

The ABC's of Interoception

With Dr. Curious

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Dear Reader,

I created this ABC booklet as a way to explore some big ideas about interoception, one small piece at a time. Each letter offers a different lens, a different invitation to pause, wonder, and look a little closer at what the body might be communicating. You might read it from A to Z, or jump to the letters that speak to you most. There's no wrong way to move through it. Just curiosity, one letter at a time.

Hope you enjoy,

Kelly Mahler


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A is for: Automatic Interoception Communication

A child screams “no.” Pushes something away. Runs from the room. Bites their hand.

These moments are often treated as behaviors to stop. But they may actually be **automatic interoception communication**: the body expressing discomfort, overwhelm, fear, pain, or confusion before someone has words for it.



A compliance response might sound like:

“Stop that.”

“Safe hands if you want your token.”

The goal is to stop the behavior as quickly as possible. But this approach does not acknowledge what the body might be trying to communicate.

An interoception-based response still supports safety, but it also shows the child that their experience is believed.

For example, if a child bites their hand, we might say: “I see you biting your hand. Something seems hard. Let’s figure out what your body might need.”

To explore this, you might wonder:

- What might be causing discomfort in their body?
- Could there be pain, urgency, hunger, fatigue, or overwhelm?
- How could I adjust things right now so their body feels more comfortable?
- What support might help their body feel safer?

The end goal may still be the same: helping the child return to safety and participation.



Both approaches might stop the behavior in the moment. Only one helps us understand what the body was trying to communicate so we can better support it next time.

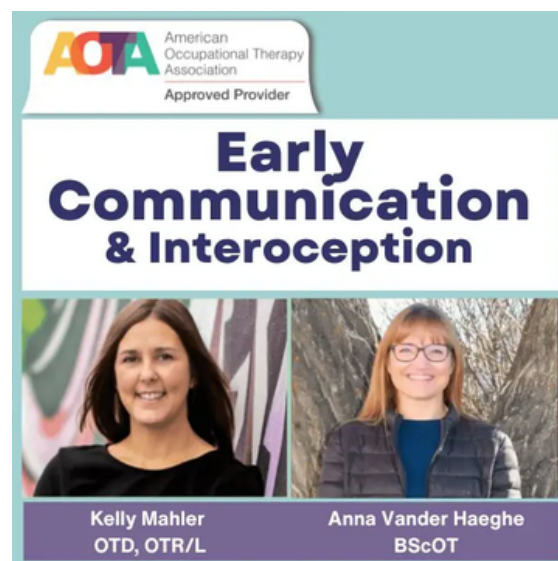
Automatic body communication deserves belief, not correction.

Resources:

Read more about early interoception communication in our [blog here](#):



Learn more about our new 3.5-hour Early Interoception Communication course [here](#):



B

is for Body Signals

People experience body signals in many different ways.

When you are thirsty...
what body signals do you notice?

Some people say:

“My lips feel dry.”

“My throat feels scratchy.”

“My tongue feels thick.”

“My head starts to hurt.”

“Dizzy... round and round.”



Others say they don't notice anything at all—or at least not until their body is very thirsty.

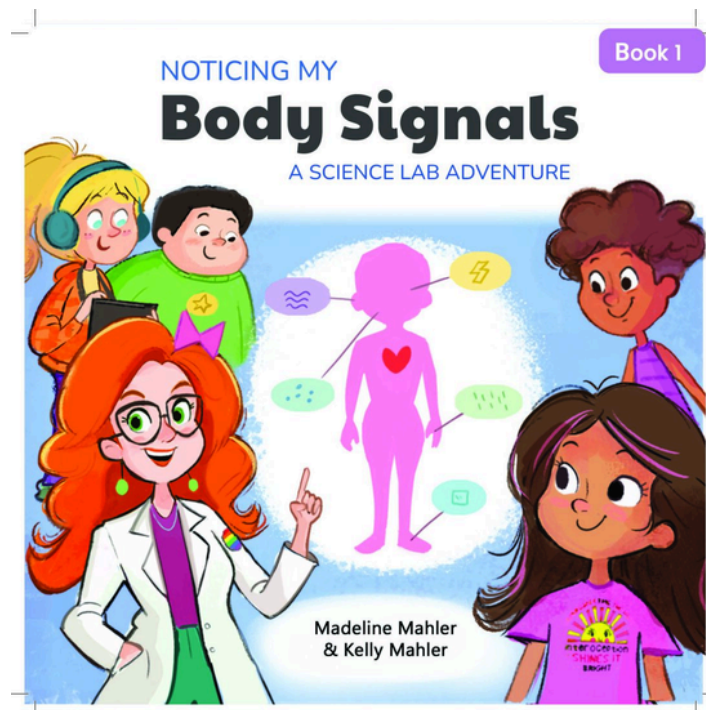
There are no wrong body signals.

**What body signals tell you
you're thirsty?**

Resources:

Interested in trying more exercises to explore body signals?

Check out our storybook and activity guide, “Noticing My Body Signals: a Science Lab Adventure” here:



C

is for Curiosity

Curiosity is at the heart of interoception.

I can't tell you how many clients I meet who are on a mission to find the right way to feel. They came to this honestly. Many have spent years being told their feelings were wrong, too big, not big enough, or should look a certain way.

But when we get loud about the truth that **there is no wrong way to feel**, something shifts.

Instead of searching for the “correct” feeling, people can begin a journey rooted in curiosity and exploring body signals and discovering their own unique inner experience.

To boldly wear this curiosity statement, check out our interoception t-shirts [here](#):



D

is for Distress

Distress isn't a personal failure.
It's data about the environment

Distress can emerge from the interaction of nested environments:

Example:

A child begins refusing school.

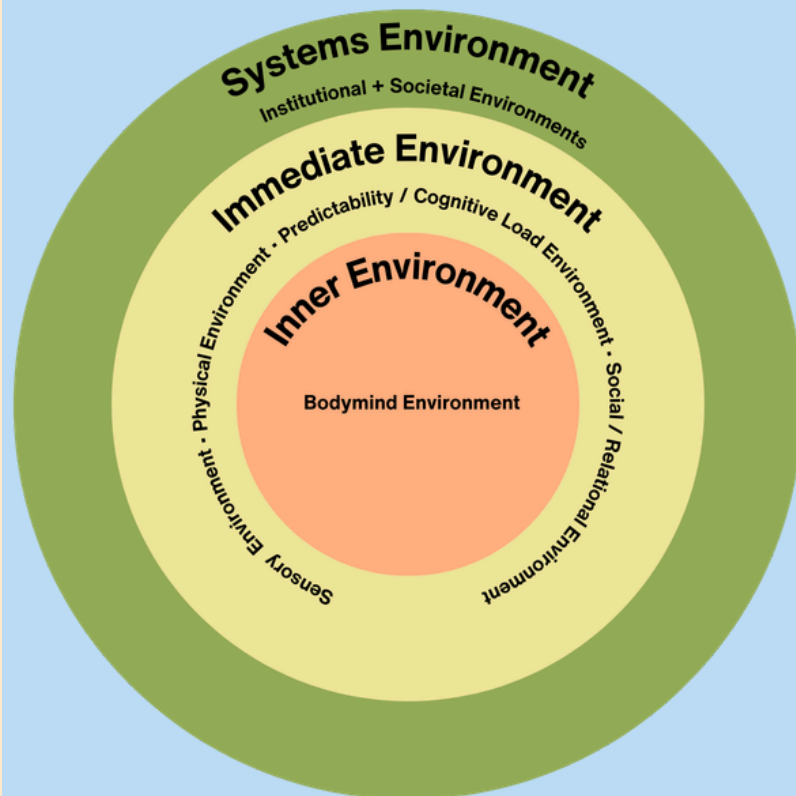
Often interpreted as being solely 'in the person':

Defiance

Avoidance

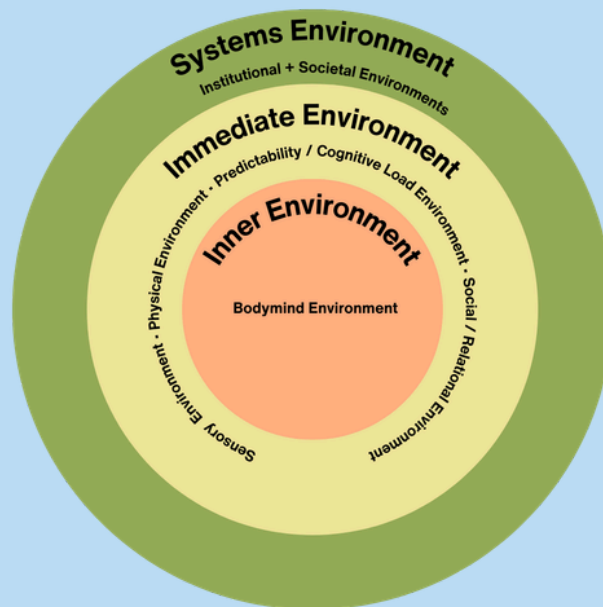
Anxiety

But what if distress is environmental data?



What is happening in the inner environment?

- Stomach pain
- Headaches
- Sleep disruption
- Rising anxiety
- Resurfacing past trauma



What is happening in the *immediate* environment?

- Crowds & noise
- Constant transitions
- Rapid task switching
- Unclear expectations
- Long sitting demands
- Bullying & Isolation
- *Not feeling understood
- *Forced to earn comfort
- *Little recovery time

What pressures exist in the *systems* environment?

- Attendance over wellbeing
- Distress labeled as defiance
- Rewards & consequences use
- Lack of neurodivergent competence
- Child expected to “cope with real life”

Distress is data.

The question isn't:

“What’s wrong with the person?”

It's:

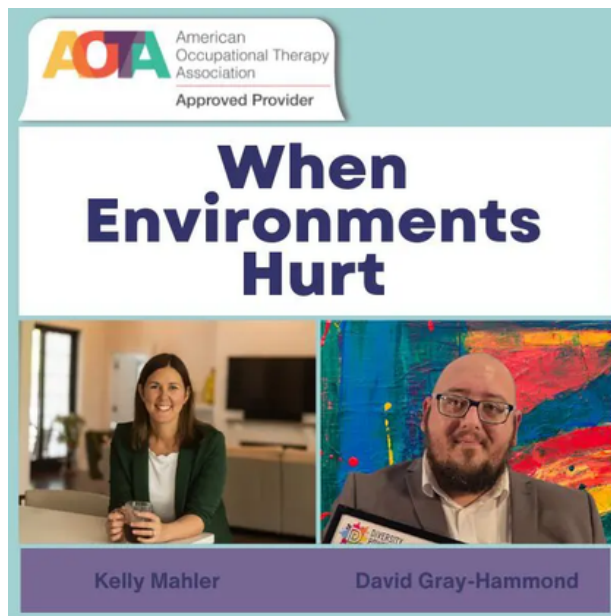
“What’s wrong with the environment?”

Distress is often treated as a problem inside the person. But most often distress is interoceptive data about the environments surrounding them.

When we widen the lens to consider the inner, immediate, and systems environments, we often uncover new paths for support.

Resources:

Learn more about understanding distress through an environmental lens in our course, **When Environments Hurt** here:



Read more in our free blog here:



E is for Emotions and Alexithymia

I'm going to share something that has been on my mind for a while.

And honestly... I'm still thinking it through.

So this isn't me presenting a conclusion.

It's me opening a conversation.

I've been thinking about the concept of **alexithymia**, which is usually defined as "*difficulty identifying and describing emotions.*"

For many people, that description resonates deeply. The struggle to understand what's happening inside can be very real and very hard. I want to be clear that I'm not trying to invalidate that experience.



What I keep wondering is this:

What if alexithymia is sometimes **difficulty identifying and describing feelings in a neuronormative way**?

For example, if someone

- can't identify an emotion on command or needs time to process what's happening inside...
- or describes their experience through body sensations, images, sounds, or movement instead of emotion words...

Then the conclusion may be **alexithymia**; that they have “difficulty identifying and describing how they feel.”

But is that actually true?

Many people describe knowing something is happening inside... but needing time, space, or a different way to understand it.

And honestly, how many people know exactly how they feel **every minute of every day**?

Probably not many.

Again, I'm not trying to dismiss the very real challenges people experience when identifying and describing feelings. In fact, I sometimes wonder if we **don't validate how hard that process can be.**

I'm also curious whether the conversation about alexithymia might be **misleading at times.**

I've met many people who believe they don't know how they feel, only to realize, when we provide non-neuronormative supports, that they actually do.

So I'd genuinely love to hear from you:

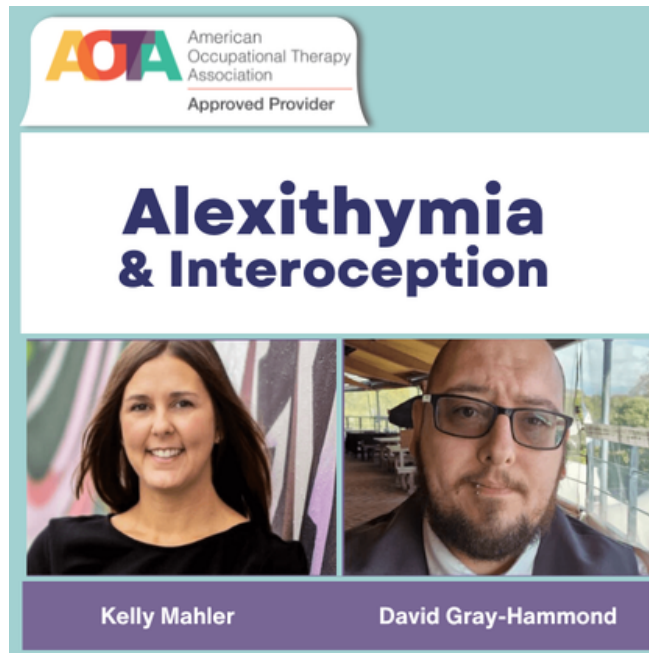
Does the concept of **alexithymia** resonate with you?

Or does it sometimes overlook the validity of **diverse ways people experience and understand their inner world?**

Thanks for honoring my curiosity. ♡

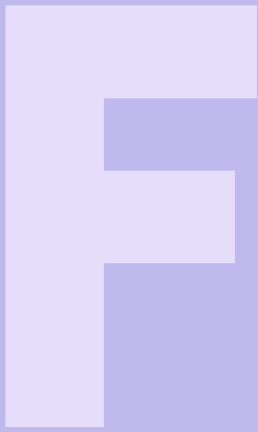
Resources:

Check out our on-demand course on **Alexithymia and Interoception** [here](#):



Read more in our free [blog here](#):





F is for Felt Safety

Why is felt safety so important for interoception?

Because the body needs to feel safe before it can focus on noticing itself.

Think about what happens when the nervous system is busy trying to manage the outside world. If we are preoccupied with adjusting to our environment, trying to avoid trouble, keep up with expectations, or figure out if we are safe with the people around us, there may be very little attention left for noticing what our body is feeling or needing.

To notice body signals, the body first needs to experience **felt safety**.

We need to feel safe in our environments before attention can shift inward.

We also need to feel safe with other people before trusting that it's okay to share how our body feels.

When adults offer felt safety to children, we send an important message:

Your needs are accepted.

Your experience is valid.

It's okay to express what your body is communicating.

Over time, this safety builds trust and encourages children to continue communicating their needs in whatever ways they can.

What is one way you offer felt safety to yourself or others?

**What is one way
you offer felt
safety to yourself
and others?**



A large, bold, orange letter 'G' is positioned on the left side of the page. The background is a light pink color with several black, hand-drawn scribbles scattered around it.

is for
Give it Time

Interoception work often requires time for
some undoing

Before the doing.

During interoception activities, when someone
says:

“I don’t know how my body feels.”

“I feel fine.”

“My body feels okay.”

It does not mean they aren’t trying.

Sometimes it reflects past experiences that need
undoing.

The background is a solid light pink color, decorated with several black, hand-drawn scribbles of varying sizes and shapes, including loops and swirls, scattered across the page.

Undoing the idea that there is a “correct” way to feel.

Many people have learned that certain feelings are acceptable and others are not.

Some people have learned that only certain feelings are allowed.

Anything outside of “happy” or “good” might mean:

- Losing a token or reward
- Not getting access to a preferred activity
- Being ignored or corrected

Before deeper interoception can grow, trust often needs to be rebuilt.

People need to experience that:

- Their signals will be believed
- Their experiences will be validated
- There is no wrong way to feel

Sometimes the work isn't getting someone to notice their body.

Sometimes the work is **taking the time to undo everything that taught them not to.**

During interoception work, you might hear responses like:

“I don't know how my body feels.”

“My body feels fine.”

“My body feels okay.”

It can be tempting to push for a clearer answer.

But often, interoception work requires time for undoing before the doing.

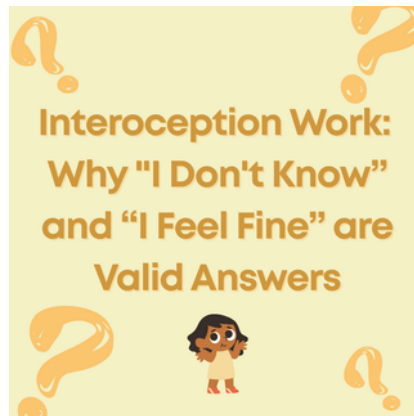
Undoing the pressure to give the “right” answer.
Undoing years of disconnecting from the body.
Undoing environments where inner experiences were dismissed or ignored.

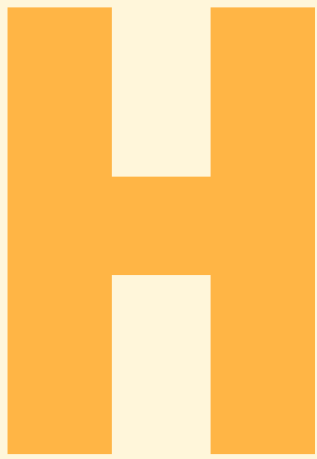
So sometimes the most honest starting point is simply:

“I don’t know yet.”

Resources:

Read more in our free blog [here](#):





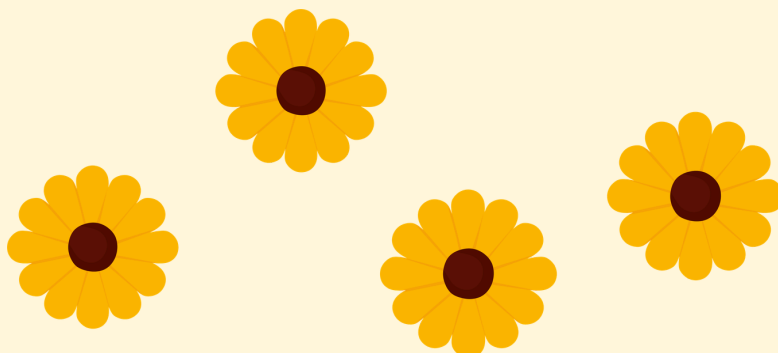
is for Honoring the Hard Days

Our body's capacity changes from day to day.

Sleep, stress, illness, sensory input, and the environment all influence how much energy the body has available.

But many of us have been conditioned to **push through hard days**. To ignore body signals and keep meeting expectations.

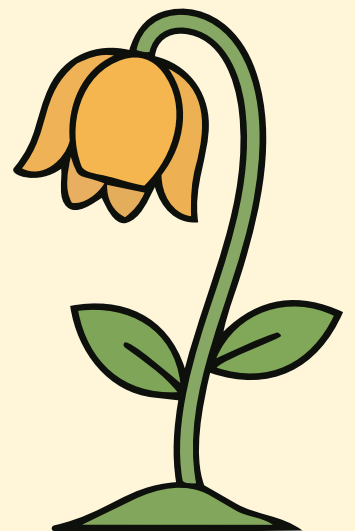
Taking the time to honor what the body needs is a **privilege**, and not something everyone has access to.

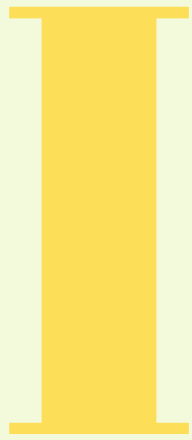


Interoception invites a shift.

A shift toward noticing body signals, respecting limits, and helping current and future generations build **systems where bodies can be honored instead of overridden.**

**What helps your
body on the hard
days?**





is for “I Wonder”

This one is in honor of our newest freebie:

50 Interoception-Based “I Wonder” Statements.

Instead of assuming what someone else is feeling, we can use “I wonder” statements to invite curiosity and exploration of body signals.

Have you accessed this booklet yet?

If so, what is your favorite “**I wonder**” statement?

Resources:

Check out our “I Wonder” booklet here:



J is for Epistemic Justice

Epistemic justice is about **believing people when they describe their inner experience.**

Too often, someone shares what their body feels, spoken or unspoken, and the response is dismissal or behavioral correction.

For people with ARFID, this might look like someone gagging or saying, “This food tastes like rubber,” and being told, “You’re fine. Just take one more bite.”

When body signals are repeatedly denied, people can begin to doubt their own internal experiences.

Interoception invites a different approach:
Honor the knower. Believe the body.

Resources:

Courses:

ARFID pt 1:



PART ONE

ARFID, Feeding Challenges & Interoception

Kelly Mahler
OTD, OTR/L

Naureen Hunani
RD

ARFID pt 2:



PART TWO

ARFID, Feeding Challenges & Interoception

Kelly Mahler
OTD, OTR/L

Naureen Hunani
RD

Resources:

Blog:

ARFID & Picky Eating:



ARFID and Epistemic & Hermeneutical Injustice:



Free resource:



K

is for Keep the Body in Mind

Let's take an example: a student becomes distressed on the school van.

The focus often turns to the behavior:
refusing to sit, hitting, yelling.

Harness them in. Tokens for a "safe body."

A daily power struggle continues.

Obviously, safety is important. But remember the original source of the behavior is still present.

No child becomes aggressive on a van ride simply to be purposefully defiant. Now the child is harnessed in and forced to endure whatever is causing the discomfort.

Compliance doesn't care.

Interoception does.

It keeps the body in mind, gets curious about the source of distress, and invites a different set of solutions to try.

For example:

- **Maybe fast-moving visual input outside the window is overwhelming**

→ Try window shades or offer a hat/hood to reduce visual input.

- **Maybe there's nothing meaningful to do during the ride**

→ Provide a preferred activity, music, an audiobook, or a simple hands-on item.

- **Maybe the motion of the van is making the body feel queasy**

→ Try seating closer to the front, offer airflow from a fan or open window, or explore options with a medical provider.

- **Maybe there's anxiety about arriving at school because the day feels unpredictable**

→ Preview the school day or build in a supportive, restorative arrival routine.

When we keep the body in mind, behavior often begins to make more sense—and new paths for support can emerge.

Supports that don't force someone to endure discomfort.

What else could be the source of internal discomfort, and what might help the student feel safer in the van?

Behavior is visible.

The body is underneath it.

Interoception reminds us that effective, empathetic change requires attention to both.

L is for Language & Interoception

People describe their inner experiences in so many different ways.



Over the years we've heard so many different ways of describing body signals, like:

“My body feels like a glitter timer that got shaken and the glitter is flying everywhere.”

“My skin feels like tiny army guys crawling all over it and poking me with their little knives.”

“When I'm hungry, my body feels like a lion that's ready to fight.”

“My bones feel itchy.”

“My brain feels like it's buffering.”



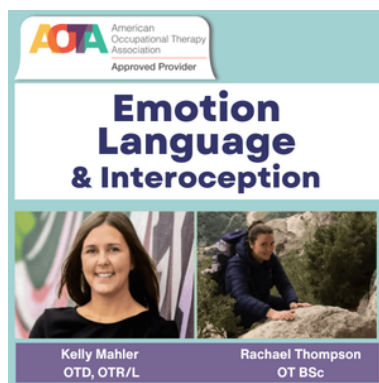
Inner experiences can show up as images, animals, textures, movement, stories and so much more.

The body has many languages and they are all valid and correct.

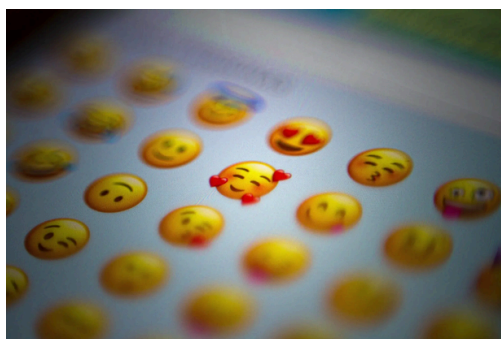
What's one way you've heard someone describe what their body feels like?

Resources:

Check out our course on Emotion, Language & Interoception here:



Learn more about the relationship between language and interoception in our free blog here:



M

is for Modeling

Our **Free Adult Guide to Interoception**

Modeling has now been downloaded by hundreds of people.

It gives ideas on how to narrate our Body-Action process out loud (e.g., my hands feel itchy, I'm going to put on some lotion; my eyes hurt in this light, I'm going to put on my sunglasses).

And as adults begin trying interoception modeling in their daily lives, we're hearing some really interesting reflections.

Many adults start to notice interoception in their bodies in ways they hadn't before.

They often share small epiphanies like:

- “This is actually hard, and I have an adult brain!”
- “My body doesn't feel anxiety that way... so why was I teaching kids it feels that way?”
- “I don't always notice when I'm hungry either.”

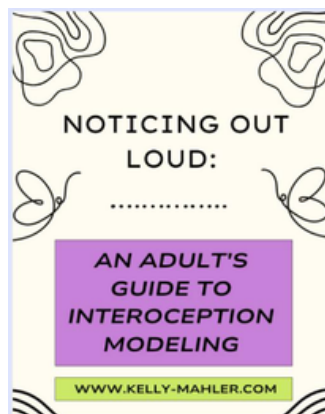
At the same time, children are being exposed to something powerful:

- language for body signals
- an invisible process becoming visible
- the authentic messiness of figuring out what the body might need
- adults using a variety of regulation tools in real life

Interoception modeling shows children that body signals are worth noticing and that they can offer clues about what the body might need.

Resources:

If you haven't downloaded the Free Adult Guide to Interoception Modeling yet, you can access it here:



N

is for “No”

When a child’s body says **no** and we override it with compliance, we rehearse a dangerous lesson:

*Silence your inner warning system.
You don’t have the right to set limits. Even when you
feel unsafe.*

This is why we talk about **less compliance**.

And more **interoception**.

Interoception reminds us that **“no” is protective**, a signal of discomfort, fear, overwhelm, or a need for safety.

This shift is essential for raising children who trust their body signals, recognize when something feels wrong, and know they have the right to set limits.



Resources:

If you'd like to explore this shift further, including how to respond to the common arguments still used to defend compliance, check out:

[Community Discussion on YouTube](#)

Read our free blog: [5 Myths About Less Compliance](#) here:

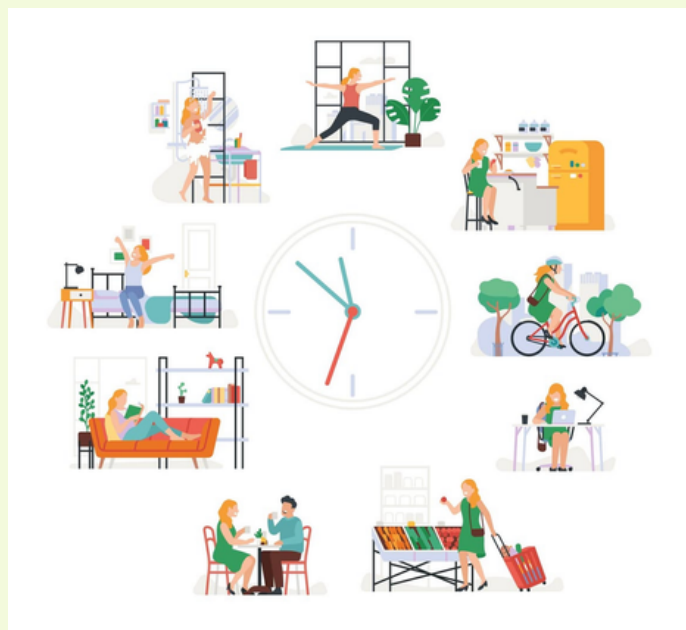


O is for Occupations Need Interoception

Interoception isn't just about emotions.

It helps guide participation in many of the activities that make up daily life.

Body signals help us notice things like hunger, fullness, urgency, fatigue, discomfort, attraction, stress, and relief. Those signals provide clues that help us adjust, care for our bodies, and participate in the occupations that matter to us.



P is for Playful Experiments

One of the foundations of The Interoception Curriculum is exploring body signals through playful Focus Area Experiments.

Instead of telling someone how their body should feel, we create opportunities to practice noticing what happens during fun activities.

For example, we might try an experiment like:

- Holding an ice cube and noticing how our hands feel
- Rubbing our feet on fluffy carpet and noticing how our feet feel
- Spinning in three circles and noticing how our brain feels



Q

is for Questions that Encourage Body Curiosity.

Curious questions can open the door to noticing body signals.

Questions like:

- What do you notice in your body?
- What does your body need right now?
- Did anything change in your body just now?

These questions can be offered **without expecting an answer.**

Sometimes they simply create space for someone to notice their body in their own time.

What questions do you like to ask about body signals?



R

is for Regulation & Fair Expectations

Every human is born needing **co-regulation**.

From the moment we enter the world, our bodies rely on others to help us settle, recover, and feel safe.

And in many ways, that need continues throughout life.

Over time, some people begin to develop **interoceptive awareness**. the ability to notice body signals, understand what they mean, and figure out what the body might need.

That awareness creates a **bridge** toward self-regulation.



The ability to:

- Notice body signals
- Understand what they mean
- Recognize what the body needs

This awareness creates a bridge toward self-regulation.

Many self-regulation goals we write for children depend on this bridge:

independent toileting, requesting breaks, using coping strategies.

These can be great goals.

But without the **interoception bridge**, the expectation becomes unfair.

The child doesn't yet have the neurobiological foundation needed to meet the goal.

When the goal isn't met,
a familiar story often appears:

“They're refusing.”

“They're choosing not to regulate.”

“The behavior is purposeful.”

Compliance pressure grows.
Behavior plans appear.

But then the child is receiving **the exact
opposite
of what their body needs.**

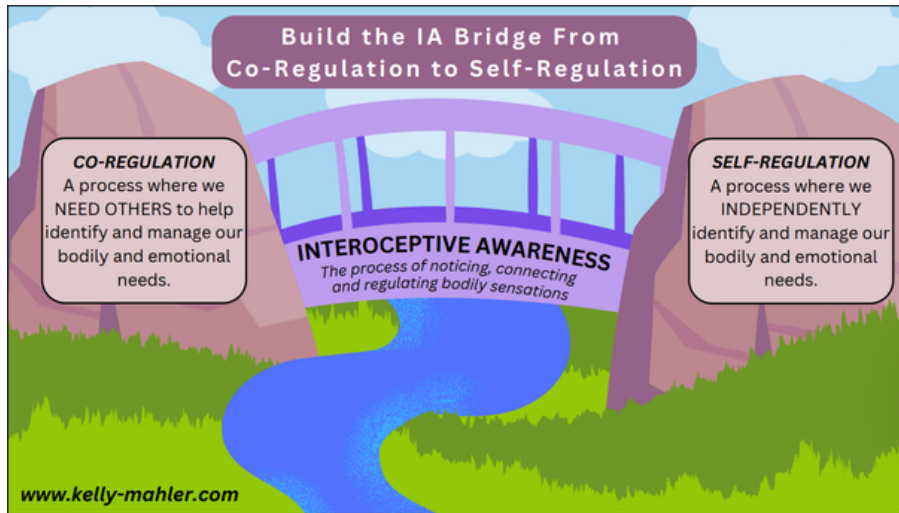
Compliance doesn't build the interoception
bridge.

It breaks it.

When the bridge isn't there yet, the body needs
co-regulation. Safe interoception work.
Not more pressure.

Resources:

download our **FREE Interception Bridge**
printable [here](#):



S

is for Suppression is not Improved Behavior

Attention Compliance!

You didn't improve the behavior.

You taught the child
to suppress their distress.



This post is the result of a recent situation I was part of.

Adults were celebrating how “well” a student had been doing over the past year.

The behaviors had stopped.
The child looked compliant. Quiet. Controlled.

Everyone said the program was working.

The environment relied heavily on compliance.
And then...

the student burned out.

Skills regressed.

Self-injury became much harder to support.

The child was overwhelmed and struggling in ways that were far more intense than before.

Suddenly, the distress everyone thought had disappeared came rushing back—bigger, louder, and harder for the child to carry.

Because suppression only lasts so long.

Eventually, the body screams.

Have you ever seen this happen before?

T is for Trauma Lives in the Body

Trauma leaves its mark not just on the brain, but on the nervous system and body sensations.

Research shows that people who have experienced trauma often have differences in **interoceptive processing** which can influence emotion awareness, regulation capacity, and the sense of safety inside the body.

Resources:

Here are a few of the most recent research studies exploring this topic:

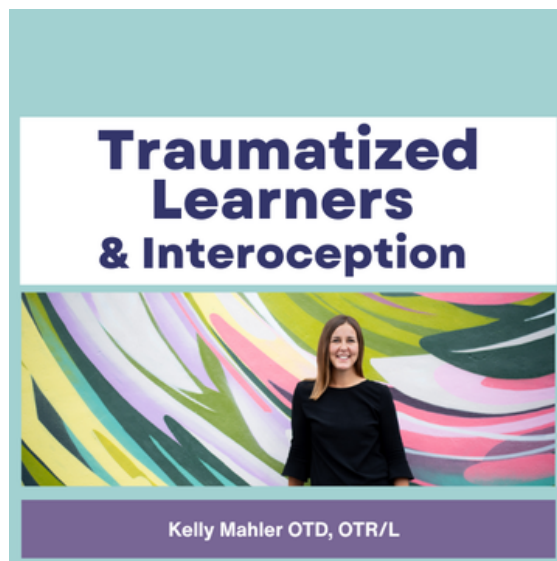
- <https://www.nature.com/articles/s44220-025-00456-w>
- <https://pacja.org.au/article/146359-the-relationship-between-interoception-and-experiences-of-stress-trauma-and-mental-illness-a-scoping-review>
- <https://www.sciencedirect.com/science/article/pii/S2468749926000074>

Resources:

Read more in our free blog about interoception and trauma [here](#):



Explore our course on interoception-based support for traumatized learning [here](#):



U is for Unique

Quick body experiment:

Shake your hands for **10 seconds** and then pause.

What do you notice?

Tingling? Warmth? Buzzing? Something else?

Maybe nothing at all?

One of the most important things we learn about interoception is that each body is unique.

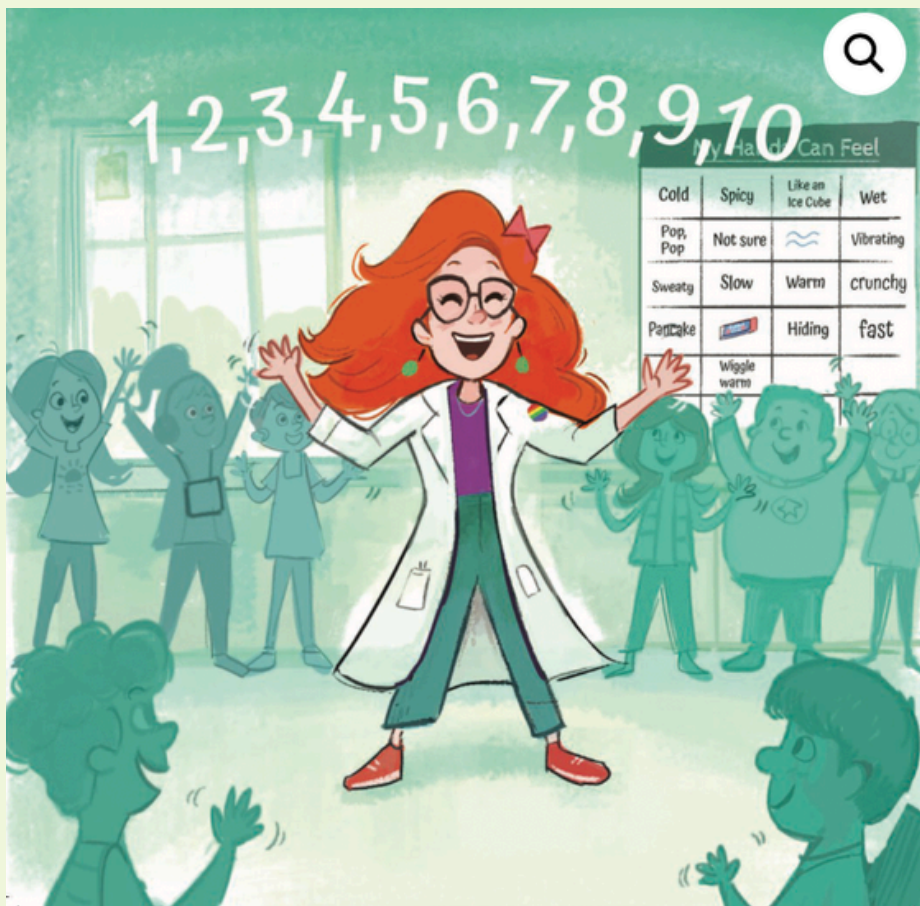
In our children's book *Noticing My Body Signals: A Science Lab Adventure*, readers are invited to **join the experiments alongside the characters.**

In this experiment, Dr. Curious asks everyone to shake their hands and notice what messages their hands send.

What happens next is an important part.

For the first experiment, Dr. Curious asks us to shake our hands fast for ten seconds. Will you shake with us? Ready, set, shake — one, two, three, four, five, six, seven, eight, nine, ten.

Notice what special messages your hands receive. Dr. Curious says we may receive a body signal that matches a word or picture on the chart, or we might notice something different. We might not notice any signals in our hands at all, and that's okay.



Now it's time to share. Each of our bodies feels so different.

My hands feel tingly. Claire's are breezy. Todd doesn't know how his hands feel, and Jo's hands are warm. One friend draws a picture of pink squiggly lines, and another says they don't feel anything at all in their hands.

Dr. Curious tells us it's great we all have different experiences. There are no wrong answers in her lab — we can even say “I don't know.” Whatever we notice is the right answer for us.

How do your hands feel when you shake them? What signals do you notice in your hands?



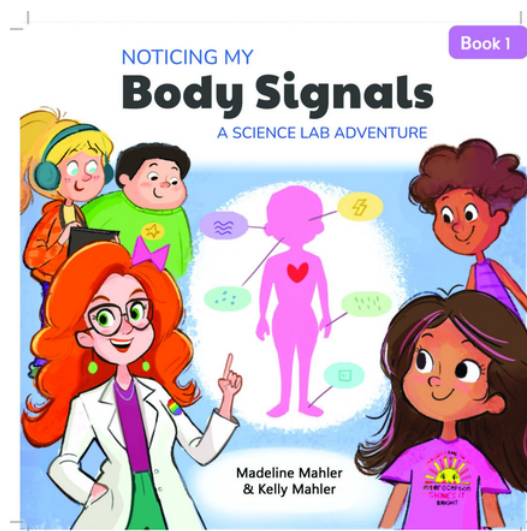
Each character notices something different:
tingly, breezy, warm, buzzy, cold...
one says “I don’t know,” and another says they notice
nothing at all.

The characters help show something powerful:
**Our bodies don’t all feel the same. And that’s
exactly how it’s supposed to be.**

Whatever someone notices during an experiment is the
right answer for their body.

Resources:

**If you'd like to explore these experiments along
with the characters, you can learn more about the
book here:**



V is for Validation

One of the most important parts of The Interoception Curriculum is **validation**, letting someone know their inner experience is heard and believed.

Validation can look many different ways:

- Repeating what someone shared or writing their response down.
- Responding with phrases like “that’s so interesting” or “I totally get that”.
- Following up with curiosity: “wow, can you tell me more about that?”
- Allowing someone to refuse an experiment.
- Noticing when someone wants to keep exploring and letting them continue instead of moving on.

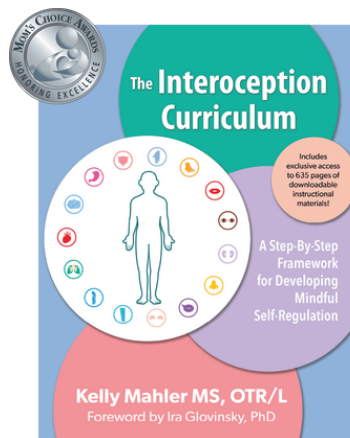
These moments communicate something powerful:

Your body signals matter.

What are some ways you show belief and validation?

Resources:

Learn more about the Interoception Curriculum [here](#):



Check out our Bundle and Save options here:



W is for Work

Sometimes people ask why we call our activities **interoception work**, as in, “let’s do some interoception work together.”

There is a very specific reason.

Because for many people, it **is work**.

Noticing how your body feels can be hard.

Finding ways to feel safe exploring those signals can take time.

Sharing with others what your body is experiencing can feel vulnerable and intimidating.

This process asks people to reconnect with parts of themselves that may have been dismissed, threatened or suppressed for a long time.

That takes effort.

Let’s not sugarcoat it.

Interoception work is real work and that deserves validation.

In case someone needs to hear this today...

Reconnecting with your body
can be hard work.

And that effort
deserves validation.



Resources:

Looking for practical ideas that provide interoception work? We've got you covered! From courses to activity cards to publications filled with activities, check out our [shop page](#):





is for Focus Area eXperiments

A core part of our interoception work is Focus Area Experiments: structured opportunities to practice noticing body signals.

But coming up with experiment ideas on your own can be hard.

That's why we've created several resources filled with ready-to-use interoception experiments, including:

Interoception Activity Cards

Interoception Yoga Cards

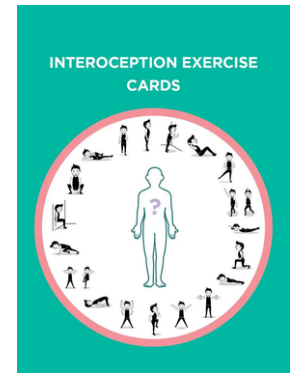
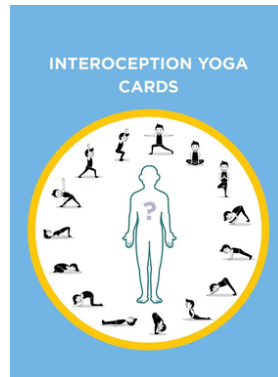
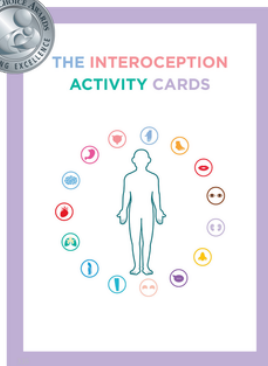
Interoception Exercise Cards

Interoception Olympic Activity Cards

The Body Check Ring

These resources are available in digital and printed versions, making them easy to use in therapy, classrooms, or at home.

Check them out here:



**INTEROCEPTION
OLYMPIC ACTIVITY
CARDS**

Kelly Mahler OTD OTR/L



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Y is for Your Inner Experience is Correct and Valid

Many people grow up learning to question, hide, or override what their body feels.

Too big.

Too small.

Wrong.

Inconvenient.

Interoception invites a different starting point:

Your inner experience is correct and valid.

That doesn't mean we always understand our feelings.

But it does mean the signals our body sends are **worthy of curiosity and validation.**

What might change if more people grew up believing this?



If this message resonates with you, you can learn more about our interoception apparel [here](#):



Z is for Zoom Out

When we zoom out and listen to **the body** and **the environment**,
new paths for support begin to appear.



Potty learning is one of a clear example of why interoception matters.

Noticing the body's signals of fullness, pressure, or urgency is only one piece of the puzzle. Those signals are constantly interacting with the environment too: noise, privacy, predictability, comfort, safety.

When we zoom out, toileting struggles often make even more sense.

The body may be telling us something important about what is (or isn't) working.

Interoception helps us listen.

And when we listen to the body **and** the environment, new paths for support begin to appear.

Learn More with our Potty Learning Resources!

Toileting Course:



Toileting Blog 1 & Blog 2:

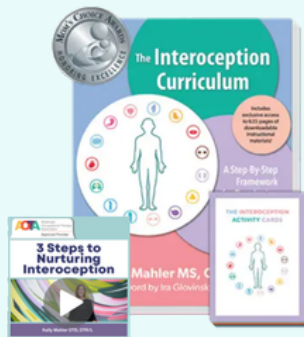


Want to Keep Exploring Interoception?

If interoception resonates with you, you might enjoy continuing the journey with:

The Interoception Curriculum

A structured, neuro-affirming framework for exploring body signals



Noticing My Body Signals

Book 1 in our ALL NEW kids book series

