SPACE TO BREATHE THERAPY • SUPPORT HUB

When Hunger and Fullness Cues Feel Unreliable

Understanding interoception during eating-disorder recovery

People are often told to “listen to your body”, but eating disorders can make internal cues quiet, intense, confusing or frightening. Some people also experience interoceptive differences linked with autism, ADHD, trauma, anxiety, medication or physical illness. Unreliable cues are not proof that the body cannot be trusted forever.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

- Why cues may change
- Why structure can help
- Important cautions

Use this guide to understand, begin a conversation, or help someone feel less alone.

You do not need to read it all at once. Pause whenever you need to and return when you feel ready.

A compassionate information guide

This resource offers general information and does not replace individual medical or specialist eating-disorder care.

Understanding what may be happening

Why cues may change

- Restriction and irregular eating can blunt or delay hunger.
- The body may communicate through irritability, coldness, nausea, headache or poor concentration rather than stomach sensations.
- After deprivation, hunger may feel unusually strong or continue after expected portions.
- Anxiety can resemble fullness, nausea or loss of appetite.
- Sensory and interoceptive differences can make signals harder to identify.

Why structure can help

- A clinician-agreed meal and snack rhythm can provide safety while cues recalibrate.
- External support is not failure; it can bridge the gap when internal information is unclear.
- Consistency may reduce long gaps that intensify physical and emotional symptoms.

Important cautions

- Do not use absent hunger as evidence that the body does not need food.
- Do not turn hunger scales into another pass-fail rule.
- New or severe digestive symptoms need medical assessment.

Gentle, practical ways forward

Support should always be adapted to the person, their diagnosis, physical health, culture, neurotype and treatment plan.

WHAT MAY HELP

- Notice a wide range of signals: energy, mood, focus, warmth and thoughts about food.
- Use gentle curiosity: “What information might my body be giving me?”
- Follow the individual treatment plan rather than generic online portions.
- Record observations without grading them as good or bad.
- Expect cues to vary with stress, sleep, illness and recovery stage.

A gentle reminder

The aim is not perfect body awareness. It is a safer partnership between internal cues, compassionate structure and appropriate professional support.

Please seek urgent help for fainting, chest pain, confusion, severe weakness, uncontrolled vomiting, blood, serious dehydration, or immediate risk of harm. In the UK call 999/A&E; for an emergency, NHS 111 for urgent advice, or contact your GP/eating-disorder team.

Trusted information

NHS: Eating disorders overview
https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/

NICE: Eating disorders: recognition and treatment (NG69)
https://www.nice.org.uk/guidance/ng69

Royal College of Psychiatrists: Medical Emergencies in Eating Disorders (MEED)
https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233

Beat: Eating-disorder information and support
https://www.beateatingdisorders.org.uk/

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