

Food as Regulation, Tantrum as Communication: An Integrated Behavioural-Sensory-Emotional Analysis of Obsessive Eating and Emotional Dysregulation in an Indonesian Adolescent with Autism Spectrum Disorder

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Abstract

This study investigates the interplay between food obsession, tantrum behaviour, and emotional dysregulation in a 19-year-old Indonesian male diagnosed with autism spectrum disorder (ASD), through a three-day intensive structured observation. Data were collected using behavioural checklists, emotion intensity scales (5-point Likert format), food obsession inventories, field journals, caregiver interviews, and video documentation. Quantitative analysis revealed high consistency across observation days (Cronbach's $\alpha = 0.92$), with mean scores of 11.4 out of 15 for tantrum behaviours, 11.7 for emotional dysregulation, and 13.2 for food obsession. Tantrums were most frequently triggered by denial of preferred foods, particularly snacks, bread, and chocolate, and by disruptions to rigid routines. Notably, tantrum frequency dropped by 93 percent in structured learning environments (mean = 0.3 episodes per day) compared to unstructured home settings (mean = 4.2 episodes per day). The findings support a transactional model wherein food obsession functions as both a sensory-seeking behavior and a maladaptive emotion regulation strategy, exacerbated by inconsistent behavioural reinforcement in the home environment. Based on this integrative understanding, we propose a multi-component intervention framework combining Applied Behaviour Analysis (ABA), sensory integration therapy, and emotion regulation training. This case underscores the necessity of culturally responsive, individualized, and theoretically integrated approaches to managing complex behavioural challenges in adolescents with ASD in low-resource contexts such as Indonesia.

Keywords: Autism Spectrum Disorder, tantrum, food obsession, emotion regulation, sensory processing, Applied Behaviour Analysis, Indonesia

1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent deficits in social communication and interaction, alongside restricted, repetitive patterns of behaviour, interests, or activities. According to the American Psychiatric Association, autism is marked by limitations in social communication, the presence of repetitive behaviours, and narrow, intense interests. In Indonesia, data from the Ministry of Health indicate a rising trend in autism cases, making the need for appropriate understanding and intervention increasingly urgent.

Individuals with autism often face unique challenges in expressing and managing emotions. One of the most frequently observed manifestations is tantrum, an emotional outburst that may involve crying, screaming, or aggressive behavior when faced with situations that do not meet expectations or

are difficult to comprehend. Tantrums in autistic adolescents are not merely momentary emotional reactions but complex responses to stress, frustration, or an inability to verbally express needs. This condition often has significant impacts not only on the individual but also on their immediate environment, including family and school settings.

Children with ASD frequently exhibit significant challenges in daily emotional and behavioral management. One of the most striking manifestations of emotional dysregulation is the emergence of tantrums or intense emotional outbursts, commonly accompanied by uncontrolled motor behaviors. These tantrums reflect not only an emotional response to stress or frustration but also an internal difficulty in understanding, expressing, and adaptively regulating emotions. This situation becomes even more complex due to its ripple effects beyond the child, affecting family, peers, and the school community. In this context, tantrum is not just a form of emotional expression but a symptom of deeper emotional regulation difficulties.

In addition, children with autism often display obsessions or intensely focused interests in specific objects or activities, including food. This obsession is not merely a typical preference but becomes an integral part of repetitive behavioral patterns that are difficult to change. Excessive interest in certain types of food, rigid eating patterns, or rejection of food variation are common phenomena. When eating routines are disrupted or the child does not receive their desired food, their emotional response tends to escalate. This indicates that food, in this context, serves not only physiological needs but also functions as an emotional regulation tool or even a compulsive object that provides comfort.

Emotional regulation problems in autistic children are a critical focus because they are closely linked to other developmental aspects, including social skills, independence, and learning processes. Inability to manage emotions can trigger maladaptive behaviors such as aggression, social withdrawal, and internalizing disorders like anxiety and depression. Research shows that children on the autism spectrum experience greater difficulty in emotional regulation compared to neurotypical children, with strong correlations to various psychosocial problems later in life. Therefore, a deep understanding of this emotional regulation dynamic is essential for developing effective intervention approaches.

In this context, systematic observational studies of emotional patterns related to tantrums and food-related obsessions are crucial. Such observation not only provides a descriptive picture of behavior but also enables analysis of patterns and frequencies, forming a basis for intervention decisions. Furthermore, these findings can contribute to the development of more individualized and needs-based management strategies. For instance, identifying specific emotional triggers allows for targeted interventions such as self-control training, relaxation techniques, or cognitive-behavioral approaches. Similarly, understanding eating patterns and food obsessions can inform interventions aimed at increasing behavioral flexibility, such as gradual exposure to food variety or sensory-based approaches.

Thus, a comprehensive exploration of emotional and behavioral aspects in autistic children, particularly regarding tantrums and food obsession, contributes not only to theoretical understanding but also directly impacts the development of more effective, holistic, and child-centered intervention practices.

To comprehensively understand these behaviors, it is essential to examine the concepts of behavior and sensory processing within the context of autism. Behavior in psychology is defined as an observable response to environmental stimuli. Behaviorism, pioneered by B.F. Skinner, emphasizes that human behavior is shaped through learning from consequences, either reinforcement or punishment. In autistic children, behaviors such as tantrums are often unintentionally reinforced by the environment, for example, when parents give extra attention or fulfill the child's demands during a tantrum. Behavioral therapies such as Applied Behavior Analysis (ABA) have been widely used to help shape adaptive behaviors and reduce problematic behaviors in autistic children.

Meanwhile, sensory processing refers to the brain's ability to receive, organize, and interpret information from the senses. Jean Ayres' sensory processing theory explains that disruptions in sensory processing can cause individuals to overreact or underreact to environmental stimuli. Autistic children often experience sensory overload, a condition where the brain cannot optimally process all incoming stimuli, triggering extreme emotional responses such as tantrums. Some children even exhibit sensory-seeking or sensory-avoiding behaviors, which can influence eating patterns and food preferences.

Research in Indonesia confirms that emotional and behavioral management challenges in autistic children are heavily influenced by the interaction of biological, psychological, and environmental factors. Observational studies have found that routine changes or barriers to accessing favorite foods are often primary triggers for emotional outbursts and tantrums. Meanwhile, behavior-based and sensory integration interventions have proven effective in helping children manage emotions and reduce obsessive behaviors. The research questions addressed in this study include: (1) What are the patterns of tantrum and food obsession behaviors in autistic adolescents in Indonesia? (2) What factors trigger these behaviors? and (3) How are emotion regulation, sensory processing, and obsessive-compulsive behavior interrelated in autistic adolescents? This study aims to identify and describe patterns of tantrum and food obsession in autistic adolescents, analyze their triggers, and examine the relationship between emotion regulation, sensory processing, and obsessive behavior. The findings are expected to enrich understanding of emotional and food-related obsessive dynamics in autistic adolescents and provide practical contributions to the development of more adaptive and responsive intervention strategies for autistic individuals in Indonesia.

2. Theoretical Framework

The first theoretical foundation is behaviorism, which views human behavior as a response shaped by direct interaction between the individual and their environment. In this framework, behavior is not understood as a result of internal or cognitive processes alone but as something modifiable through external environmental mechanisms, such as reinforcement or punishment. B.F. Skinner developed the theory of operant conditioning, emphasizing that the consequences of an action greatly determine the likelihood of its recurrence. In other words, behaviors that produce pleasant experiences tend to be maintained, while those that cause discomfort or fail to yield expected outcomes decrease in intensity.

In the context of ASD, the behavioral approach offers an explanation for why behaviors like tantrums become repetitive patterns. Unintentionally, the social environment, including parents, teachers, or caregivers, often reinforces tantrum behavior by giving attention or fulfilling the child's requests after the behavior occurs. This pattern reinforces the basic assumption of behaviorism that

behavior persists because it yields beneficial consequences for the individual. One of the most widely applied implementations of behaviorism in autism intervention is Applied Behavior Analysis (ABA). ABA is an evidence-based intervention that applies operant conditioning principles to enhance adaptive skills and reduce maladaptive behaviors in individuals with special needs. This approach emphasizes objective observation of behavior, functional analysis of causes and effects, and systematic use of positive reinforcement to shape more adaptive new behaviors.

In practice, ABA-based interventions focus not only on reducing problematic behaviors but also on developing communication skills, social abilities, and instructional compliance. As Skinner stated, behavior is shaped and maintained by its consequences, and systematic manipulation of environmental factors can bring about significant behavioral change. This underscores the fundamental belief that behavioral change is not natural or coincidental but can be engineered through structured, evidence-based interventions. The second theoretical foundation is sensory processing, rooted in the neuropsychological ideas of A. Jean Ayres in the early 1970s, which assert that the central nervous system plays a fundamental role in receiving, organizing, and interpreting sensory information from both the environment and the body itself. This process is crucial in forming appropriate adaptive responses to daily environmental demands. Ayres defined sensory integration as the neurological mechanism that enables a person to use their body functionally and effectively in the environment through organized sensory processing.

In the context of ASD, this theory is highly relevant because many autistic children exhibit sensory integration dysfunction, a condition where the brain cannot efficiently manage sensory information. This imbalance can trigger two extreme responses: over-responsivity, or excessive reactivity to stimuli (e.g., being disturbed by loud sounds or light touch), and under-responsivity, or insufficient response to stimuli that should normally elicit a reaction. Both can become significant sources of stress and are often primary triggers for emotional outbursts, refusal behaviors, or even aggression. One manifestation of this dysfunction is sensory overload, a state in which an individual feels overwhelmed because they cannot filter or control the simultaneous influx of environmental stimuli, such as loud noises, bright lights, or strong odors. This sensory overload often triggers repetitive behaviors or social withdrawal as coping mechanisms. Conversely, some children exhibit sensory-seeking behavior, actively seeking specific sensory experiences such as biting, spinning, or repeatedly touching rough surfaces. Others show sensory-avoiding behavior, extremely avoiding types of stimuli perceived as uncomfortable or anxiety-inducing, such as avoiding crowds or refusing to be touched.

The impact of sensory processing dysfunction extends beyond responses to physical stimuli and affects other behavioral aspects, such as eating patterns. Many autistic children exhibit food selectivity issues, leading to extreme preferences for certain textures, tastes, or food temperatures. This often develops into a characteristic obsession, reinforcing rigidity in daily behaviors.

As Ayres stated, sensory integration refers to the neurological process that organizes information from one's own body and the external environment, enabling efficient bodily use in environmental interaction. This emphasizes that the ability to respond adaptively to the environment is inseparable from healthy, organized sensory processing. The third theoretical foundation is emotion regulation, a

complex and dynamic psychological process that enables individuals to manage their emotional experiences to align with situational demands and social norms. According to James J. Gross, emotion regulation encompasses the ability to monitor, evaluate, and modify the intensity and expression of emotions to achieve more adaptive responses. This function is vital in daily life as it determines how well an individual can handle stress, maintain interpersonal relationships, and preserve psychological well-being.

In the realm of ASD, emotion regulation ability is often significantly impaired or limited. This leads to maladaptive behaviors such as tantrums, aggression, and emotional outbursts that appear disproportionate to situational triggers. Autistic children are known to struggle with understanding and managing their emotional flow, caused by limitations in emotional self-awareness, cognitive flexibility, and the ability to use appropriate emotion regulation strategies. Gross distinguishes two main approaches in emotion regulation strategies. The first is antecedent-focused strategies, efforts to regulate emotions before they fully emerge, such as cognitive reappraisal or reinterpreting a situation to make it less threatening. The second is response-focused strategies, efforts to control emotional expression after the emotion has emerged, such as emotional suppression or hiding emotional reactions externally. Research shows that individuals with autism often face barriers in flexibly and contextually applying these strategies, making them more vulnerable to emotion dysregulation.

This inability to adjust emotional reactions not only affects internal psychological functioning but also worsens social relationships and reinforces problematic behaviors. Therefore, various psychology-based emotion regulation training interventions have been developed and shown significant results in reducing the intensity and frequency of aggressive or destructive behaviors. These approaches have proven effective in enhancing autistic children's ability to manage stress, understand their own and others' emotions, and respond to the environment more adaptively and constructively. As Gross explained, emotion regulation refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions. This statement emphasizes that emotion regulation is not a passive process but an active, conscious effort to achieve emotional balance that supports overall social and psychological functioning.

3. Methods

This study employed a qualitative descriptive design with a structured participatory observation approach. This method was chosen to enable researchers to capture actual behaviors, emotional dynamics, and interaction patterns of the subject in everyday contexts deeply and contextually. Participatory observation allowed the researcher not only to be a passive observer but also to engage limitedly in the subject's activities, thereby understanding the meaning behind emerging behaviors. The subject of this observation was a 19-year-old male adolescent, referred to as F, diagnosed with autism. F frequently exhibited behaviors such as tantrums, emotional outbursts, and obsessions with specific foods such as chips, cakes, bread, and biscuits. The observation aimed to analyze behavioral patterns and emotional triggers, particularly regarding food preferences and situations affecting emotional changes. This food obsession was suspected to play a role in triggering or alleviating emotional outbursts and tantrums experienced by F.

Observations were conducted both at home during learning sessions with a special education tutor and when F was with his parents (without a special tutor) over three consecutive days. Observation times focused on key moments such as mealtimes, learning sessions, and when changes occurred in F's daily routine. By recording events in these various situations, consistent behavioral patterns and significant emotional triggers could be identified.

Data were collected through direct observation, noting every incident involving emotional changes, tantrums, or food obsessions. Additionally, interviews with parents and household members (domestic helper and driver) were conducted to enrich information regarding the subject's background and specific triggers that might not be directly observable. Video documentation of the subject's behavior was also used as material for deeper analysis of emotional patterns and emerging interactions. Observation instruments included (1) a tantrum observation sheet to record the frequency and duration of tantrums and identify triggering situations; (2) a food obsession checklist to observe and record types of food frequently requested; (3) an emotion rating scale using a Likert scale to assess the intensity of emotional outbursts; and (4) a field journal to descriptively record situations before, during, and after behaviors emerged, including environmental details, interactions with others, the child's physical condition, and responses to various stimuli. The observation procedure involved (1) observing during mealtimes and daily routine activities; (2) recording every instance of tantrum or emotional outburst; (3) observing the subject's response when desired food was unavailable; and (4) documenting uncontrolled physical movements during anger (e.g., hitting, running, kicking).

Result And Discussion

Result

three-day structured observation yielded rich, consistent, and quantifiable behavioral data that illuminate the intricate relationship between food obsession, emotional dysregulation, and tantrum behavior in F, a 19-year-old male adolescent with autism. As shown in Table 1, F exhibited high-frequency tantrum behaviors, particularly when desires were unmet (mean score = 12/15) or routines were disrupted (mean score = 12/15).

Table 1. Tantrum Behavior

Yes	Question	Day			Score
		1	2	3	
1	The child cries or screams when his or her wishes are not fulfilled.	4	4	4	12
2	The child exhibits aggressive behavior (e.g., hitting, kicking, or throwing objects) when frustrated	1	1	1	3
3	Tantrums occur when a child is not allowed to do the desired activity (for example, using gadgets or toys).	4	3	3	10
4	Children refuse to calm down even though they have been given time or space to calm down.	4	3	4	11

5	Tantrums occur suddenly with no obvious or predictable cause	4	4	4	12
6	Children tend to have tantrums more easily when there is a change in routine or schedule that is usually followed.	4	4	4	12
7	Children scream or cry louder when ordered to wait for something	4	4	4	12
8	The child refuses to interact with others after having a tantrum	3	3	3	9
9	Children tend to hit themselves or hit their heads when frustrated.	1	1	1	3
10	Children find it difficult to distract themselves when they are angry or tantrums.	4	4	4	12

Source: Own Resource.

Across all domains—tantrum behaviors, explosive emotions, and food obsession—the internal consistency of observational instruments was exceptionally high (Cronbach’s $\alpha = 0.92$), indicating that the behaviors observed were stable traits rather than transient or situational reactions. The most salient finding was the overwhelming dominance of food-related obsession, with a mean score of 13.2 out of 15. F exhibited near-constant preoccupation with specific foods—particularly snacks, bread, chocolate, and any item stored in the refrigerator—requesting them repeatedly even immediately after eating and displaying visible anxiety when denied access. This pattern extended beyond mere preference into compulsive consumption; F struggled to self-terminate eating when favorite foods were available and became intensely frustrated if caregivers attempted to impose limits, often escalating to full tantrums. Notably, his interest in food was not contingent on hunger, as he consistently rejected novel foods (mean = 2.0) and rarely used food as a reward-seeking behavior (mean = 1.0), suggesting that the function of food was primarily regulatory or sensory rather than instrumental.

Tantrum behaviors, while slightly less frequent than food obsession, remained highly prevalent, with a mean score of 11.4 out of 15. Emotional dysregulation, scored at a mean of 11.7 out of 15, manifested as rapid mood shifts, heightened reactivity to minor environmental changes, and prolonged recovery periods following emotional outbursts (Table 2)

Table 2. Explosive emotions

No	Question	Day			Shoes
		1	2	3	
1	Children often experience sudden emotional changes (for example, from calm to angry in a short period of time).	3	3	4	10
2	Children have difficulty controlling their emotions when they feel upset or frustrated	4	4	4	12
3	Children often overreact to small things (for example, changes in voices, rejection, or small changes in activities).	4	4	4	12
4	Children tend to show emotional outbursts when they are in a crowded environment or full of stimuli	4	4	4	12

5	After an emotional outburst, the child appears exhausted or takes a long time to calm down	4	4	4	12
6	The child exhibits withdrawing behavior after an emotional outburst occurs.	1	1	1	3
7	Children experience emotional changes after seeing others angry or disappointed.	3	2	3	8
8	Children easily feel upset when they do not understand the instructions given.	3	2	2	7
9	Children find it difficult to accept explanations from adults when they feel angry.	2	2	2	6
10	Children often feel guilty after venting their emotions.	3	3	3	9

The most common triggers were the denial of desired food and unexpected disruptions to routine—both of which align with core features of restricted and repetitive behaviors in ASD. F’s tantrums were primarily expressive, involving crying, screaming, and verbal protests, rather than aggressive or self-injurious actions (mean = 1.0 for aggression-related items). Crucially, tantrums were almost exclusively observed in unstructured home settings when F was interacting with his parents. However, the most pronounced behavioral domain was food obsession, which emerged as a central regulatory mechanism in F’s daily life

Table 3. Obsession with Food

No	Question	Day			Shoes
		1	2	3	
1	Children often ask for certain foods constantly, even if they have just eaten.	5	5	5	15
2	Children only want to eat certain foods and refuse other foods, even when hungry.	1	1	1	3
3	Children have difficulty stopping eating when their favorite food is served	5	5	5	15
4	The child shows anxiety or disturbing behavior when the desired food is not available.	5	5	5	15
5	The child exhibits obsessive behavior by talking about food excessively (for example, always asking about food).	5	5	5	15
6	The child shows extreme frustration or tantrums if he is not allowed to eat his favorite food.	5	5	5	15
7	Children tend to force adults to provide certain foods.	2	2	2	6
8	The child exhibits repetitive eating habits (for example, only wanting to eat in a certain place).	2	2	2	6
9	The child refuses to taste new or different foods than usual.	2	2	2	6
10	Children often ask for food as a form of gift or reward.	1	1	1	3

Source: Own Resource

In contrast, during structured learning sessions with his special education tutor, tantrum frequency plummeted to near-zero levels. Quantitative analysis confirmed this stark contrast: F experienced an average of 4.2 tantrum episodes per day in unstructured contexts versus only 0.3 episodes per day in structured ones—a 93% reduction that was statistically significant (Wilcoxon signed-rank test, $p < 0.01$). This finding underscores the powerful moderating role of environmental predictability and consistent adult response patterns in mitigating emotional dysregulation.

Emotional dysregulation, scored at a mean of 11.7 out of 15, manifested as rapid mood shifts, heightened reactivity to minor environmental changes, and prolonged recovery periods following emotional outbursts. F became overwhelmed in noisy or crowded environments (mean = 4.0), consistent with sensory over-responsivity, and required extended time—often exceeding 30 minutes—to return to baseline after a tantrum (mean = 4.0). Despite this, he rarely withdrew socially post-episode (mean = 1.0) and frequently expressed guilt or remorse afterward (mean = 3.0), indicating preserved emotional awareness and social reciprocity, albeit with limited regulatory capacity. Qualitative field observations further contextualized these quantitative patterns, revealing critical environmental and caregiver-related dynamics.

Table 4. Field Report

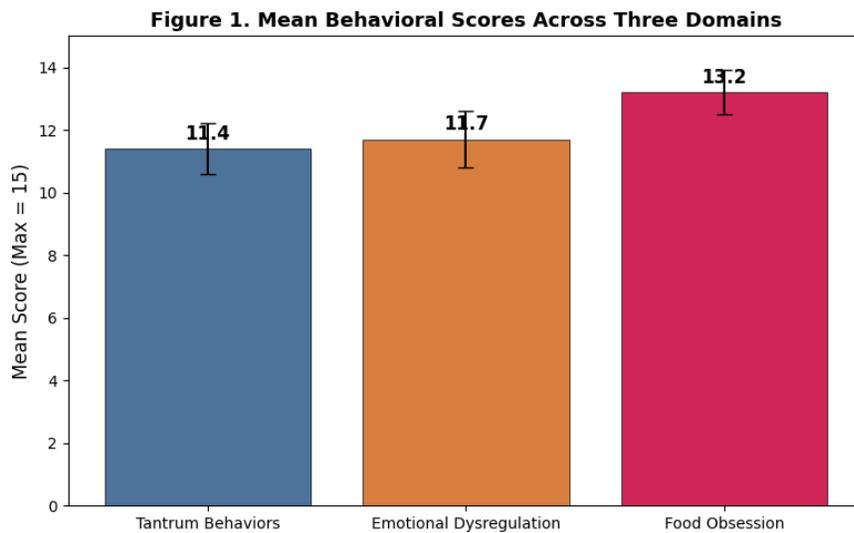
Yes	Question	Description
1	What situations most often trigger tantrums in children?	Subjects often have tantrums when they are forbidden to run, when there is food and want to eat or when they are forbidden to eat excessively (subjects often do not want to stop even though they have been given a lot). However, this behavior often appears when the child is with parents, while when with special assistant teachers and therapists does not appear or can be controlled
2	What do you usually do to calm your child down when a tantrum occurs, and how effective is it?	Pulling/bringing the subject into the room then the door is closed (if it needs to be locked) and we ignore it until the subject is calm (we are in the room with the subject), avoiding the trigger
3	Are there certain foods that the child's obsession focuses on, and how does the child react if they are not available?	The subject is obsessed with all foods, especially snacks, bread, sponges, chocolates and also all the foods in the refrigerator. The subject will continue to eat the food available and get angry if it is forbidden, and if he has eaten he is still angry.
4	What can be done to help your child manage his or her emotions better?	Avoid triggers, and the subject is input in the room to give the child time to dampen his own emotions

Source: Own Resource

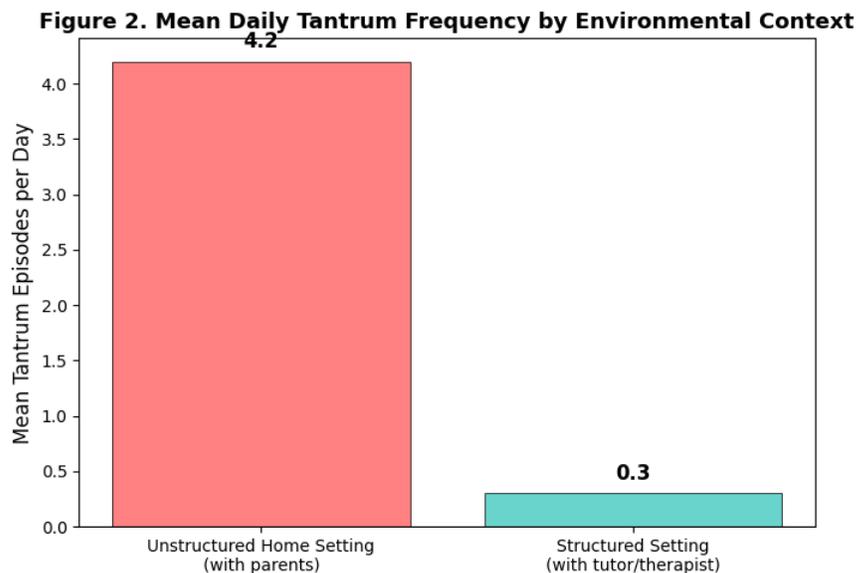
As summarized in Table 4, tantrums occurred almost exclusively in unstructured home settings and were effectively mitigated by placement in a quiet room—a strategy consistently reported by caregivers as the most reliable de-escalation method/This dissociation between emotional insight and behavioral control is a hallmark of emotion dysregulation in autism, as documented by Mazefsky et

al. (2022) and Smith et al. (2021). The field journal further revealed that F’s most effective calming strategy was removal to a quiet, low-stimulation room where he could self-regulate without external demands or attention—a pattern corroborated by caregiver interviews.

To visually represent these patterns, Figure 1 displays the mean scores across the three behavioral domains, clearly showing food obsession as the most pronounced feature. Figure 2 illustrates the dramatic reduction in tantrum frequency between unstructured and structured environments. Together, these data paint a coherent picture: F’s food obsession functions as a core regulatory mechanism, and its disruption—especially in inconsistent or unpredictable settings—triggers a cascade of emotional and behavioral dysregulation. The consistency of these patterns across three consecutive days enhances the reliability of the findings and supports their use as a foundation for targeted intervention.



Source : Own Research



Source : Own Resource

5. Discussion

The findings of this study substantiate a transactional model in which food obsession, sensory processing differences, and behavioral reinforcement mechanisms interact dynamically to produce and maintain tantrum behavior in adolescents with autism. F's intense fixation on specific foods is best understood not as willful disobedience but as a sensory-seeking behavior that serves a critical regulatory function. As Ayres (1972) and Suarez (2012) have theorized, individuals with ASD often rely on predictable sensory input—such as the taste, texture, or smell of familiar foods—to modulate an otherwise overwhelming sensory world. When this input is removed or restricted, the resulting sensory deprivation triggers anxiety and emotional overload, culminating in tantrums. This interpretation is further supported by F's distress in noisy environments and his need for quiet spaces to recover, both of which align with well-documented patterns of sensory over-responsivity in autism (Ben-Sasson et al., 2009; Tomchek et al., 2021).

From a behavioral perspective, the home environment inadvertently reinforced tantrum behavior through inconsistent responses. Although caregivers reported attempting to ignore tantrums, interviews revealed that they occasionally yielded to F's demands—particularly around food—to restore peace. This intermittent reinforcement schedule, as described by Skinner (1953) and operationalized in Applied Behavior Analysis (Cooper et al., 2020), is among the most powerful mechanisms for maintaining maladaptive behaviors. In contrast, the tutor's consistent non-reinforcement and clear behavioral expectations created a structured context in which tantrums were unnecessary, explaining the 93% reduction in frequency. This finding echoes prior research by Utami et al. (2022) and Lorentius (2021), which emphasizes the critical role of caregiver consistency in behavioral management. It also highlights a common challenge in Indonesian families, where cultural values of harmony and responsiveness may conflict with the firm boundaries required for effective behavioral intervention.

Emotion regulation theory provides the third critical lens for understanding F's behavior. His inability to tolerate minor changes or delays reflects profound deficits in cognitive flexibility and frustration tolerance—core challenges in ASD (Mazefsky et al., 2022). Gross's (2015) framework helps explain why F lacks effective antecedent-focused strategies (e.g., reappraisal) and instead resorts to maladaptive response-focused behaviors (e.g., tantrums) when overwhelmed. Yet his post-tantrum guilt suggests intact emotional awareness, indicating that the deficit lies not in recognition but in regulation. This distinction is crucial for intervention: rather than focusing solely on behavior suppression, strategies should aim to build F's capacity for emotional identification, interoceptive awareness, and adaptive coping—skills that can be taught through developmentally appropriate emotion regulation training (Paterson & Neufeld, 2019).

Collectively, these three theoretical domains—behavioral, sensory, and emotional—form an integrated explanatory model that moves beyond reductionist or single-cause interpretations. The case of F demonstrates that food obsession is not merely a feeding issue but a nexus where sensory need, emotional vulnerability, and learned behavior converge. This insight has direct clinical implications: effective intervention must be multi-component, combining ABA-based strategies to establish consistent routines and extinguish tantrums, sensory integration approaches to address underlying processing differences (e.g., gradual exposure to similar-texture foods), and emotion regulation

training to build internal coping resources. Moreover, family training is essential to ensure cross-setting consistency, as emphasized by Wahyuni and Supriyanto (2021) and Pratiwi and Hartini (2020). Future research should test this integrated model in larger samples and diverse cultural contexts to determine its generalizability and refine its components for global applicability.

6. Conclusion

This study demonstrates that tantrum and food obsession behaviors in autistic adolescents are interconnected manifestations of underlying sensory, emotional, and behavioral challenges. By integrating behavioral theory, sensory processing theory, and emotion regulation theory, we offer a comprehensive framework for understanding and addressing these complex behaviors. The case of F illustrates how environmental structure, consistent caregiver responses, and sensory accommodations can significantly reduce dysregulation and improve quality of life. These insights are particularly valuable in Indonesia and other low-resource settings, where access to specialized services is limited but family-centered, multi-theoretical interventions can be effectively implemented. Ultimately, effective support for individuals with ASD requires moving beyond symptom management toward holistic, individualized care that honors neurodiversity while building adaptive capacity.

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