



Food, Fullness and Feeling Different in Your Body

A compassionate guide to eating, body sensations, fullness anxiety and learning to feel safer in your body.

This guide explores why fullness can feel unfamiliar, frightening or emotionally loaded, and how to respond with care rather than judgement.

Inside: understanding body signals · fullness anxiety · body image · ARFID and sensory experiences · supportive steps · seeking help.

Educational information only. This guide does not replace personalised medical care or eating-disorder treatment.

CHAPTER 01

Welcome: your body deserves understanding

Food and fullness can bring up much more than a physical sensation. For someone living with an eating disorder, disordered eating or ARFID, an ordinary meal may also bring fear, uncertainty, sensory discomfort, shame, memories, or worries about how the body feels and looks. This book is not a test of how well you eat. You do not need to prove that a sensation is difficult, or make yourself tolerate distress without support. It is an invitation to understand your experiences more gently. Feeling different in your body can mean noticing pressure, bloating, warmth, heaviness, nausea, tiredness or unfamiliar changes after eating. It can also mean feeling disconnected from your body, scrutinising it, or struggling to trust its signals. Try separating three questions: What am I physically noticing? What story is my mind telling me about it? What support might help right now? Those answers may be different, and all deserve attention. Pause and reflect: What would feeling supported during or after a meal look like for you?

Fullness is not a moral judgement. Bodies change sensation throughout the day as they digest food, respond to stress, move and rest. You do not need to decide whether a sensation is acceptable before offering yourself care.

If your eating has been restricted, sensations during nutritional rehabilitation may be especially unfamiliar. Your clinician can help distinguish expected adjustments from symptoms that require assessment.

CHAPTER 02

Understanding hunger, fullness and body signals

Hunger and fullness are not simple on/off switches. They are influenced by digestion, stress, medication, illness, routine, sensory processing and how consistently the body has been nourished. Some people feel clear cues; others feel little, conflicting or overwhelming information. Fullness may feel like pressure, stretching, warmth, settling, or a gradual reduction in interest in food. Some people notice it in their stomach; others notice changes in energy, attention or mood. A feeling of fullness is not a measurement of worth, health or body size. When someone has been restricting intake, hunger and fullness cues may become less predictable. During nutritional rehabilitation, temporary digestive discomfort and bloating can occur. This does not mean the person has done anything wrong. A specialist eating-disorder team can help plan safe, consistent nourishment. For some people, especially those with interoceptive differences, waiting for a clear hunger signal is unreliable. Predictable meal and snack routines developed with a clinician or dietitian may be more supportive than relying on sensation alone. Pause and reflect: Which sensations are easy to recognise, and which are confusing or absent?

Hunger and fullness signals are not always consistent or easy to identify. Stress, medication, illness, sensory differences and a history of restriction can all affect how clearly they are noticed. A structured eating plan agreed with your treatment team may be more reliable than waiting for a particular sensation.

Notice without measuring: rather than rating your stomach or repeatedly checking your body, ask whether you need a quieter environment, comfortable clothing or support after a meal.

Reflection: What sensations are difficult to name, and what helps you feel safer?

CHAPTER 03

When fullness feels frightening

Fullness can trigger thoughts such as “I have eaten too much,” “My body has changed,” or “I need to undo this.” These thoughts may feel urgent, but a thought is not evidence. The sensation of digestion is not proof of a permanent change in body shape. Anxiety can amplify ordinary body sensations. It may also cause nausea, tightness, rapid breathing or a sense of danger. That creates a difficult loop: the sensation prompts fear, and fear makes the sensation feel stronger. Instead of debating whether you should feel full, try naming the experience neutrally: “I am noticing pressure in my stomach, and my mind is interpreting it as danger.” Ground yourself with a supportive voice, a comfortable seated position, gentle distraction or a familiar sensory object. Avoid compensatory exercise, purging or skipping the next meal in response to distress. If those urges arise, reach out to your treatment team or a trusted supporter and follow your agreed recovery plan. You deserve help with the fear as well as the physical sensation. Pause and reflect: What might you say to yourself when fullness feels alarming?

A feeling of fullness can be uncomfortable and still be temporary. Trying to escape it immediately through compensatory behaviours may reinforce the fear over time. Recovery often involves practising safe, supported ways of allowing discomfort to pass.

If you have persistent pain, repeated vomiting, fainting or other concerning symptoms, seek medical advice rather than assuming that everything is anxiety.

CHAPTER 04

Body image: feeling different is not the same as being different

Body image is not just what you see in a mirror. It includes how you imagine your body, how you interpret sensations, how safe you feel being seen and how you believe other people perceive you. After eating, some people experience an intense sense that their body has become larger or changed shape. Distress can make perception feel convincing. The experience is real, but it does not reliably describe a physical change. Body checking, repeated weighing, comparing photographs or seeking constant reassurance may briefly ease anxiety while strengthening the cycle over time. With appropriate support, people can practise noticing the urge without acting on it. Body neutrality can be a useful alternative to forced positivity. You do not have to love every part of your body today. You can work towards treating it with care, choosing comfortable clothing and participating in life even when your body feels unfamiliar. Pause and reflect: What would respecting your body look like on a difficult day?

Body image includes how you think about, perceive and emotionally experience your body. Those experiences can change rapidly even when your body has not changed in the way you fear. Mirrors, photographs and clothing may become triggers for repeated checking or avoidance.

Consider choosing clothing for comfort and function, reducing appearance-focused conversations and finding activities that reconnect you with your values, relationships and interests beyond body shape.

Reflection: How might you respond to a difficult body-image thought with kindness?

CHAPTER 05

ARFID, autism, ADHD and sensory experiences

For someone with ARFID, difficulty eating may centre on sensory properties of food, fear of adverse consequences such as choking or vomiting, or limited interest in eating. Body-image concerns are not required for an ARFID diagnosis, although experiences can overlap and deserve individual assessment. Autistic people may experience differences in interoception, sensory processing and tolerance of uncertainty. A full stomach, a change in clothing pressure, or the texture and temperature of a meal can become especially noticeable or distressing. ADHD may affect attention to hunger cues, meal planning, time awareness and the consistency of eating routines. Medication can also affect appetite. These differences are not a failure of motivation. Support should be collaborative rather than coercive: predictable choices, sensory adjustments, accessible communication, safe-food planning, and advice from an ARFID-informed dietitian or clinician. Exposure-based work, when appropriate, should be paced and supported rather than forced. Pause and reflect: Which sensory or practical adjustments would make eating feel more manageable?

Sensory accommodations can include a predictable eating environment, preferred utensils, familiar food textures, reduced noise or an agreed way to communicate distress. Accommodations are not the same as giving up on nutritional care.

Support should respect safe foods while helping the person meet nutritional needs. Any food-expansion work needs informed consent, appropriate pacing and professional guidance where indicated.

CHAPTER 06

Discomfort, digestion and when to get medical advice

Bloating, reflux, constipation and abdominal discomfort can occur for many reasons, including changes in eating patterns. It is important not to dismiss every symptom as anxiety or an eating disorder. Persistent or worsening symptoms deserve a medical review. If you have been eating very little, have experienced rapid nutritional change or may be medically compromised, seek professional advice before making major dietary changes. Refeeding can require medical monitoring for people at risk of complications. Get urgent medical help for fainting, chest pain, palpitations with weakness, severe dehydration, blood in vomit, severe abdominal pain, confusion or other acute deterioration. In the UK, call 999 for immediate danger, or NHS 111 for urgent advice when it is not an emergency. A useful appointment note includes the sensation, when it began, what makes it better or worse, any medicines, and whether eating or drinking has become difficult. You do not need to know the cause before asking for help. Pause and reflect: What symptoms or questions would you like to raise with a health professional?

Anxiety, trauma and shame can influence how the body is experienced. A person may feel disconnected, hyper-aware or distressed by ordinary internal sensations. Grounding is not about forcing the feeling away; it can help someone remain oriented and supported while it changes.

Try noticing your feet against the floor, naming three neutral things in the room or asking a trusted person to sit nearby. Choose methods that feel safe rather than insisting on breathing exercises or body scans.

Reflection: Which grounding choices feel safe and accessible for you?

CHAPTER 07

Compassionate responses from family and supporters

When someone says “I feel huge,” “I feel sick,” or “I cannot cope with being full,” respond to the distress before trying to correct the belief. You might say, “That sounds frightening. I am here with you. What would help you feel supported?” Avoid commenting on weight, appearance, portion size, calories or whether a meal was “good” or “bad.” Reassurance such as “You look fine” can unintentionally keep the focus on appearance. Ask whether the person wants company, quiet, a familiar activity, help contacting their clinician or a reminder of their agreed plan. Support is not the same as policing. Be curious, consistent and respectful. If the person is a child or medically at risk, compassionate support may still require firm, clinician-guided action. Families should not be expected to manage a serious eating disorder without specialist advice. Pause and reflect: What words or actions feel helpful, and which ones make things harder?

Useful support is specific: “Would you prefer company, distraction, or help contacting your team?” Listen to the answer. If a loved one struggles to explain, offer simple choices without demanding a detailed account.

Family members may also need guidance and respite. Eating disorders are serious illnesses; a supporter does not have to become a therapist, dietitian or medical assessor.

CHAPTER 08

Your gentle support plan

You may not be able to control when difficult sensations appear, but you can prepare a compassionate response. Write down early signs of distress, a grounding strategy, a trusted contact and the next helpful step. Consider what helps during meals, immediately afterwards and later in the day. Examples include an agreed routine, a calming conversation, sensory adjustments, a comforting activity and following the plan made with your eating-disorder team. If urges to restrict, purge, overexercise or harm yourself become difficult to manage, contact your care team promptly. If you are in immediate danger, call emergency services. In the UK, Beat offers eating-disorder support and information at beateatingdisorders.org.uk; your GP can discuss referrals to specialist services. Recovery does not require feeling comfortable in your body every moment. It can begin with small acts of care even when feelings are difficult. You are allowed to need support and to move at a sustainable pace. Pause and reflect: My early warning sign... / My grounding option... / A person I can contact... / My next supportive step...

Write down who you can contact, what helps you feel grounded and which symptoms mean you should seek urgent help. If you already have a treatment plan, use that plan as the starting point.

In the UK, contact your GP or eating-disorder service for assessment. For urgent medical concerns use NHS 111; call 999 for an immediate life-threatening emergency. The charity Beat offers eating-disorder information and support.

Reflection: Who could you contact, and what would you like them to know?