

When “Listen to Your Body” Isn’t So Simple

Interoception • hunger + fullness • body signals • neurodivergence

“Listen to your body” sounds like simple advice.

Eat when you’re hungry.
Stop when you’re full.
Rest when you’re tired.
Drink when you’re thirsty.
Slow down when you’re overwhelmed.

But there’s an assumption underneath all of it:

That your body’s signals are easy to notice, easy to interpret, and easy to act on.

They aren’t always.

For some people, hunger arrives gradually and predictably. For someone else, there may seem to be almost nothing—and then suddenly they are *starving*.

Fatigue might feel like tiredness. Or it might show up as *irritability, difficulty thinking, restlessness, sensory sensitivity*, or the inexplicable feeling that *everything has suddenly become harder*.

Stress may feel like anxiety. Or you may notice the clenched jaw, tight chest, stomach discomfort, racing heart, or urge to escape long before you realize, *Oh. I’m overwhelmed*.

The ability to sense and make meaning from what is happening inside the body is called **interoception**.

And it may be one of the missing pieces in the way we think about health behavior.

Your body is communicating all the time

Interoception refers to the nervous system's process of sensing, interpreting, and integrating

signals originating within the body (Khalsa et al., 2018).

These signals contribute to our awareness of things like:

hunger • fullness • thirst • heartbeat • breathing • temperature • pain • fatigue • muscle tension • bladder and bowel sensations • physiological arousal

But interoception isn't simply *having* bodily signals.
There are multiple processes happening.

Your body produces a signal.

Your nervous system detects it.

Your brain interprets what that signal might mean.

And then you have to decide what—if anything—to do about it.

Feeling something and understanding what you're feeling aren't necessarily the same thing. A sensation in your stomach could mean hunger.

Or anxiety.

Or nausea.

Or digestive discomfort.

Or several of those at once.

That distinction matters because much of health advice starts at the final step: *respond appropriately to your body*.

It doesn't always account for everything that has to happen before that response becomes possible.

Interoception and neurodivergence

This becomes particularly interesting when we look at neurodivergence.

Research into interoception in autism has produced a complicated picture. A 2025 systematic review and meta-analysis of 31 studies found that results differed depending on age and the particular dimension of interoception being measured. The evidence does **not** support the simplistic conclusion that all autistic people have “poor interoception.” Rather, interoceptive

experiences and abilities appear heterogeneous, and different methods of measuring them can produce different findings (Klein et al., 2025).

That nuance is important.

Neurodivergent doesn't automatically mean disconnected from your body.

One person might notice internal sensations very intensely. Another may notice them only once they become strong. Someone else might detect a sensation accurately but have difficulty identifying what it means.

And those patterns can vary from one type of signal to another.

ADHD research is emerging as well. A 2025 systematic review examining 18 studies found evidence suggesting reduced interoception in people with higher ADHD symptoms, including associations with inattention, hyperactivity, impulsivity, emotional dysregulation, and executive dysfunction. However, the authors also emphasized limitations in the existing evidence, including relatively small samples and methodological differences (Bruton et al., 2025).

In other words:

There may be meaningful differences in how internal information is noticed and processed—but there isn't one universal neurodivergent interoceptive profile.

That makes curiosity more useful than assumption.

Hunger isn't always a growling stomach

This becomes especially relevant in nutrition.

Hunger and fullness aren't simply thoughts telling us to eat or stop eating. They emerge from complex communication between the body and brain.

Interoceptive information contributes to how hunger and satiety are experienced and incorporated into eating decisions. Research has found relationships between interoceptive processing and eating behavior, although the field is still developing and shouldn't be reduced to the idea that interoception alone determines how or why someone eats (Robinson et al., 2021; Mulder et al., 2025).

That matters when advice sounds like:

“Just eat when you're hungry.”

What if you don't recognize hunger until it is intense?

What if hyperfocus means you don't attend to the signal?

What if sensory demands make preparing the food you intended to eat feel impossible?

What if you can feel *something* in your body but aren't sure whether it's hunger, anxiety, nausea, or overstimulation?

What if you notice hunger perfectly well but executive-function demands stand between noticing it and actually feeding yourself?

This is where we have to separate two things.

Noticing a need is not the same as being able to meet it.

Interoception may be one part of the equation. Attention, executive function, sensory experience, environment, available food, stress, routine, energy, and context can be other parts.

The same thing can happen outside of food

Imagine you've been working for several hours.

Your shoulders have slowly risen toward your ears. You're shifting around in your chair. Reading the same sentence takes three attempts. The light suddenly seems too bright. Someone asks you a simple question and you feel disproportionately irritated.

You think:

Why am I suddenly so bad at everything?

But perhaps nothing happened suddenly.

Your body may have been providing information for quite a while.

You simply noticed the situation once the signals became difficult to ignore.

This can happen with **hunger, thirst, fatigue, stress, sensory overload, pain, temperature, emotional arousal, or the need for movement or rest.**

And that changes the question.

Instead of:

Why can't I manage myself better?

We can ask:

When did my body first start telling me something had changed?

That is a very different place from which to begin.

“Listen to your body” may need some scaffolding

Body awareness is often presented as something we should simply know how to do.

But if internal cues are inconsistent, subtle, confusing, delayed, intense, or competing with everything happening around you, **external support isn't a failure to listen to your body.**

It may be what helps you hear it.

That could look like eating at reasonably predictable times rather than waiting until unmistakable hunger appears.

Keeping water somewhere visible.

Using a reminder to check whether you need food, movement, the bathroom, medication, rest, or a sensory break.

Keeping accessible foods available for moments when the steps involved in preparing a meal exceed your current capacity.

Pausing at transitions—after a meeting, before leaving the house, when finishing a task—to check what has changed internally.

Or developing your own vocabulary for sensations rather than immediately trying to label them as an emotion or need.

The goal isn't to become perfectly attuned to every fluctuation inside your body.

The goal is to make useful information easier to notice and easier to respond to.

Start with noticing, not fixing

You don't have to immediately change anything.

Try becoming curious about **when** you notice different signals.

Do you notice hunger when it first begins—or when you're already shaky, irritable, nauseated, or desperate for food?

Do you recognize fatigue as tiredness, or only after concentration disappears? What does thirst actually feel like for you?

What happens in your body before you recognize overwhelm?

Which sensations are obvious?

Which are quiet?

Which ones are difficult to interpret?

Which signals do you notice but have trouble responding to?
There is useful information in those differences.

And this is where **The Becoming Framework** can turn an abstract idea into something practical.

LEARN

Learn what interoception is and how body-brain communication contributes to the experience of internal states.

Knowledge gives you language for something you may already have experienced for years.

NOTICE

Pay attention to the signals that are actually present.

Not the ones you think you *should* experience.

Maybe hunger isn't a growling stomach for you. Maybe it first appears as difficulty

concentrating.

Maybe fatigue doesn't feel like sleepiness. Maybe everything simply starts requiring more effort. **Notice before you judge.**

UNDERSTAND

Look at what surrounds the signal.

Were you concentrating intensely?

Was the environment overstimulating?

Had you eaten recently?

Were you rushing?

Were there too many steps between recognizing a need and responding to it?

Understanding turns *"I'm bad at listening to my body"* into a much more useful question: **What makes this signal easier—or harder—for me to recognize and respond to?**

EXPERIMENT

Try one small support.
A scheduled lunch.

A visible water bottle.

A two-minute body check between tasks.

A snack where you can see it.

A reminder that asks **"What does my body need?"** rather than simply **"Eat."** Then observe what happens.

The experiment isn't a rule you're committing to forever.

It's a way of gathering information about yourself.

REFLECT

What changed?

Did you notice hunger earlier?

Did eating before you became ravenous change the rest of your afternoon? Did a reminder help—or did it become another notification you automatically dismissed? Did checking your body make signals clearer, or did it feel overwhelming? Keep what helped.

Change what didn't.

Try again.

Your body doesn't need to speak louder for you to deserve support

Health advice often assumes that if we pay enough attention, our bodies will provide clear instructions.

Human bodies are more complicated than that.

Internal signals interact with the brain, attention, learning, emotion, sensory processing, environment, stress, and behavior. Research on interoception—particularly in neurodivergent populations—is still evolving, and individual experiences vary considerably. So perhaps the goal isn't simply to **“listen to your body.”**

Maybe the more useful practice is learning **how your particular body communicates**. What you notice.

What you don't.

What gets louder under stress.

What becomes easier to recognize with structure.

What you need help remembering.

And what helps you respond before a whisper has to become a shout.

Your signals don't have to be perfect for you to work with them.

Sometimes support begins by making the invisible a little easier to notice.

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