Neurodiversity was coined by Australian sociologist Judy Singer in the 1990s. The concept of neurodiversity can be defined as a naturally occurring biological phenomenon referring to our species’ undeniable neurocognitive diversity (den Houting, 2019; Walker, 2021). In other words, it can be understood as a subdivision of biodiversity which focuses on neurocognitive profiles. People within the neurocognitive majority are referred to as neurotypical, whereas autistic people or those with ADHC (attention-deficit/hyperactivity condition, also known as ADHD, attention-deficit/hyperactivity disorder) are referred to as neurodivergent. The neurodiversity paradigm rejects the notion of a hypothetical neurocognitive normalcy which informs the deficit-based model. Instead, the neurodiversity paradigm promotes a strengths-based approach that highlights the importance of inclusion and acceptance as opposed to marginalization and uniformity. In addition, the neurodiversity paradigm emphasizes the need to center therapy frameworks around an open-minded understanding of neurodivergent people’s subjective reality and context rather than reducing neurodivergent individuals’ existence to the sum of their outwardly observable behaviours at the expense of inner wellbeing (Chapman, 2021; Moore et al., 2020). This standpoint therefore allows neurodivergent people to be valued as they are, different, while also having the opportunity for their sometimes-complex support needs to be addressed or accommodated in a holistic manner.

Researcher Christopher Gillberg first published on the overlap between autism and anorexia nervosa in 1983 (Gillberg, 1983) but his ideas were not picked up at the time. Investigations into the connections between eating disorders and neurodiversity have however picked up throughout the past decade (Brede et al., 2020; Cermak et al., 2010; Dell'Osso et al., 2018; Gesi et al., 2017; Huke et al., 2013; Kinnaird et al., 2019; Vagni et al., 2016). It is worth mentioning that a) autism has been correlated with all eating disorder subtypes, not just restrictive ones (Gesi et al., 2017), and b) ADHC has also been correlated with all subtypes of eating disorders, but less awareness of this strong overlap is known (Kaisari et al., 2017). Approximately 70% of autistic people experience eating related challenges and/or atypical eating behaviours – whether due to eating disorders, sensory sensitivities, or frequently co-occurring motor issues such as dyspraxia or apraxia (Råstam, 2008; Brzóska et al., 2021; Mayes & Zickgraf, 2019). The prevalence of autism in eating disorder populations seems to gravitate within the 30-40% range (Inoue et al., 2021; Huke et al., 2013), while those with ADHC have a 3 to 6 times increased risk of developing an eating disorder (Svedlund et al., 2017; Biederman et al., 2007; Bleck et al., 2015). Furthermore, autism and ADHC frequently co-occur (Polderman et al., 2014; Panagiotidi et al., 2017). However, both autism and ADHC are still vastly underrecognized and underdiagnosed in women, people of colour and ethnic minorities (BIPOC), as well as sexually divergent and/or gender non-binary folks (Onaiwu, 2020; Begeer et al., 2008; Harmens et al., 2021; Lai et al., 2022).

The investigation of eating disorders through the neurodiversity paradigm involves an interdisciplinary approach situated at the crossroad of sensory processing (behavioural neuroscience), disability studies focusing on the empowerment of neurominorities (social justice), and mental health concerns relevant to neurodivergent individuals (psychology). Indeed, autistic people and those with ADHC are at a disproportionate risk of experiencing mental health conditions in addition to eating disorders, such as suicidal ideation, obsessive-compulsive

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disorder, self-harm, depression, trauma (i.e., increased risk of being victims of interpersonal violence), and anxiety (Pearson et al., 2022; Reuben et al., 2021; South et al., 2021; Mitchell et al., 2021; Bradshaw et al., 2021; Rumball et al., 2020; Colvert et al., 2021). These mental health concerns are often underlined by specific factors such as alexithymia, the double empathy problem, masking or camouflaging, interoceptive confusion, heightened exteroception (i.e., sensory meltdowns or shutdowns), synesthesia, executive functioning, burnout, rejection sensitive dysphoria, justice sensitivity, and demand avoidance (Milton, 2012; Raymaker et al., 2020; Cassidy et al., 2020; Bradley et al., 2021; Pearson & Rose, 2021; Kinnaird et al., 2019; Liss et al., 2008; Engel-Yeger & Dunn, 2011; Fiene & Brownlow, 2015; Ward et al., 2017). Unfortunately, as discussed in several research articles, mental healthcare for neurodivergent individuals, including with regards to eating disorders, urgently needs to be improved (Mandy, 2022; Adams & Young, 2021; Camm-Crosbie et al., 2019; Babb et al., 2021).

Neurodivergent individuals are shown to experience a wide range of health conditions at higher rates compared to neurotypicals, particularly in relation to the immune system, such as hypermobility syndrome, irritable bowel syndrome, diabetes, dysautonomia, fibromyalgia syndrome, or chronic fatigue syndrome (Grant et al., 2022; Kindgren et al., 2021; Csecs et al., 2020; Bradshaw et al., 2021). All of which have been found to co-occur with eating disorders at a higher prevalence than would be expected in those without eating disorders (Raevuori et al., 2014). As such, it is crucial that more awareness is drawn to the ramified and sometimes-complex support needs of neurodivergent people in order to adapt eating disorder treatments through the implementation of both neurodiversity-friendly and trauma-informed frameworks. The most suitable pathway to achieve this goal is by using participatory research methods (Gillespie-Lynch et al., 2017; Musić et al., 2021; Keating, 2021; Botha, 2021; Spong & Waters, 2015); hence meaningfully involving the neurodivergent community in the co-production of knowledge about them (i.e., preventing epistemic injustice) and the co-design of therapies for them (i.e., preventing iatrogenic harm).

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Online Resources:
- Neurodivergent Doctor: https://neurodivergentdoctor.com/
- TARA: https://www.tara.org.au/
- I Can Network: https://icannetwork.online/
- Neuroqueer: https://neuroqueer.com/neurodiversity-terms-and-definitions/
- Neurodivergent Rebel: https://neurodivergentrebel.com/
- Rory’s Reckons: https://roryreckons.blog/
- Pete Wharmby’s Blog: https://petewharmby.com/
- Therapist Neurodiversity Collective: https://therapistndc.org/
- Autistic Doctors International: https://www.facebook.com/AutisticDoctors/

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