

Why Knowing What to Do Isn't Enough

Health information usually assumes the difficult part is knowing what to do. For many neurodivergent women, knowing may be the easy part.

Eat more protein.

Get enough sleep.

Move your body.

Drink more water.

Prepare meals ahead of time.

Reduce stress.

Go to bed earlier.

Most of us have accumulated a remarkable amount of information about what we're *supposed* to do for our health.

And yet knowing something does not guarantee that we will do it.

That isn't simply a failure of motivation.

Behavioral science has long recognized a gap between **intention and behavior**. In a 2023 systematic review and meta-analysis of physical activity research, nearly half of people who intended to be physically active did not subsequently act consistently with that intention (Feil et al., 2023).

That study wasn't specifically about neurodivergent women, and it wasn't about nutrition. But it demonstrates something important:

Even in the general population, wanting to do something and knowing that we should do it are not sufficient to reliably produce behavior.

Perhaps we need to become more interested in what happens **between knowing and doing**.

The missing information may not be another instruction

When health behavior is treated primarily as an information problem, the solution tends to be more information.

Another meal plan.

Another list of foods.

Another morning routine.

Another podcast.

Another set of instructions.

But consider something as ordinary as making lunch.

You may already know exactly what a balanced lunch looks like.

Actually eating it can require you to notice hunger, disengage from another activity, decide among several options, initiate the task, sequence multiple steps, tolerate the sensory experience of preparing and eating the food, adjust if something you expected isn't available, and complete the task before your attention moves somewhere else.

Knowing what lunch to make is only one part of that process.

And this is where neurodivergence makes the knowing–doing gap particularly interesting.

Neurodivergence can change the conditions around behavior

There is no single “neurodivergent brain.”

Autism and ADHD are distinct neurodevelopmental conditions, individuals vary enormously, and research does **not** currently give us one unified scientific model explaining a “knowing–doing gap” specifically in neurodivergent women.

What research does give us are **pieces of the puzzle**.

Research and expert consensus on ADHD in girls and women describe differences in attention, executive functioning, emotional regulation, and associated everyday functioning, while also highlighting the historical underrecognition of ADHD in females (Young et al., 2020).

Research on autistic adults gives us another piece.

In a small exploratory study of 12 autistic adults, participants described eating as being influenced by sensory sensitivity, executive-function difficulties, rigidity, and other factors. Importantly, many participants had developed adaptations that helped them work around these differences (Kinnaird et al., 2019).

A much larger 2025 study of 961 adults compared people reporting autism, ADHD, both conditions, or neither. Adults in the neurodivergent groups reported more eating difficulties than the comparison group, with particularly pronounced difficulties among autistic participants. Sensory sensitivity, insistence on sameness, and other characteristics were associated with eating difficulties and food selectivity (Bayoumi et al., 2025). The sample was 50% female, so this is relevant to women but should not be described as a study exclusively of women.

Put these findings beside the broader intention–behavior literature and an interesting picture begins to emerge.

Not proof of one single mechanism- but a reason to ask better questions.

The advice may be right. The delivery system may not fit the person.

Consider some common health advice.

“Eat when you're hungry.”

Useful advice—if **hunger is consistently noticed and interpreted in time to act on it.**

Bayoumi et al. (2025) found that adults with autism and/or ADHD reported greater difficulty recognizing hunger and fullness than comparison participants.

“Just meal prep.”

Potentially useful—if **planning, task initiation, sequencing, flexibility, energy, and sensory preferences aren't creating substantial friction.**

Kinnaird et al. (2019) found that autistic adults described executive-function difficulties, sensory sensitivities, and rigidity as factors affecting eating.

“Find healthy foods you like.”

Reasonable—but **taste isn't the only variable.**

Texture, smell, temperature, predictability, preparation, sameness, environment, and cognitive demands can all influence whether a food is actually workable for a particular person. Sensory sensitivity and insistence on sameness were associated with eating difficulties in recent research on autistic and ADHD adults (Bayoumi et al., 2025).

None of this means that neurodivergent people are incapable of changing their behavior.

It suggests something much more useful:

**We may need to design health behavior
around the person rather than continually
asking the person to conform to the plan.**

This changes the job of health education

Traditionally, we might give someone the “right” behavior:

Eat this.

Do this.

Avoid that.

Repeat every day.

Then we measure whether she follows it.

But what if we approached behavior differently?

What if instead of immediately asking whether someone complied with a recommendation, we studied the **conditions under which that behavior became easier, harder, possible, or unsustainable?**

That distinction is central to **The Science of Becoming**.

The research tells us that intention does not automatically become action and that neurodevelopmental differences can influence processes relevant to everyday eating and behavior.

My interpretation is that this makes behavior itself useful

information. Instead of treating a behavior as the final verdict—

I did it.

I failed.

I was disciplined.

I wasn't disciplined.

—we can investigate it.

What happened?

Suppose you planned to make dinner but ordered takeout instead. The conventional interpretation might be:

I need more discipline.

But that conclusion doesn't tell us very much.

Instead, we can ask:

Were you hungry long before you noticed?

Had you already made hundreds of decisions that day?

Was the meal you planned too complicated for the energy you had left?

Did the texture suddenly sound intolerable?

Was the kitchen overwhelming?

Were you absorbed in something and unable to transition easily? Did the plan require seven steps when you realistically had capacity for two? Were you stressed?

Did you simply need a different option?

Now we have information.

And information about **what actually happened** is often more useful than another instruction about what *should* have happened.

This is where the framework begins

The Science of Becoming uses a simple process:

LEARN

Understand the relevant science and give yourself useful information.

NOTICE

Observe what actually happens in your body, thoughts, behavior, environment, and daily life.

UNDERSTAND

Look for patterns.

What makes the behavior easier?

What creates friction?

What changes with energy, sensory load, hunger, stress, environment, emotion, or context?

EXPERIMENT

Change something small.

Reduce a step.

Move the cue.

Change the food.

Prepare something earlier.

Make the environment easier.

Try a different strategy.

Then see what happens.

REFLECT

What did the experiment teach you?

Not:

Was I good at this?

But:

What did I learn?

And then the process begins again.

From compliance to curiosity

This framework isn't a claim that every difficulty can be solved by adjusting the environment or finding the perfect strategy.

Nor does the research cited here prove that this particular five-step framework produces better health outcomes.

The framework is my way of responding to what the evidence—and everyday experience— suggests is a more complicated behavioral problem.

If knowledge alone doesn't reliably create behavior, then giving people increasingly detailed instructions has limits.

And if executive demands, sensory experience, interoception, attention, predictability, emotion, energy, and context can influence behavior, then those variables deserve our attention too.

That moves us away from:

Why aren't you following the plan?

and toward:

What can we learn from what happened?

Knowing is the beginning

There will always be value in learning.

Nutrition science matters.

Understanding physiology matters.

Knowing what supports health matters.

But perhaps health education has spent too much time perfecting the **what** and not enough time investigating the space between:

I know.

and

I do.

For neurodivergent women especially, that space may contain information worth paying attention to.

Not because every difficulty is caused by neurodivergence.

Not because one strategy will work for every neurodivergent person.

But because behavior happens inside a particular brain, body, environment, and life.

Knowing gives us a direction.

Noticing tells us what is actually happening.

Understanding gives the behavior context.

Experimenting gives us new information.

Reflecting helps us decide what comes next.

That is where information becomes personal.

And where knowing can begin to become doing.

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