

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

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## INTRODUCTION

Eating disorders (EDs) are serious mental health conditions affecting individuals of all demographics, associated with emotional distress, impaired functioning, health risks, and mortality. Neurodivergent individuals, especially those with autism or ADHD, face elevated risk of EDs, with 20-35% of ED patients meeting criteria for autism and 31% for ADHD (Boltri & Sapuppo, 2021; Svedlund et al., 2017). Traits such as sensory sensitivities, impulsivity, inattention, interoceptive difficulties, cognitive rigidity, hyperactivity and emotional dysregulation may contribute to eating distress (Carpta et al., 2020; Harris et al., 2022; Kaisari et al., 2018). However, dominant research often frames these traits through a deficit-based lens, overlooking their adaptive potential and misaligning treatment approaches (Chapman, 2020; Cobbaert et al., 2024).

Grounded in the neurodiversity paradigm, this study develops a nuanced understanding of neurodivergent experiences of eating and body image, and how these experiences may form mechanisms through which distress develops. It aims to distinguish genuinely harmful eating patterns from non-normative but harmless ones, whilst also seeking to understand how positive or adaptive behaviours, under certain conditions, may evolve into eating distress. It contributes to a growing body of research advocating for neurodivergent-specific approaches to ED treatment and prevention (Keller et al., 2024; Loomes et al., 2025; Nimbley et al., 2025), and aims to inform clinically responsive, person-centred models of care that support the heterogeneity of neurodivergent experiences.

## 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.

## METHOD

### Participants

- **Participants:** 9 neurodivergent adults (UK based; self identified and formally diagnosed)
- **Sample characteristics:** Ages 20-46 ( $M = 26.67$ ,  $SD = 8.90$ ); 3 autistic, 6 with AuDHD; 8 cis-women, 1 non-binary
- **Ethnic background:** White British ( $n = 6$ ), Chinese & Bidayah ( $n = 1$ ), German ( $n = 1$ ), Indian ( $n = 1$ )
- **Eating disorder history:** 6 participants had prior experience of an ED (AN = 5; BN = 3; BED = 3; ARFID = 1; undiagnosed = 1)

### Design

This qualitative study used online semi-structured interviews, analysed through Reflexive Thematic Analysis (Braun & Clarke, 2019). It was informed by a critical realist epistemology, which recognises that while reality exists independently, our understanding of it is shaped by context, interpretation, and social positioning.

### Procedure

Participants provided informed consent and demographic information prior to interview, and were sent a list of discussion topics in advance. To support comfort and accessibility, participants could switch off cameras, use the chat box, request additional accommodations, and take breaks as needed. Interviews were conducted online via Microsoft Teams using a semi-structured format, lasting 45-101 minutes ( $M = 57$ ). All interviews were recorded with permission and transcribed by the researcher for analysis.

### Analytic approach & reflexive practice

Data were analysed using reflexive thematic analysis (Braun & Clarke, 2019), a six-phase, inductive process in which themes were actively constructed through iterative cycles of coding, reflection, and interpretation. Familiarisation occurred during transcription and repeated review of interviews, with coding conducted at a semantic level to stay close to participants' language. Interpretive discussions with the researcher's supervisor supported analytic clarity, and five conceptually distinct themes were developed. Analysis was shaped by the researcher's positionality and informed by theoretical frameworks on neurodivergence, disordered eating, and cognition. Reflexivity was maintained through ongoing internal reflection on assumptions, emotional responses, and lived experience.

## Sensory Sensitivities in a World that Doesn't Understand

This theme explores how heightened sensory sensitivities, common among neurodivergent individuals, shape eating experiences. While not inherently problematic, these sensitivities may contribute to restrictive eating in contexts that fail to accommodate sensory processing differences. Participants described how their divergence from normative models of eating mean non-harmful preferences are frequently misunderstood or stigmatised, with distress arising not from the sensitivities themselves, but from how they are judged, dismissed, or overridden in neuronormative contexts.

**"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"**

## Body Image as a Social Compass

This theme explores how neurodivergent individuals may use body image and appearance control as a tool for social navigation. Participants described how conforming to appearance ideals offered a concrete way to feel accepted, be liked, and find identity in the face of confusing social rules. For some, thinness became a protective strategy, helping them avoid negative attention or social exclusion. However, this reliance could foster emotional dependency and contribute to distressing, restrictive eating behaviours over time.

**"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"**

## Cognitive & Energetic Demands of Eating

This theme explores how the cognitive and energetic demands of cooking and eating can act as significant barriers to regular, adequate nutrition for neurodivergent individuals. Executive functioning differences, emotional regulation challenges, and heightened susceptibility to overwhelm may make food preparation especially taxing. Participants described how these factors interact to disrupt eating routines and contribute to undernutrition. When energy is low, managing the cognitive load of eating becomes harder, potentially creating a feedback loop of avoidance and further energy depletion. This cycle may increase vulnerability to both undereating and binge eating, particularly in the absence of external eating structure.

**"if things are exhausting [...] 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 of preparing food becomes bigger and scarier"**

## The Pursuit of Safety, Control & Emotional Regulation

This theme explores how neurodivergent individuals use control, routine, and predictability to regulate emotions and feel safe in an overwhelming world. Eating behaviours such as selective eating, rule-bound thinking, and hyperfixations can provide stability, but have the potential to become rigid and distressing when disrupted. As reliance on these strategies intensifies, they can lead to restrictive eating and emotional dysregulation, forming patterns that feel vital for survival yet are difficult to interrupt.

**"I 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"**

## Sensory Stimulation Seeking

This theme explores how neurodivergent individuals may use food as a form of sensory seeking to support emotional, attentional, and sensory regulation. While often functional, this strategy can become distressing when combined with factors like impulsivity, interoceptive differences, or internalised appearance pressures. Participants described how reliance on food for regulation may lead to compulsive eating, bingeing, or purging—particularly when sensory needs conflict with body image concerns—highlighting the complex role of food in self-regulation.

**"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"**

## THEMES

## DISCUSSION

This reflexive thematic analysis highlights the heterogeneity of neurodivergent experiences of eating and offers a nuanced understanding of neurodivergent-specific mechanisms that may contribute to eating distress. Identified factors include sensory sensitivities, reliance on food-related sensory stimulation, control-seeking behaviours, negative hyperfixations, executive functioning differences, susceptibility to overwhelm and exhaustion, social stigma, systemic misunderstanding, feelings of otherness, and the use of body image as a masking mechanism. While certain traits may, under specific conditions, contribute to eating distress, they are not conceptualised as inherently pathological or in need of correction. Instead, this study recognises the adaptive potential of many neurodivergent ways of engaging with food, while also identifying the contexts in which they may become distressing. Our findings offer a neurodiversity-affirming perspective that challenges deficit-based assumptions and informs clinical practice and future research. Crucially, this work supports emerging prevention efforts by identifying neurodivergent-specific mechanisms that may underlie eating distress.

Potential limitations of this study include its focus on a small, UK-based sample of predominantly female participants, limiting generalisability across other genders or cultural contexts. Findings may not reflect the experiences of those without eating distress or with neurotypes beyond autism and ADHD. Future research should include more diverse identities, neurotypes, and cultural backgrounds to broaden understanding.

## REFERENCES

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