Is It Neurotype or Eating Disordered?

Note that neurotype and disordered eating are not fully distinct categories - it might be either, both, or what may have started off as one in turn developed into the other.

AUTISM	EATING DISORDERED
Strong preferences for samefoods due to comfort, reliability, and desire to regulate/control sensory experiences (or experiences more broadly)	Eating based on the ED's list of 'safe foods' (influenced by orthorexic rules or caloric content)
Not knowing when to eat due to interoceptive differences, difficulty trusting oneself, or difficulty trusting hunger/fullness signals	Not knowing when to eat due to an ED-based pattern of ignoring hunger/fullness signals and belief that one's nutrition needs are far lower than they actually are due to pervasive diet culture (either incidental or due to actively consuming diet culture)
Having a strong aversion to foods based on sensory aspects such as mouthfeel of high fat foods	Cutting out foods to restrict intake, and coming to feel you genuinely prefer foods that fit the ED (eg. plain salad) and dislike foods that don't (eg. foods higher in fat, carbohydrates or sugar)
Eating foods based on sensory preferences	Only eating favourite foods so as to not "waste calories" on less preferred foods
Genuine preference to eat alone. Could be due to difficulty around managing the demands of eating & socialising, misophonia, or shame & fear of judgment	Need to eat alone to have full control over meal and prevent 'accidentally' eating over allotted amount or breaking ED rules around ritualised eating
Eating packaged foods based on convenience, consistency, and textural preference	Eating packaged foods to portion control or know the exact amount of calories
Needing food and drink to be at a specific temperature or look a specific way due to longstanding preferences and to minimise sensory overwhelm	Needing food and drink to be at a specific temperature (often very hot or very cold) or to look a certain way due to starvation syndrome symptoms or orthorexic rules
Preference for consuming energy through nutritional supplements (drinks) due to convenience, consistency, and textural preference	Finding drinking/supplements easier due to fear of getting used to eating or pleasurable taste sensations and wanting more
Only eating a small range of foods due to genuine preference and comfort	ED only allows you to eat a small range of foods to feel 'in control'

Difficulty with feeling full as an uncomfortable sensation or sensory "ick"	Feeling full triggering anxious thoughts of having been indulgent/guilt over not denying one's needs or fear of weight gain
Genuinely having a strong aversion to foods	A strong aversion to foods that are also the ED's fear

	foods, which you could eat before the ED began
Needing physical stimulation/exercise to regulate emotions such as pacing	Compulsively moving and exercising with the belief it will influence your shape/weight
Chewing gum to stim and experiencing a visceral reaction when not being allowed to do this	Chewing gum to avoid eating and to reduce appetite and/or induce a laxative effect
Consuming high intake of caffeinated drinks as an oral stim and/or to support cognition	Consuming high intake of low calorie caffeinated drinks to suppress appetite and/or induce a laxative effect
Difficulty eating new foods due to genuine discomfort around unknown flavours or textures and/or past food trauma from being forced to try new foods	ED only permitting a small range of safe foods for fear that new foods might change your weight or shape
Eating in a ritualised way that feels calming (present prior to ED)	Eating in a ritualised way as a way to fully control every aspect of the meal and not 'let go' and enjoy food (present only after ED onset)
Separating food types (eg. eating meat and rice separately) or eating foods in a particular order/deconstructing foods due to sensory preferences or as part of repetitive behaviours	Separating food types because it gives the ED a sense of control and to avoid enjoying food too much
Anxiety around eating due to fear of consequences such as GI issues and the associated discomfort	Anxiety around eating due to fear of consequences such as GI issues leading to an appearance of bloating or a higher weight

Developed by Lucy Smith in collaboration with Andrea Parker. Concept adapted from an Instagram post by Aleta Storch (@the_adhd_rd).
Exhale Psychology Centre
exhalepsychology.com.au

EXHALE