

A fat body
trapped in a
small space.

Sensory Landscape of Eating Disorders Inpatient Care

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CONFERENCE Link between Eating disorders and Autism

PEACE Pathway 20 May 2025

Research Question

How does the sensory environment of the ward shape how treatment is felt - and how can it be made more supportive?

Therapeutic Landscape

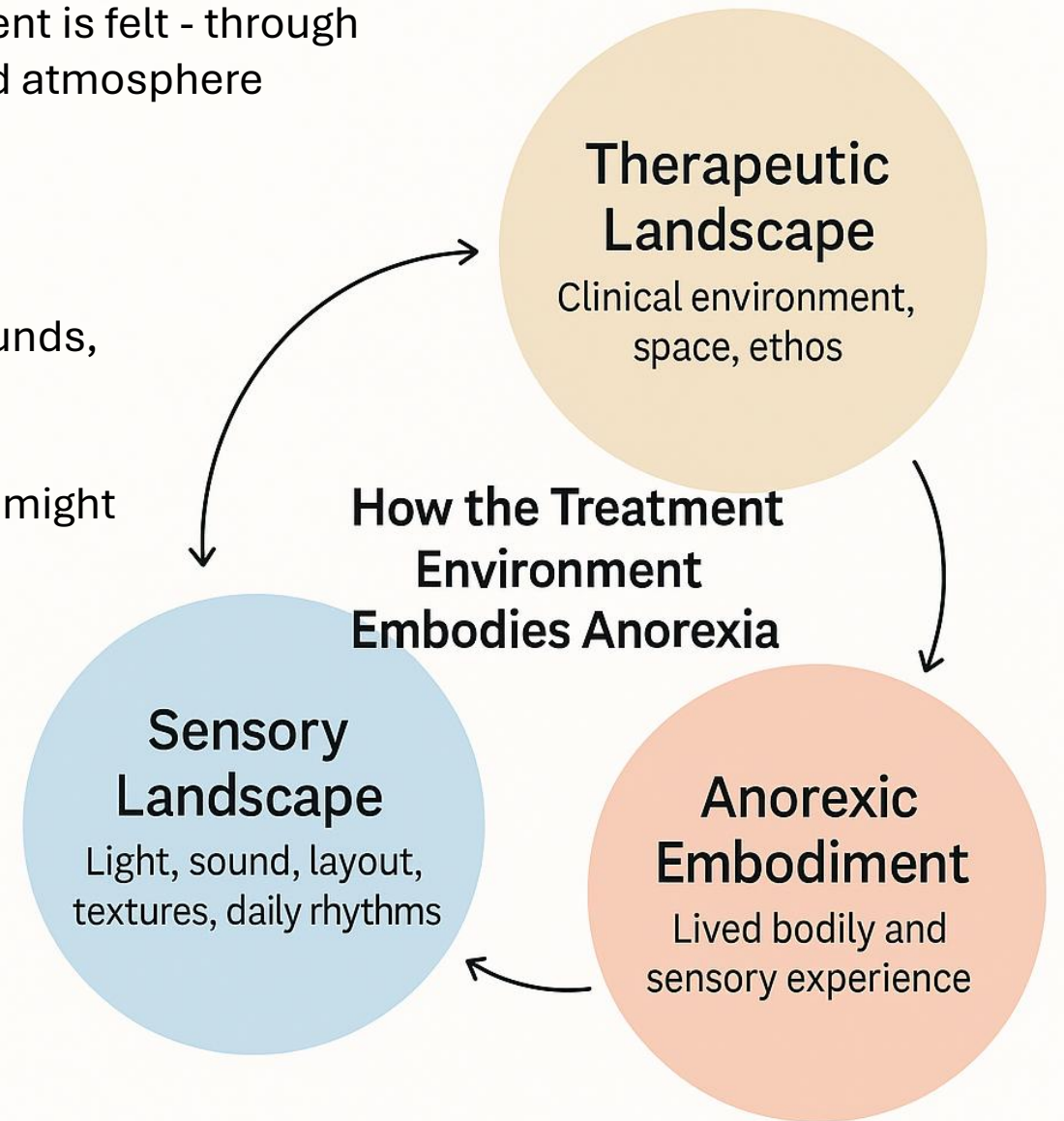
Clinical spaces shape how treatment is felt - through design, routines, relationships, and atmosphere (Gesler, 1992)

Sensory Landscape

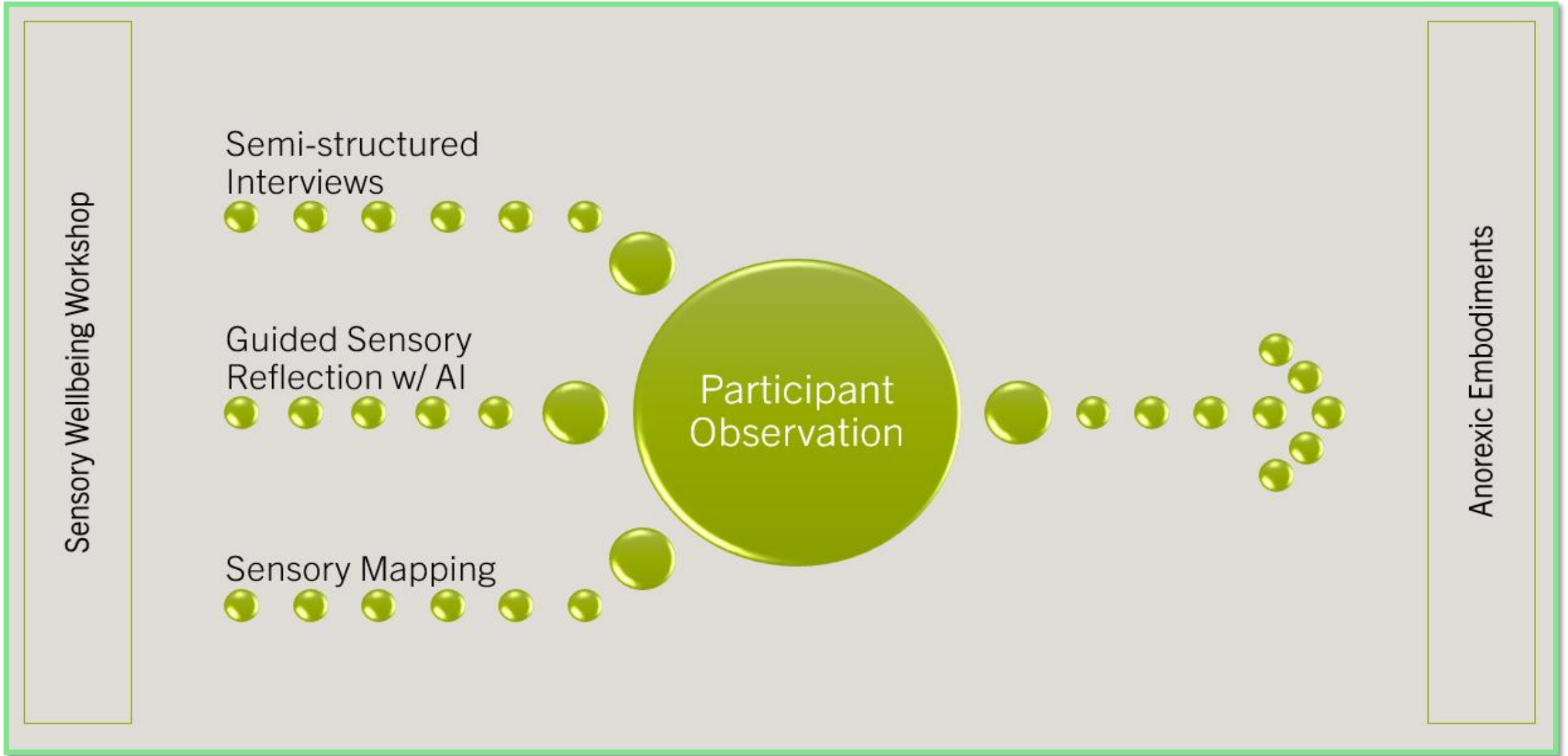
the sensory side of the therapeutic environment - things like lights, sounds, smells, textures, and layout. these sensory cues influence how safe, overwhelmed, or settled someone might feel in the space. (Chubinidze et al., 2024)

Anorexic Embodiment

The lived experience of anorexia as felt through the body, shaped by everyday interaction with space and routines. (Eli & Lavis, 2022)



Framing the Study: Core Concepts



Collaborative Sensory Ethnography: Logic Model of Research Methodology

Table 1. Participant Demographic and Health Characteristics

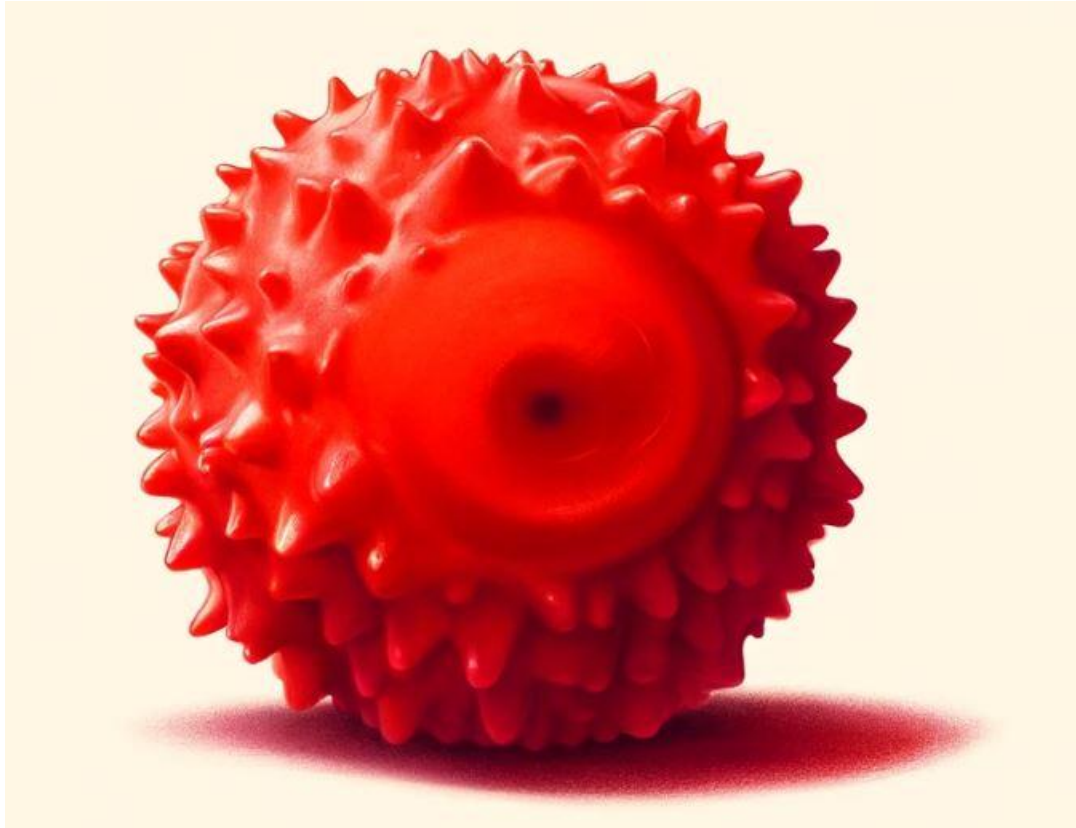
Participant Code*	Gender	Age	Ethnicity	Diagnosis	Duration	Comorbidity
P1	Female	19	Black/Black British - Other	AN	3 years	Autism
P2	Female	19	White British	AN	3 years	Autism
P3	Female	42	White British	AN	> 3 years	EUPD; Agoraphobia; Chronic Fatigue Syndrome; PTSD; Anxiety
P4	Female	19	White British	AN	2 years	
P5	Female	61	White British	AN	> 3 years	
P6	Female	20	White British	AN	2 years	
P7	Female	18	Mixed Race British – Other Mixed-Race	AN	<1 years	
P8	Female	30	White Other	AN	<1 years	Suspected EUPD and Autism
P9	Female	23	White British	AN/ARFID	9 years	
P10	Female	34	White British	AN	19 years	OCD; Recurrent depressive disorder; EUPD

Master Theme	Subordinate Theme	Cross-cutting themes
<p>1. Sensory Triggers of Distress</p> <p>This theme and its relevant sub-themes explore the various sensory stimuli that contribute to feelings of discomfort, anxiety, and distress. It illustrates how these sensory cues can act as constant reminders of the patients' lack of control over their environment and reinforce the sense of being in a restrictive setting.</p>	<p>1.1. Echoes of Anxiety</p> <hr/> <p>1.2. Visual Stressors of Isolation</p> <hr/> <p>1.3. Olfactory Overwhelm</p> <hr/> <p>1.4. Taste and Textural discomfort</p> <hr/> <p>1.5. Temperature Regulation Challenges</p>	<p>Feeling of Entrapment: “Fat Body Trapped in a Small Space”</p>
<p>2. Ambivalence in Treatment: Navigating Consistency, Sensory Needs, and Personalization</p> <p>This theme and its relevant sub-themes explore patients' ambivalence toward treatment and their dual experiences of sensory stimuli. It illustrates the need for consistency in preferred sensory experiences, recognizing diverse sensory needs, and creating more opportunities to personalize the sensory landscape.</p>	<p>2.1. Consistency and Predictability</p> <hr/> <p>2.2. Recognition of Sensory Needs and Personalization</p> <hr/>	<p>“Snow Leopard” - Duality of Experience and Emotional Ambivalence</p>

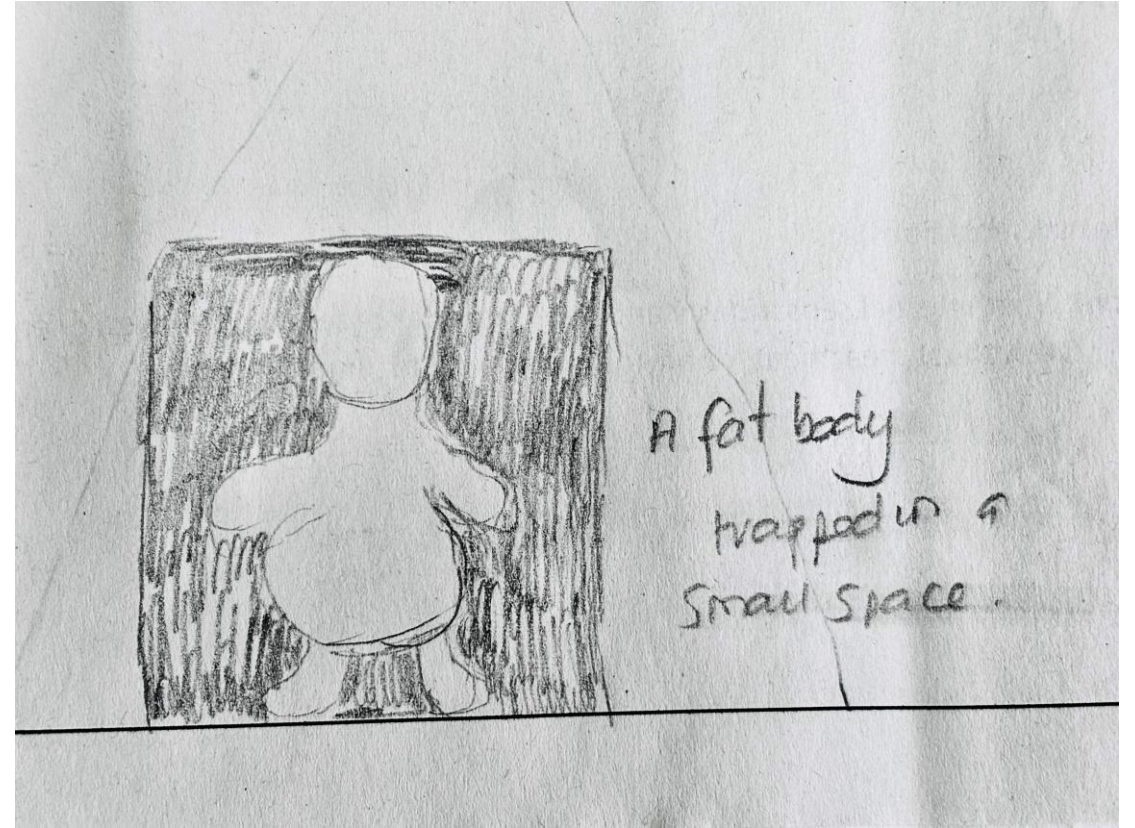
Master and Subordinate Themes from the Semi-Structured Interviews and Cross-cutting themes from the Guided Sensory Reflections

What We Found?

TRAP

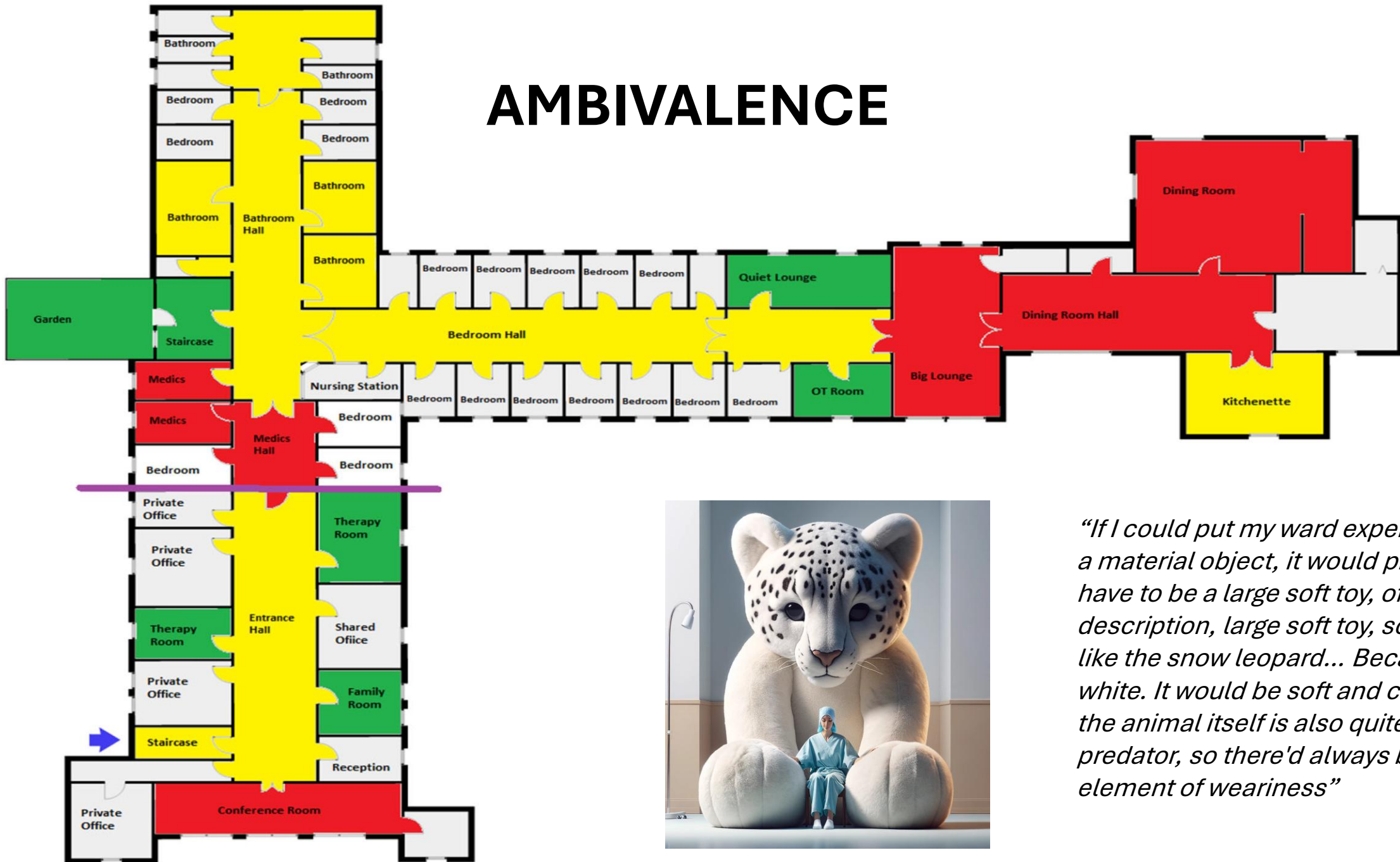


Sticky Rubber Ball of Struggles: "You just want something to stop, but it sticks... each day it's just there. It's going to be tough times every day"



"A Fat Body Trapped in a Small Space"

AMBIVALENCE



“If I could put my ward experience into a material object, it would probably have to be a large soft toy, of some description, large soft toy, something like the snow leopard... Because it's white. It would be soft and cuddly, but the animal itself is also quite a predator, so there'd always be that element of weariness”

IMPLICATIONS



Respond to the person, not just the illness

Adapt care to individual sensory needs and neurodiversity. Treatment must go beyond managing symptoms - it should support the unique experience of the person living with the illness. This means recognising sensory preferences, communication differences, and autonomy needs, especially for those with co-occurring conditions like autism.



Design with lived experience in mind

Avoid mirroring the illness through the environment. Be mindful of how clinical spaces may unintentionally echo the restrictive, controlling experiences of anorexia. Identify and reduce sensory cues (i.e., surveillance-related sounds or harsh lighting) that could reinforce feelings of entrapment or distress.



Ensure consistency across the ward

Create predictable, soothing environments throughout. Instead of isolated sensory-friendly rooms, aim for a cohesive sensory design. Avoid sudden contrasts (i.e.,) calm therapy spaces followed by overstimulating communal areas. Consistency helps reduce emotional instability and supports regulation and engagement.



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The Sensory Landscape and Embodied Experiences in Anorexia Nervosa Treatment: An Inpatient Sensory Ethnography

Dimitri Chubinidze; Elisa Zesch; Amanda Sarpong; Zhuo Li; Claire Baillie; Kate Tchanturia

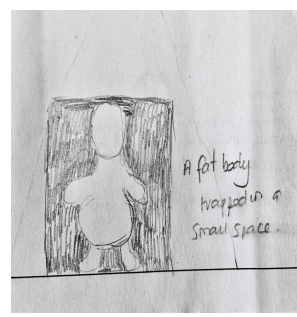
J. Clin. Med. 2024, Volume 13, Issue 23, 7172

Thank You

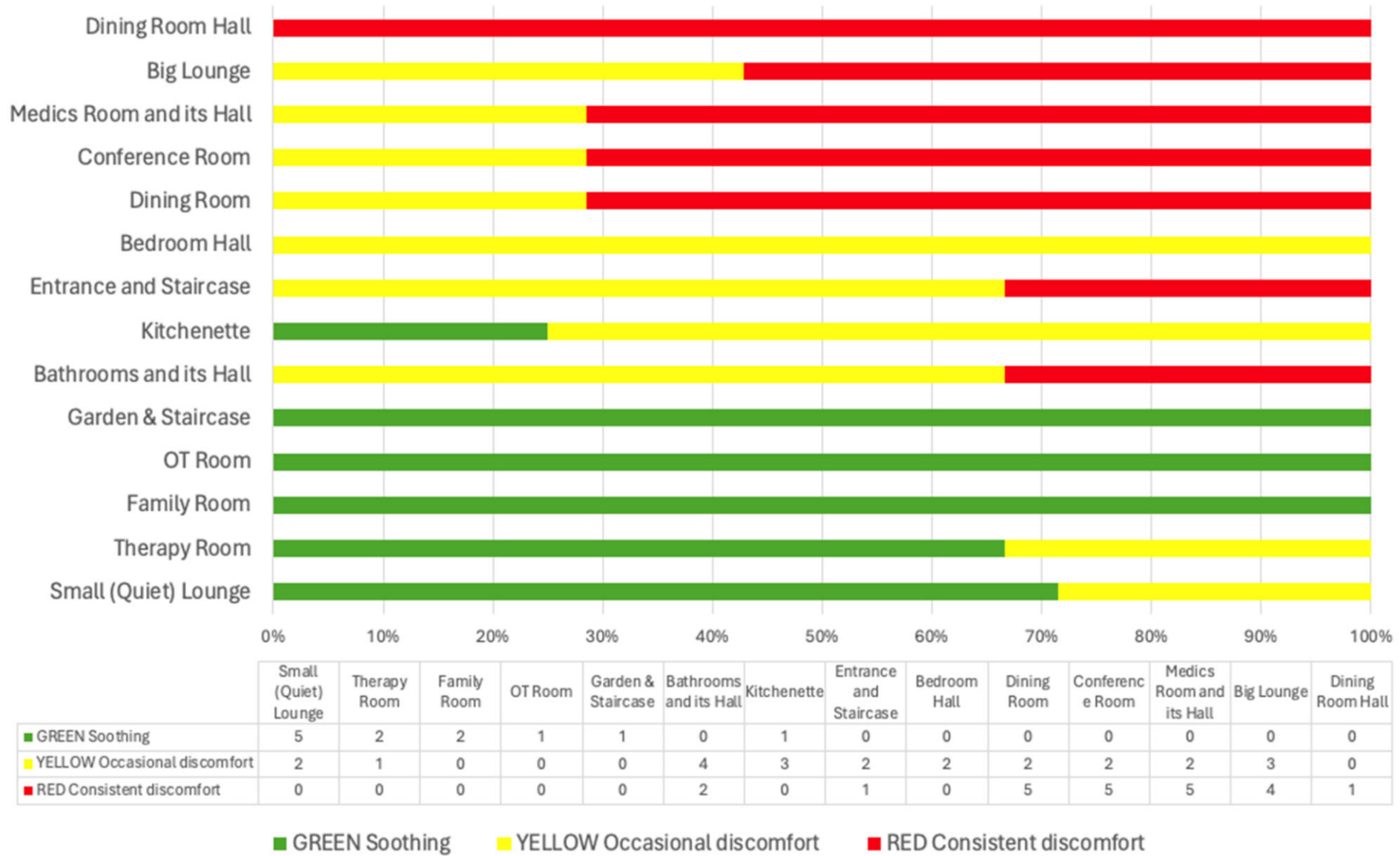
Dimitri Chubinidze dimitri.chubinidze@kcl.ac.uk



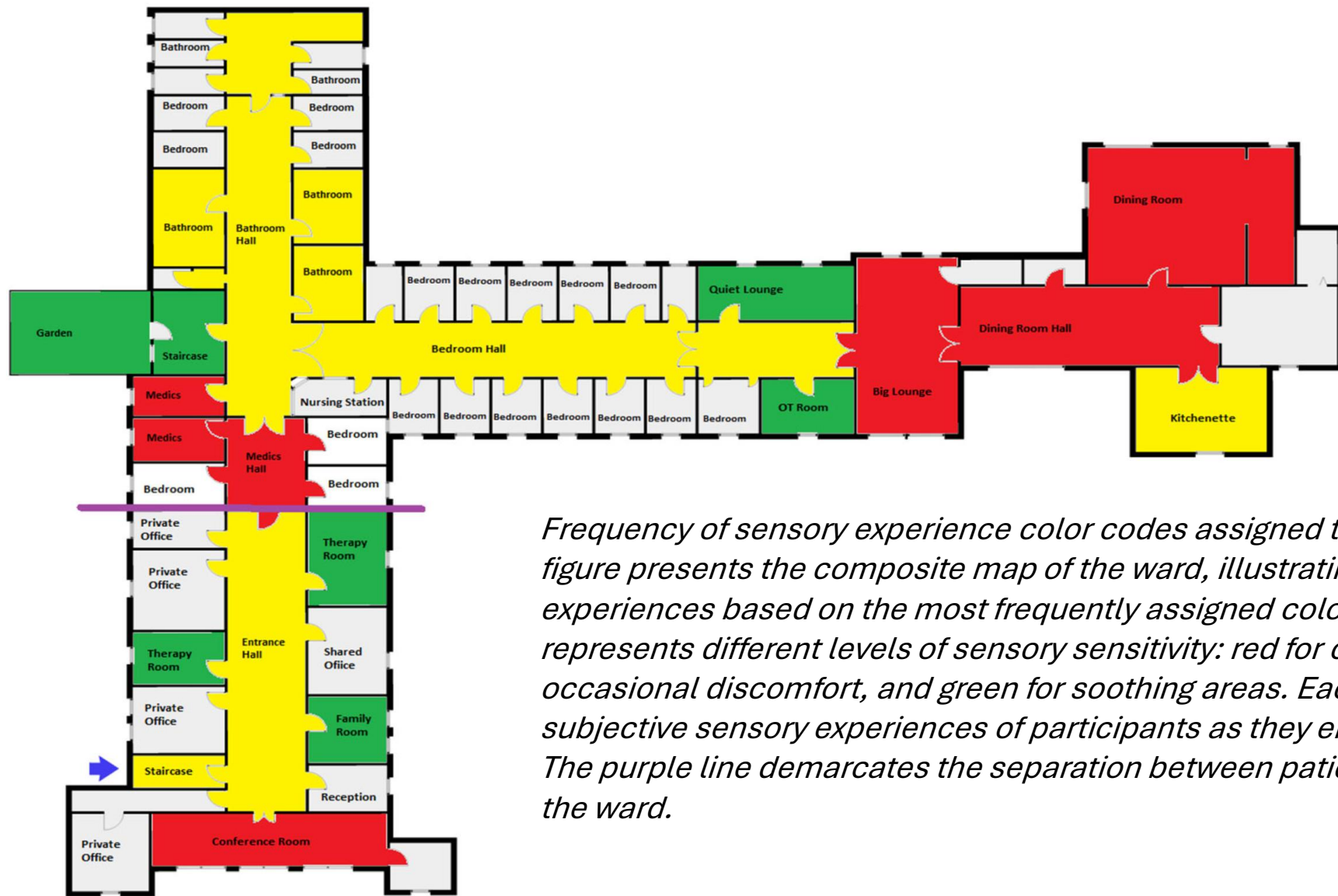
APPENDIX



Sensory Object	Dual Nature of Snow Leopard	Velvet Cushion of Discomfort	Sticky Rubber Ball of Struggles	Cracked Grey Square	Trapped Body in a Small Space	Isolated Blue Sphere	Bittersweet Cracker with Jam
Themes	Duality of Experience and Emotional Ambivalence	Feeling of Entrapment	Feeling of Entrapment Duality of Experience and Emotional Ambivalence	Feeling of Entrapment Duality of Experience and Emotional Ambivalence	Feeling of Entrapment	Feeling of Entrapment	Duality of Experience and Emotional Ambivalence
Emotional States/Responses	Feeling cared for and nurtured, yet aware of potential threat. Safety vs Vulnerability. Dependence vs Independence. Comfort vs Fear.	Dislike Discomfort Aversion Frustration and Distress Sensory Overload Resistance	Confusion. Frustration. Mixed feelings of comfort and discomfort. Alienation. Attachment. Emotional. Ambivalence.	Sense of damage and imperfection. Feeling of rigidity. Curiosity and Fear.	Isolation	Isolation	Discomfort with mixed textures
Participants	P5	P2	P4	P3	P6	P7	P1



Frequency of sensory experience colour codes assigned to ward spaces by participants



Frequency of sensory experience color codes assigned toward spaces by participants. This figure presents the composite map of the ward, illustrating the spatial distribution of sensory experiences based on the most frequently assigned color codes by participants. Each color represents different levels of sensory sensitivity: red for consistent discomfort, yellow for occasional discomfort, and green for soothing areas. Each color assignment reflects the subjective sensory experiences of participants as they engaged with different ward spaces. The purple line demarcates the separation between patient living spaces and other parts of the ward.

The composite map of the ward, illustrating the spatial distribution of sensory experiences based on the most frequently assigned colour codes by participants