this attentional channel, its familiarity can reduce cognitive load, offer sensory predictability and help manage emotional overwhelm, particularly as everything outside of that channel may become inaccessible or irrelevant. In this sense, food-related hyperfixations may serve as adaptive attentional strategies, where sustained engagement with certain foods supports

emotional regulation and psychological safety, especially during periods of stress or dysregulation.

However, despite the protective and stabilising aspects of hyperfixation, NB06 highlighted the risk of developing harmful fixations around the ‘metrics’ of food, such as calories, macros, weight, and exercise (including ‘exercise discounting’ where a specific amount of exercise is treated as a currency to permit the consumption of a specific amount of food). While behaviours such as meticulously tracking food intake, frequently checking the scales, or spending hours at the gym, may initially be experienced as regulatory or affirming and offer a sense of safety, control, and fulfilment, even contributing to identity, combined with the neurodivergent tendency for extremes, these behaviours can quickly become rigid, obsessive and compulsive, posing significant risks to emotional and physical wellbeing. BP05 reflected that “neurodivergent people often go to extremes and get fixated on things, which is very easy to do with a fitness journey, and it to spiral out of control”. NB05 similarly described how their “tendency to go to extremes quite easily without noticing” underpinned their experience of anorexia, which began with the intention to “be a bit like healthier, make better choices etcetera, but then I couldn’t like, once I’d got into the routine of doing that, I couldn’t stop it”.

These accounts illustrate how hyperfixations that begin as adaptive can, over time, become difficult to interrupt and increasingly maladaptive. This reflects the paradox of control often seen in restrictive eating disorders, whereby behaviours such as controlling food intake, monitoring weight, or exercising excessively, are used as a means to feel safe and in control. However, as behaviours become more compulsive, individuals start to lose control, and it can begin to feel as though those behaviours control them instead. As negative hyperfixations grow more rigid and obsessive, distress intensifies when access to them is disrupted, for example if

one is unable to track calories, visit the gym, or use weighing scales. This can result in individuals clinging even tighter and depending even more heavily on their hyperfixations to regulate and feel safe and in control, perpetuating a cycle that quickly becomes harmful. Such hyperfixations are not unique to neurodivergent people's monotropic attentional style but the combination of the hyperfixation with the monotropism may make its effects particularly pervasive and difficult to address.

A smaller number of participants described experiencing hyperfixation in relation to aspects of their bodies or appearance. However, these accounts aligned more closely with the types of fixation seen in body dysmorphic disorder, where the focus tends to be obsessive, compulsive, and distressing. Such fixations are typically egodystonic, experienced as intrusive or unwanted, unlike the egosyntonic nature of many neurodivergent hyperfixations, which are often felt as affirming, regulating, or integrated with identity.

In summary, this theme has explored how neurodivergent individuals use control, safety, and emotional regulation to navigate a world that often feels unpredictable, overwhelming and difficult to interpret. Within the context of eating, behaviours and cognitive styles, such as selective eating, rule-bound thinking, reliance on food rules and routine, and hyperfixations, can offer autonomy, familiarity, predictability and emotional stability. However, if these strategies become overly rigid or extreme, resulting in negative self-evaluations or feelings of loss of control when rules and routines are violated, they may result in overly restrictive eating or food avoidance, and an increased risk of emotional dysregulation. This perpetuates a cycle of reinforcement where, as the need for regulation intensifies, individuals may become increasingly dependent on these behaviours to feel safe and in control, even when they begin to compromise

physical and mental health. Once embedded, these patterns can be difficult to interrupt because they feel fundamental to survival in an often dysregulating and unsafe world.

3. Sensory stimulation seeking

Another factor shaping some neurodivergent individuals' relationship with eating is the use of food as a method of sensory stimulation seeking, henceforth referred to as sensory seeking. This theme explores how sensory stimulation from eating can support emotional, attentional and sensory regulation. Whilst this can often be experienced as positive and functional, when combined with other factors such as differences in interoceptive processing, impulsivity, and internalised appearance pressures, this regulatory function may also contribute to eating distress or health challenges.

Food-based sensory seeking can be understood as a form of 'stimming', a term used to describe self-stimulatory behaviours that help regulate attention, emotion, or sensory input. Stimming is not unique to neurodivergent people, but it is used more extensively in this population as a regulatory strategy. Multiple participants described using food in this way, drawing on its sensory properties to support regulation and sustain focus. BP02 suggested that "it's talked about in the dieting parlance as, oh, it's emotional eating right, but it's serving exactly the same function as stimming, which is it's satisfying this sensory need and helping regulate". They emphasised eating as a key stimming practice for neurodivergent people, particularly for those whose other forms of stimming were discouraged or punished in childhood. Describing their own relationship with sensory seeking through food and drink, BP02 gave the following example:

“I can get a chai latte from the maths café at midday and I’m still sipping it at 4pm because it’s so hot, and that again, basically I keep burning my mouth a little bit and that gives that, that’s a form of stimming for me, and it means my brain can focus on other things”

They highlight the positive impact of using food as a form of stimming, describing how their sensory engagement with food supports their ability to regulate their attention. This illustrates how food can serve as an integral tool in day-to-day functioning.

NB05 similarly described using food as a self-stimulatory behaviour, specifically when experiencing boredom and under stimulation. They explained that “when you’re doing like lots of uni work or sitting down, like I struggle with that, so like snacking on something is a way that I would kind of like keep myself happy to like sit down and do stuff, [...] I think also just like it’s a bit of a dopamine hit, isn’t it”. For some neurodivergent individuals, especially those with ADHD, food offers a form of sensory input that helps regulate attention during low-stimulation tasks. In this context, eating becomes a way to increase sensory stimulation and boost dopamine, supporting attention and emotional regulation when under-stimulated. NB05 also spoke to the challenges of hyperactivity, noting that “doing one thing is like really difficult” and commented on the struggle of having to sit down for extended periods of time, describing eating as a strategy to compensate for their need for physical activity:

“like sitting down and like, not being able to like leave when I want sometimes, [...] I don’t know, like just eat loads of stuff because I’m like, I need to move around”

Whilst seeking sensory stimulation from food can evidently be supportive and adaptive, participants also highlighted potential risks associated with reliance on eating as a primary

regulatory strategy. When food becomes a habitual mechanism for managing boredom, attention, or emotional discomfort, eating may shift towards more compulsive patterns, regardless of hunger or nutritional need. In these instances, food becomes something one feels compelled to have in order to function or self-soothe. This tendency may be further compounded by neurodivergent differences in interoceptive processing, particularly difficulties in recognising fullness cues and, as a result, neurodivergent individuals may be especially vulnerable to overeating.

Additionally, when eating is used as a stimulatory and regulatory tool, there is a tendency to gravitate towards dopamine-triggering foods such as those that are high in sugar or fat, or highly processed. NB05, for example, referenced their tendency to ‘reach for the sugar’ or crisps during periods of under-stimulation. These patterns can create a feedback loop in which the sensory stimulation from eating temporarily supports regulation and activates the brain’s reward system, but then reinforces cravings and reliance on food as a regulatory tool. Over time, the cycle may feel increasingly compulsive and difficult to interrupt, with NB05 describing their relationship with fizzy drinks in particular as an ‘addiction’.

Impulsivity, a common trait of ADHD driven by difficulties with response inhibition, is another complicating factor in this dynamic. The drive for sensory stimulation, combined with reduced impulse control, may fuel eating behaviours such as mindless snacking, eating quickly or excessively, eating for stimulation rather than nourishment, and a preference for highly processed or sugary foods. For BP05, this pattern escalated into binge eating and the use of purging behaviours to cope with that, an experience they described as “feeling out of control around food”. Their experience illustrates how easily these nuanced dynamics around eating, sensory stimulation and regulation can evolve into significant eating distress.

The final layer of complexity in this dynamic is the experience of navigating sensory-based eating within a fat-phobic society that idealises thinness and puts immense pressure, particularly on women, to conform to these appearance standards. Particularly for neurodivergent individuals who interpret social expectations through a rule-based lens, this can result in strict beliefs around the need to be thin. When the body seeks food for sensory stimulation and self-regulation, but the mind is highly concerned with weight and appearance, this can create profound internal conflict and distress, which can be very challenging to navigate. BP02 spoke directly to this, explaining:

“your body is going ‘I don’t even know what full feels like’, and also your mouth needs to be doing something, and you’re trying to emotionally regulate, but also I’ve got to be thin, that’s where bulimia comes from”

They highlight the conflict between strict beliefs around appearance pressures with the body’s need for sensory stimulation, especially with the additional complication of interoceptive processing differences. They go on to explain that “most overweight autistic people I know have stuff going on in the sensory area, and when you get that with the rigidity as well, that’s a real head fuck”. Their account illustrates how this clash between bodily regulation and social ideals can generate significant distress around eating and body image, and furthermore, highlights the potential for individuals to turn to bulimic behaviours as a way to manage the internal contradiction of seeking sensory input whilst fearing weight gain.

Overall, the accounts described in this theme underscore the intrinsic connection between food, sensory stimulation, and self-regulation, and illustrate how eating can serve as a strategic means to meet reward-based attentional and sensory needs. In this sense, food serves as a valuable regulatory tool that enables many neurodivergent individuals to navigate everyday

demands with greater stability, focus and comfort. However, using food as a means to seek sensory stimulation can come with risks, particularly for those with impulsive tendencies and/or a lack of fullness cues, and can lead to compulsive eating, a dependence on food, and a vulnerability to overeating. This is complicated further when the body relies on sensory input from food for attentional and emotional regulation, but the need to eat is in conflict with the felt need to be thin. Participants' experiences demonstrate how, for neurodivergent individuals experiencing food in these ways, this can contribute to the development of bingeing and purging behaviours as well as being very emotionally distressing.

4. The cognitive and energetic demands of eating

Another theme recurring across participant accounts centred around the cognitive load of cooking and eating, particularly in relation to executive functioning, energy levels and emotional regulation. Participants described the interaction between these factors, and how they can result in disrupted eating routines and undernutrition.

Central to this theme is the understanding that eating is not a single act, but a multi-step process involving numerous smaller decisions and actions. Whilst these steps may be automatic or insignificant to neurotypical individuals, participants described the cognitively demanding nature of these sub-processes. NB07 described eating as a “mammoth task that breaks down into like loads and loads of sub things”, elaborating that

“what sometimes people can forget about like eating difficulties is that it’s not just kind of like the act of eating, it’s also all of the other stuff that kind of goes into making a meal and like getting everything together”

These steps include deciding what to eat, selecting a recipe, planning ingredients, organising shopping, coordinating when to eat, estimating cooking time, and much more. For some neurodivergent individuals, the process of preparing food could be likened to running a hurdles race, with many steps to overcome, each requiring significant effort and coordination to reach the finish line.

The difficulty of managing the many cognitive steps involved in eating is rooted in executive functioning, a term which refers to a set of high-level cognitive processes essential for managing everyday tasks and behaviours. In neurodivergent profiles, these processes often function differently and may present both strengths and challenges. Within the context of eating, executive functioning processes including decision making, planning, organisation, time management and task initiation are of particular importance, and participants described how difficulties with these make food preparation emotionally and cognitively taxing.

In relation to decision making, NB04 explained how “a lot of autistic people or neurodivergent people can feel overwhelmed when it comes to like deciding what to eat”, with NB05 similarly describing that “having to decide is like too much stress for me”. These reflections highlight the overwhelming and stressful experience of decision making, and how exhausting this makes the process of eating. This suggests that decision fatigue may be a factor disrupting neurodivergent people’s eating, and aligns with broader understanding on neurodivergence, where decision paralysis and cognitive overload are commonly experienced in everyday tasks.

NB07 and NB05 spoke to challenges with planning, organisation and time management around food. NB07 described how preparing food “takes a lot of organisational effort that my brain just doesn’t do very well with”, whilst NB05 noted, “I have issues with time as well, like I

don't leave enough time to like eat properly and things". Their accounts demonstrate how organisational difficulties, particularly in conjunction with temporal dysregulation, can lead to skipped meals, rushed eating or reliance on convenience foods that may not meet nutritional needs.

These participants' experiences underscore both the complexity of eating for those with executive functioning differences, and the considerable cognitive and energetic demands involved in food preparation. The intersect between the challenges of these cognitive processes and fluctuating energy levels was central to participants' behaviours around eating as, for multiple participants, the task of preparing a meal is often contingent on unpredictable energy reserves. NB04 explained "my energy fluctuates, I don't have like a set amount of energy, I just wake up and hope for the best", whilst BP05 noted that "it's quite easy for neurodivergent people, more easy I guess, to feel overwhelmed and exhausted".

Participants explained how their energy levels amplified the difficulty of preparing food, particularly in relation to their decision-making abilities and capability for organising the purchasing and cooking of food. BP05 described how low energy levels can "lead to poorer food choices or impact decision making with food", while others shared that exhaustion could result in not eating at all. NB03 explained that when feeling "overwhelmed or feeling a bit scatterbrained" they end up "not having the energy or anything to make the food". Similarly, NB04 described relying on frozen ready meals "for when I really don't have the energy [...] just so I don't starve," adding, "because if I didn't have that, I wouldn't be eating as much as I should". These voices reflect how depleted energy levels can obstruct the executive processes required to decide, plan, initiate and physically engage in food-related tasks, ultimately creating barriers to eating.

Whilst low energy levels evidently impair engagement in cognitive processes required for food preparation, participants also described a reciprocal dynamic, in that the cognitive demands involved in eating can themselves contribute to energy depletion. NB07 described this within the framework of spoons theory, a metaphor used to conceptualise the experience of living with limited energy reserves where each spoon represents a unit of energy:

“everything takes a number of spoons, and for most neurotypical people, like eating and cooking a meal it may be like two spoons max, like one for the cooking, one for the eating, and then like they don’t even think about the dishes bit, but for a neurodivergent person, it can be like, of my ten spoons, this takes about seven, and when you have like lots of other things you have to do through your day, it just, it can become like really tiring”

With the level of exhaustion NB07 describes experiencing from preparing a meal, it is unsurprising that individuals might resort to avoiding eating altogether or turn to convenience foods that lack adequate nutrition. Whilst a couple of participants felt there were ways to reduce the demands of eating and its related sub-processes, such as eating pre-made meals, cooking with pre-chopped ingredients, and using online shopping deliveries, they caveated the financial costs associated with these.

The cognitive processes involved in eating, an individual’s energy levels, and the act of eating itself are evidently deeply interconnected. Participants displayed how these factors interact in ways that form a feedback loop, as illustrated below:

low energy → difficulty preparing food → skipped meals/inadequate nutrition → even
lower energy

NB07 articulated their experience of this cycle:

“when things are difficult and like, and/or scary, like doing them becomes, like it can get, it can get really big in your mind and it, and like if things are like exhausting and kind of, not just like that oh, that was a bit tiring, like I’m mentally and physically exhausted, I need to take the rest of the day, or like several days, to recover, I think it can very rapidly put you off of doing things and, and I think that like, and all, and so obviously that then makes it difficult to eat, but also like the less you eat, the worse you feel [...] because obviously there’s nothing to help regulate your nervous system so you get more anxious, and then, and you get more exhausted, and so then the task becomes bigger and scarier”

This description reflects a positive feedback loop, with each element intensifying the next. It also highlights the role of emotional regulation in this mix, with undernourishment worsening both emotional and physical state, and making the task of preparing food even harder, leading to further undernourishment. To complicate matters further, even successfully preparing and eating a meal can initiate the cycle; if the cognitive and physical demands involved leave an individual exhausted, they may lack the energy required for the next meal, thus instigating the cycle.

Interestingly, the discourse around executive functioning processes, energy levels and eating behaviours was referenced by multiple participants within conversation around transitioning from catered environments, such as living with parents or catered university accommodation, to living independently. Participants talked positively about living in catered environments, with NB05 reflecting on their experience living in a catered university college as such:

“For me, being fully catered was like the best thing because it enabled me, like for two reasons, like it took planning out of the equation, and also like when we struggle with self-organisation and planning your day, like it gave so much structure to my day, and it also helped me like emotionally regulate so much better”

They went on to add that “having someone slightly dictate to you what will you have [to eat], I, well from my personal experiences, that is the best thing because it just reduces like my decisions”. NB05 emphasised the positive impact of catered living on their emotional regulation and noted that the routine and structure it provided significantly eased their relationship with eating by removing the cognitive demands of planning and decision-making around food.

NB07 also found living at home beneficial for their eating, describing how

“when I wasn’t the one that had to actually do the cooking or the dishes [...] I was like, ah, brilliant, I just kind of rock up at like 6:30, eat my dinner, and I’m done, but then I went to uni and I was like, oh, I have to choose what to eat, I have to make it myself, I have to clean up after myself, [...] and I also have to go to like the Tesco’s and get the stuff, and that’s expensive, and I was just like, I don’t want to, I don’t want to do this anymore”

This account speaks of the challenges neurodivergent individuals may face when transitioning from externally structured eating environments to assuming full responsibility for initiating and managing food-related tasks. The shift demands significant energy and increased cognitive effort, also increasing vulnerability to emotional dysregulation. As a result, preparing food can become not only difficult and overwhelming, but something one may actively avoid or feel genuinely unable to undertake.

Expanding on this shift to independence, not only must individuals now engage in the cognitive and physical processes required to prepare meals, and use up significant energy to do so, but crucially, they must remember to eat in the first place. Participants described how neurodivergent differences in interoceptive processing made this especially challenging, with many reporting difficulties recognising hunger cues. NB04 explained that “a lot of us cannot really understand when we’re hungry” and noted that “especially when I’m focused on other things or I’m just really overwhelmed, it’s easy for me to forget [to make food]”.

With the loss of external scaffolding, such as institutional routines or family-provided meals, neurodivergent individuals in this transitional stage of life are placed in the unfamiliar position of having to independently decide, organise, and initiate food preparation. This shift brings significant cognitive and energetic demands, with challenges further compounded by interoceptive differences that make recognising hunger cues more difficult. Together, these factors can negatively impact eating behaviours, particularly in terms of meal frequency and nutritional quality. This suggests that the transition to independent living may be a particularly vulnerable period for neurodivergent individuals in relation to food and self-regulation and, for those already experiencing eating difficulties, existing challenges may be likely to intensify without appropriate support.

In summary, this theme highlights how the cognitive and energetic demands of eating can act as a barrier to regular, adequate nutrition. For neurodivergent individuals, executive functioning differences and a heightened susceptibility to overwhelm and exhaustion may make food preparation especially taxing. When energy is low, managing the cognitive load of eating becomes harder, potentially creating a feedback loop whereby depleted energy levels impair capacity to prepare food, resulting in eating avoidance or inadequate nutrition, thus energy

decreases further and exacerbates eating difficulties. Although participants did not explicitly describe this pattern in their lived experience, given existing understandings around the effects of undereating, the researchers propose that if the demands of food preparation put individuals in a cycle of inadequate nutrition, particularly throughout the day, this may also increase vulnerability to binge eating. Overall, the cognitive and energetic demands surrounding food preparation can play a significant role in determining how accessible eating feels to neurodivergent individuals. This subsequently risks shaping harmful eating patterns, particularly when individuals have no externally provided eating structure through family or institutional environments.

5. Body image as a social compass

This theme explores how neurodivergent people may be affected by appearance-related pressures and the social drive to conform to body image ideals. It offers insight into how neurodivergent individuals' perceptions of their own and others' bodies can serve as a navigational tool, helping them find their place within social environments, navigate group dynamics, manage social relationships, and shape their identity and sense of self.

This theme is anchored in the premise that neurodivergent individuals often experience pressure to conform to body image or appearance ideals as a means to fit in or gain social acceptance in a way that is qualitatively different to the sociocultural appearance pressures experienced by neurotypical individuals. Some participants referred to this dynamic as “a masking type mechanism” (NB02), with NB04 adding that “if I can't fit in behaviourally, no one's going to question if I like, you know, look like them”. This idea of body image as a mechanism to blend in amongst peers was echoed by NB03 who described how

“especially at a vulnerable age, like for me I’m talking like fourteen/fifteen, when I was just trying to fit in, and as a neurodivergent person that was like a million times harder, like I felt like there was something wrong with me and that I couldn’t fit in and that everyone else had it together and I didn’t, those [appearance] pressures represented to me, like if I could just look like that, if I could just be skinny basically, I could fit in more”

These accounts demonstrate how participants used their bodies to cover up or distract from self-perceived differences or shortcomings. NB07 described how body image can feel like “the one, quote unquote, normal thing about me”, and how by presenting a socially typical appearance, this visual conformity might offset perceived social or behavioural differences. The overriding sentiment expressed by participants was that achieving thinness increased their chances of fitting in, or camouflaging, when they felt many other things about them were ‘wrong’ or ‘different’.

Conforming to appearance ideals was also described in a way that moved beyond fitting in, to being liked. NB06 felt that for neurodivergent individuals trying to understand social rules and dynamics, they could easily “pick up aspirational thinness as a concept and go, okay, well, all these people who are really liked and they’re considered to be really cool are, they’re really thin”. Similarly, NB07 gave the example of how in TV and films “it’s always like the skinny girl that’s the really popular one” and explained how that “very much kind of ties your body image into how people perceive you and how you then fit into certain social groups and dynamics”.

These participants speak to how appearance ideals, particularly thinness, can be internalised as social strategies by neurodivergent individuals navigating complex interpersonal dynamics. More specifically, they illustrate how thinness becomes a proxy for social likeability, and not just a

tool for blending in, but a perceived prerequisite for approval, positive social attention and smooth integration into social groups.

Whilst many participants described changing and controlling their bodies as a strategy to fit in or be liked, NB07 articulated why this approach may hold particular appeal for neurodivergent individuals. They described the tangible nature of using one's body to fit in and obtain social approval, explaining that they felt being skinny is "much more material and kind of easy to grasp" for individuals who feel they struggle to grasp other social rules. They explained how

"if you feel like you don't quite know how to [fit into social dynamics] for yourself, or like the rules are constantly changing, having like a visual thing you can latch onto of like, oh, but you know, I might not know how to be like the funny friend or like the organised friend, but I can be the skinny friend [...] like it's much more tangible than something that's so kind of broad as like a, you're the smart friend, like what does that mean?"

NB07 highlights how body image may offer a clear, concrete and accessible way for neurodivergent individuals to navigate confusing or abstract social rules. For those who struggle with social dynamics, appearance can serve as a more stable reference point from which to assess social standing and build a sense of identity and belonging. When other social roles, such as 'the funny one' or 'the organised one', feel too abstract to grasp or are perceived as inaccessible due to neurodivergent differences in cognition, emotion regulation, or communication, the role of the 'skinny friend' provides a visible and predictable alternative, and its clarity may offer a sense of control in navigating social environments that otherwise feel ambiguous or exclusionary.

Underpinning participants' turn to body image as a way of coping with the social world was a pervasive sense of being inherently 'different', fundamentally 'wrong' or the feeling that they simply did not 'fit in'. NB06 quoted a line from a TV series they felt resonated strongly with their experience of this:

“there is a bit in this song that I feel like it's relatable here, where she says, 'seriously Patrick, was I sick the day in school they taught you how to be a normal person, it just feels like there's, I think something fundamental I'm missing out on, like is there an instruction manual, [...] it just feels like everyone is in this cabal of normal people and they're all laughing at me like I'm the jester of my own Truman show'”

Across participants, this sense of 'otherness' appeared to stem from two sources: a) internal struggles with sense of self, and a lack of understanding or awareness of one's neurodivergence, and b) external social feedback and relational difficulties.

BP03 articulated the internal dimension as “feeling out of place or wrong on a very intrinsic level”, and reflecting on their own experience, linked this to an uncertain and unstable sense of self:

“for neurodiverse people, I think our perception of the self is so, maybe this is just me, but my perception of self is so hazy, and I don't feel real a lot of the time, like I don't feel like a boy or a girl or like even non-binary, I just feel like some entity and it's, it's this really strange feeling that feels very dysphoric and I think it goes again to that fundamental feeling of being out of place or like wrong as a neurodivergent person”

Meanwhile, NB06 linked feelings of being ‘wrong’ or ‘different’ to whether an individual is aware of being neurodivergent, noting that age of diagnosis or self-recognition can shape this experience. They described “knowing that there’s some kind of difference but not being able to pinpoint what that difference is”. Without understanding their neurodivergence, individuals may internalise a sense of defectiveness, unaware that their brain simply functions differently to others they may be comparing themselves to, and that they’re trying to navigate a neurotypical-centric world with a neurodivergent mind. NB03 echoed this, describing how learning about their neurodiversity was instrumental to their recovery. They explained, “I spent a lot of time thinking there was something wrong with my brain, that I was different, I was wrong, I was like cursed in some way”, “it was really important for me to actually have the information that, actually no, your brain’s just wired differently, [...] like I actually found that really empowering”

Furthermore, NB06 reflected on the isolating impact of being undiagnosed, whether that be formal or self-diagnosis, explaining that not realising you have a community of others like you can intensify feelings of alienation. Notably, all participants who described having once turned to body image in response to feeling different and struggling to fit in socially were unaware of their neurodivergence at the time.

In terms of external factors contributing to a sense of otherness, participants described the impact of social relationships and peer dynamics. NB05 reflected that they had “struggled with social relationships over the years” due to not understanding how to interpret and respond to certain social cues. Being unaware of their neurodivergence for most of their adolescence, they had struggled to make sense of their difficulties, which for others with similar experiences, may feel confusing and isolating, contributing to a sense of being fundamentally different to their

peers. NB07 expanded on this, describing how attitudes and treatment from peers also generated and reinforced the belief that they did not fit in:

“being like a girl growing up neurodivergent, it feels like all the other teenage girls know that there’s something like obviously, quote unquote wrong with you, and there isn’t anything wrong with you, but you definitely, it feels kind of like, even if you don’t have a diagnosis, there’s something slightly different, and you’ve picked up on it and you’re being mean about it”

When you feel fundamentally different or ‘wrong’ and don’t quite understand why, but do understand that you don’t fit in, it is unsurprising that individuals turn to body image given we live in a society that markets thinness as the answer to all our problems. Particularly when the ‘perfect’ body is frequently portrayed as a solution to social exclusion, neurodivergent individuals, particularly in teenage years, may turn to their appearance as a means for social acceptance. NB05 reflected on their experience of this, explaining “I experienced a little bit of kind of like bullying because of [social challenges], and that kind of contributed a little bit I think to a low self-worth, which when society then presents you with some kind of, say like perfect body, which everyone prizes, and you’re struggling to get along with people as you are, [...] it’s something you think you can like, if you achieve that, then other people will like you better”. Similarly, BP05 noted that social pressures are “harder for neurodivergent people because a lot of them feel like they’ve never fitted in, and then society is saying, oh, well shrink your body and, or run a marathon [...] and then everyone will like you”. In a world where aspirational thinness, diet culture, and systemic fatphobia are pervasive, and “skinny seems to be this kind of uniting principle that all girls are told they have to be” (NB07), neurodivergent individuals may copy peers or online figures in an effort to resolve their feelings of being wrong or different. This

imitation, often rooted in masking, may feel like a solution to fitting in, but can actually be unknowingly harmful.

Whilst the pursuit of thinness can be incredibly damaging to both physical and mental health, neurodivergent individuals using their bodies to find social acceptance often receive positive reinforcement when they experience others treating them more favourably after weight loss or appearance changes. NB05 felt that “sometimes [your weight] can make a difference to how people treat you, in my personal experience that’s what I kind of like had”, whilst NB04 reflected that “unfortunately, it has shown that after I sort of had a conventional glow up or like learnt to sort of fit in physically, I have gotten treated better”. These participants illustrate how easily social responses to bodily appearance can lead individuals to equate changing or shrinking one’s body with gaining social approval.

It is unsurprising then, that in a culture where thinness is glorified by the media and reinforced interpersonally, individuals may come to view body image not only as a means to fit in and be liked, but as a social protective strategy. If thinness is viewed as the pinnacle of social desirability, then attaining it can offer social respect and better treatment from others. For neurodivergent individuals who may already struggle to fit in due to differences in communication, interests, or adherence to social norms, thinness can seem like a way to shield oneself from bullying, or at the very least, reduce the number of things they might be bullied for. NB07 reflected on this dynamic, explaining how “I might weird you out in so many other ways that neither of us can quite name” and “you might pick on me because I’m weird and I have strange interests or I’m not very good at like eye contact, but you know, you’re going to be envious of the fact that I’m skinny”. They further added, “those same girls who would [...] like pick on me for my interests, the one thing they could never pick on was my appearance because

unfortunately like [...] skinny privilege”. In this sense, ‘skinny’ operates as a form of social currency, creating a transactional dynamic in which visual conformity is exchanged for social approval and protection from bullying and social exclusion.

Overall, whilst controlling one’s weight and appearance may feel to neurodivergent individuals like an effective and accessible strategy for navigating confusing social norms, participants also acknowledged that the pursuit of thinness carries significant risk. Once thinness becomes a social crutch interconnected with identity and self-worth, it can foster social and emotional dependency, which makes it much more difficult to let go of, particularly when relinquishing tight control over one’s body might cause feelings of uncertainty and disconnection to resurface or intensify. However, the restrictive eating and excessive exercise behaviours associated with attempts to control one’s body in such ways are ultimately unsustainable and likely to compromise long-term health and wellbeing. Viewing conformity to appearance ideals as an adaptive tool for social navigation offers insight into neurodivergent experiences of body image, and how this dynamic may contribute to increased vulnerability to eating and body image distress.

Discussion

This reflexive thematic analysis highlights the heterogeneity of neurodivergent experiences of eating and provides a nuanced understanding of the neurodivergent-specific mechanisms through which individuals may develop eating distress. We identified a range of neurodivergent-specific factors that may shape pathways into eating distress, including sensory sensitivities, social stigma, a systemic lack of understanding, reliance on food-related sensory stimulation, control-seeking behaviours, negative hyperfixations, executive functioning

differences, susceptibility to overwhelm and exhaustion, feelings of otherness, and the use of body image as a masking mechanism.

Whilst this study acknowledges that certain traits may, under certain conditions, contribute to the development of eating distress, it does not conceptualise these traits or associated cognitive and behavioural patterns as inherently pathological or in need of correction. Instead, it recognises the positive and adaptive potential of many neurodivergent ways of engaging with food, whilst also identifying the circumstances in which these patterns may become distressing or contribute to a harmful relationship with eating.

Our findings offer a neurodiversity-affirming perspective on disordered eating, emphasising the need for clinical approaches that reflect the lived experiences of neurodivergent individuals. By challenging deficit-based assumptions, this study lays the groundwork for rethinking how eating distress is understood and addressed in neurodivergent populations, and provides insights that have important implications for both clinical practice and future research. Crucially, this work informs emerging approaches to eating disorder prevention by identifying neurodivergent-specific mechanisms that may underlie the development of eating distress. Targeting these experiences within prevention efforts offers the potential to reduce the prevalence of eating disorders amongst neurodivergent populations.

Limitations

Potential limitations of this research include its focus on predominantly female participants with prior experience of eating or body image distress, meaning we cannot extrapolate to people of other genders or without such lived experience. Additionally, the UK-based sample reflects Western cultural context that may shape neurodivergent embodiment and

eating experiences in ways not generalisable to other regions. Furthermore, the inclusion of only autistic, ADHD, and AuDHD neurotypes means findings may not capture the full spectrum of neurodivergence. Future research should aim to address these limitations to further deepen and broaden understanding, including a broader range of neurodivergent profiles, gender and sexual identities, and ethnic backgrounds, as well as exploring neurodivergent experiences of eating in individuals that have not experienced eating distress. While the sample size was sufficient to capture a range of experiences and support thematic depth, the focus on a smaller, in-depth sample means only a subset of neurodivergent perspectives may be represented.

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