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## **When Salt Turns Bitter and the Tablecloth Must Be Blue. On Food in Autism**

**Abstract:** The article presented herein forms a part of the broad and rich trend of anthropological research on corporeality. The detailed problem undertaken by the author is the issue of eating disorders evinced by people with autism. Food is understood here as a broad and diverse set of practices, reactions and forms of behaviour. The topic is discussed from the perspective of an anthropologist, with reference to concrete examples derived from several sources, i.e. selected biographical/autobiographical reports concerning the question of living with autism, materials collected during field research conducted since 2013 in the “Jaś i Małgosia” Foundation in Łódź and the author’s personal contacts with people with autism spectrum disorders. The reflections focus on the influence of the senses on the autists’ consumption practices, considering that autists certainly overstep the limits of the culture of food consumption accepted in their community, undermine the normative order of this culture and develop their own eating-related forms of behaviour and rituals, which are often undesirable from the point of view of the community in general.

**Key words:** autism, eating disorders, diet, senses, the autists’ consumption practices.

Human existence is very strongly linked with the body; after all, the body is a person’s first tool for acting in and experiencing the world. At the same time, the *soma* is inseparable from the subject: it develops, grows old and dies with it. Hence, corporeality constitutes one of the most crucial facets of the human condition. For this reason it was noticed and valued in anthropology already at its beginnings as an autonomous research

discipline and branch of science.<sup>1</sup> The current article is situated within the broad and prolific trend of anthropological research on corporeality. The detailed subject analysed here is the issue of eating disorders presented by persons suffering from autism, a condition which constitutes one of the major contemporary plagues and which afflicts people of all races, ethnic groups and cultures of the world. With regard to terminological precision, it is necessary to begin with the clarification that, recently, the term used in speaking and writing about this condition is not so much 'autism', but 'autism spectrum disorders' (ASD). In my text, I shall nevertheless use both terms interchangeably, treating the first as a convenient abbreviation for the second. I shall also use such descriptive terms as 'a person with autism', 'an autistic person' etc. as interchangeable and equal. I treat these terms as identical for stylistic reasons; yet it is worth emphasising that they are not wholly parallel semantically or culturally. The difference is lucidly explained by Daniel Mont:

'People with autism' denotes that autism is separate from what makes them a person; it is an add-on type of thing. Many autistic people prefer simply being called 'autistic people' because that usage implies that autistic is the type of person they are, not something they have [Mont 2002: 175].

The choice of a verbal label is thus an issue of individual preference and is strongly linked with individual identification processes and with the perception of oneself as a person.

Features which today are associated with ASD have most probably been encountered since time immemorial. For instance, the figures of weird children and changelings found in the folklore of many countries – strange, fey, touched with madness, bewitched, enchanted, possessed by demons etc. – may be an echo of such experiences and observations [Brauner, Brauner 1986:15-40]. Yet autism was only relatively recently described as a separate diagnosis; this was done independently by two Austrian psychiatrists, Leo Kanner and Hans Asperger, in the mid-20<sup>th</sup>

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1 The classic text by Marcel Mauss, *Les techniques du corps* [Mauss 1936], is a telling example.

century [Kanner 1943; Asperger 1944]. The cultural history of autism lies outside the scope of the present text, even though it is an exceedingly interesting topic for anthropological reflection. Suffice it to mention that a clear increase in the “moral suffering statuses” [cf. Charmaz 1999: 362–382; Zierkiewicz 2012: 32] ascribed to this disorder has recently been observed. An increasing number of people have admitted publicly to suffering from autism themselves, or having the nearest relatives who are autistic; also, it has increasingly often been a topic of media releases, works of art, published pathographies, remarks on various forums or internet blogs. A growing number of disclosures and self-disclosures of the disease and ways of coping with it has helped to overcome the taboo and to tame autism, although it must also be noted that these communications may help to make this disorder an ideological issue and to mythologise it.

Contemporary definitions and descriptions of autism lay the greatest emphasis on the characteristic triad of symptoms, encompassing (a) deficient social and emotional abilities and the presence of asocial reflexes, (b) difficulties with interpersonal communication, and (c) inflexible, repetitive and stereotypical behaviour. In addition to the above, however, it must be remembered that eating, understood as a broad and varied spectrum of practices, reactions and behaviour forms, presents a significant problem in ASD.<sup>2</sup> Problems associated with this sphere may reveal themselves in many different ways, since autists are a large and heterogeneous group.<sup>3</sup> What is more, a person with ASD may pass through various phases of functioning with respect to the sphere of eating, which may be conditioned by bio-psychological or socio-cultural factors [Cornish 1998: 506]. In general, however, the most frequently mentioned of the range of eating disorders noticeable in people with autism are breastfeeding problems, the

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- 2 This was stressed already by the pioneer of research in autism, Hans Asperger [Kalyva 2009: 480]. To clarify, it must be added that autism is, of course, not the only one, but one of very many disorders associated with eating problems.
  - 3 Empirical researches on autists and comparative analyses in which autistic and healthy people participated have both shown that eating in ASD has some specific features [Schreck et al. 2004; Williams et al. 2005; Fodstad, Matson 2008; Kalyva 2009; Martins et al. 2009]. Problems are particularly acute in childhood, when the nervous system is still developing, but may also be present at the later stages of life.

lack of appetite, food refusal or obsession, selective eating, the distrust of new things (the so-called neophobia),<sup>4</sup> food cravings, fits of hunger, over-eating, an imbalance in the frequency or number of meals, an abnormal eating tempo (too slow or too fast), holding morsels of food in the mouth for interminably long periods, trouble with biting, chewing or swallowing food, a preference for liquids, consumption of half-processed or inedible products, as well as numerous sensory preferences (partiality for dishes having a particular appearance, taste, aroma, consistence, temperature etc.) [Cornish 1998: 501–506; Nieminen-von Wendt et al. 2005: 3–7; Johnson et al. 2008: 437–446; Kuschner et al. 2005; Keen 2008; Kalyva 2009: 480; Martins et al. 2009: 1878–1879, 1882; Gale et al. 2011: 1383–1393; Rogers et al. 2012: 20–21, 25–28]. These disorders may result in serious health problems [Shreck et al. 2004: 433–437; Gale et al. 2011: 1383]. A large part of those diagnosed with ASD have also various problems with the digestive tract, all of which may, of course, reflect negatively on the sufferers' attitude to eating and their feeding practices, in many cases leading to anorexic behaviour and attempts to relieve hunger by drinking liquids [Schreck et al. 2006].

Special diets are often prescribed in autism as a medicinal measure. These diets are usually based on the elimination of three basic substances: glucose, gluten and casein from the sufferer's menu [Strickland, McCloskey 2009]. Various dietary supplements are prescribed to counter nutritional or vitamin deficiencies or to improve the functioning of the nervous and digestive systems [Cornish 1998: 501–502]. The organism's response to the diet and supplementation varies; it may be spectacular, but occasionally it is only vestigial. Some autists react to changes in everyday menu relatively fast, others very slowly and only to a small degree. The developmental dynamics of a child, who may radically change his/her eating habits, is an additional difficulty. It does happen that a relatively normal eater suddenly starts refusing food, at the same time losing the already acquired abilities regarding other spheres and showing a cognitive deterioration [Cornish 1998: 506]. Such a situation presents a great chal-

4 This refers to the foodstuffs themselves as much as to their "cultural" form, e.g. the visual aspects of packaging or the format or size of food portions.

lenge, because, as the child becomes increasingly less communicative, emotionally difficult and barely approachable, it is hard to motivate him/her to eat. In addition, the caregivers not always know how to deal with the negative behaviour patterns that accompany the sufferer's meals. These may include screaming, crying, self-harm, aggression, the refusal to sit at the table, throwing, smearing or spitting out food, hurling the plate against the floor, flinging cutlery off the table or abrupt turning the head away during attempts at feeding [Gale et al. 2011: 1386; Rogers et al. 2012: 26–27]. Behaviours situated at the other end of the spectrum are, of course, equally problematic, for instance eating too many meals a day, unstoppable gluttony or hiding away food and eating it compulsively in seclusion [Nieminen-von Wendt et al. 2005: 3–7]. Persons who function in this way certainly overstep the limits of the culture of food consumption accepted in their community, undermine the normative order of this culture and develop their own eating-related forms of behaviour and rituals, which are often undesirable from the point of view of the community in general. This is, obviously, not a deliberate and calculated way of acting, but an uncontrolled surrender to the oppression imposed by the disorder, as the sufferer follows an irrepressible need, fascination or obsession. In addition, the lack of awareness that other people are watching and evaluating him/her, which is characteristic to autism, may prevent even the so-called high-functioning autists from internalising elementary principles associated with food ingestion. Insensitive to the presence and opinions of others, they may behave in a manner that infringes cultural taboos: slurp, chew with an open mouth, put elbows on the table, eat greedily or noisily, neglect to use the proper utensils or disregard the fellow eaters (e.g. by sitting at the table or leaving it abruptly, acting against all norms of courtesy and social etiquette). Various autistic compulsions and mannerisms may be equally shocking to onlookers, for instance the urge to pedantically arrange food on the plate or an inability to conclude the meal if any food is left, even if the sufferer is not hungry. It has already been mentioned that problems with interpersonal communication, mutism and the impaired use of language, which are frequent in ASD, certainly diminish the efficacy of actions undertaken to correct the undesirable forms of behaviour during

food consumption. After all, how does one explain to a child that he/she should eat and drink regularly in order to live and grow up healthy, if that child does not speak, avoids contact and has problems with catching the meaning of a statement? A situation when a child is not developing correctly always causes pain and anxiety; but when that child is deeply immersed in him/herself and well-nigh inapproachable, this situation may unfold in a truly dramatic way.

The above description, although brief, demonstrates that eating in ASD is a complex and multifaceted topic that presents an anthropologist with a broad range of issues for analysis. In the current article, I have decided to develop this topic with reference to examples derived from several sources, i.e. selected biographical/autobiographical reports concerning the question of living with autism, materials collected during field research conducted since 2013 in the “Jaś i Małgosia” Foundation in Łódź and my personal contacts with people with autism spectrum disorders. Considering the framework of this publication, it has been necessary to limit the range of issues to be discussed. Therefore, since eating is a decidedly sensual experience, these reflections shall focus on the influence of the senses on the autists’ consumption practices.

At the outset, it is necessary to recollect that a classification which is firmly set in our culture divides the senses into the so-called higher (i.e. sight and hearing) and lesser ones (i.e. smell, taste and touch). The sense of sight enjoys the position of a favourite. Ewa Rewers notes that the ability to see has long been considered privileged owing to, among others, the Aristotelian classification of the senses, in which sight was perceived as superior because, in Aristotle’s view, it enabled the highest degree of cognition. The sense of touch was at the very bottom of this sensual hierarchy because, according to Aristotle, it was the most primal form of a sensory experience, which linked human beings with animals, and it constituted the most elementary type of human experience, differing from the others in the fact that it required personal contact [Rewers 2006: 61]. This cognitive model was considered valid throughout the ages; currently, however, it is increasingly often questioned. Numerous researchers distance themselves from the Aristotelian typology and argue for the importance of all

the senses in the process of the reception of reality [*Spektakle zmysłów* 2010]. The anthropology of the senses is one of the areas in which the hegemony of sight is questioned and the intersensuality of human perception and cognition is pointed out [Krupa 2010: 164; Howes 2012]. Sensory universes of people suffering from various disorders are an important topic of studies undertaken with this perspective in mind; the attempts at analysing them more closely have led to the conclusion that these universes differ considerably from those inhabited by healthy individuals. This, of course, refers also to autists [Kojder 2002; Rzepkowska 2012]. For instance, the nervous system that is atypically formed and develops differently causes children with ASD to learn to use the so-called higher senses later than their healthy peers. The consequences of this fact are evident also in the sphere of consumption practices. These children sniff vigorously at their food, because the sense of smell is their fundamental navigation tool; it helps them to conquer the unfamiliar areas of culinary reality, to identify and evaluate various products and dishes. To refer to a concrete empirical case: a male with Asperger's syndrome (a mild form of autism) whom I personally know throughout his entire childhood used to sniff very carefully at the contents of his plate before he started eating. A positive outcome of this test resulted in an enthusiastically celebrated consumption; but if the message coming from his nose was negative, the boy firmly refused to eat. The second scenario was more frequent, so as a child he was considerably underweight.

Occasionally the overvaluation of the sense of smell by ASD sufferers leads to their eating substances that are normally considered inedible in a given culture. A while ago I observed how a small group of autistic children, lured by the smell of fresh paint, attempted to ingest it. The caregivers intervened before anything more than a harmless lick or two could take place, but if not for their quick and decisive action, the children may have wanted to eat more of this "delicacy".

With time, as their brain matures, the sense of smell usually grows less important to the development of the autists' consumption practices. Regardless of the phase of life, however, the action of the senses very greatly influences what they eat, when and in what amount. In the milieu,

the tales of children with autism who ate only products in definite colours have by now acquired an anecdotal status. I have met a girl who, although very picky and capricious regarding her menu, is happy to eat anything that is green: chives, parsley leaves, green peppers, broccoli, lettuce, spinach, cucumbers and suchlike. The ASD sufferers' sensitivity to colours makes the hue of everything that accompanies the act of consumption, like the crockery, table decorations or dining-room décor, equally important. Similar preferences are manifested with regard to other senses as well; their under- or over-sensitivity may lead to practices and habits which seem bizarre from the point of view of neuronormativity. An obsessive desire to cling to routines and order, which is typical to ASD, may cause the sufferer's absolute intolerance to any changes in the preferred sensory landscape. In that case, an attempt to introduce a change in that landscape may bring about fits of anger, acts of aggression or self-aggression and an unyielding refusal to eat. Hence eating out, be it at a barbecue or a picnic, in a random bar or restaurant, is such a huge problem for people with ASD [Mont 2002: 109–110]. In such a place, everything is unfamiliar and untamed; this very strongly upsets ASD sufferers. The dishes served there are burdened with the risk of newness, and thus of causing the sufferer a traumatic surprise. The interview with an autistic woman [Legge 2002: 115–122] reveals how difficult an experience this may be. The interviewee, now an adult, is rather emotional in disclosing how very much she used to be afraid of new food in her childhood – not so much of its taste, but of the feeling caused by its presence in her mouth. In addition, she was scared of the sound of food being bitten off or chewed, because sounds that were too loud overloaded her brain and constituted a psychological burden. Many of her childhood phobias and obsessions have persisted into adulthood. She still dislikes too-crunchy foods, as well as culinary surprises that occur when a producer modifies the recipe and a given product begins to taste differently. To her, the new version is never as good as the original one. She is also very sensitive to the temperature of food; she will not tolerate anything hot. Hence, when she prepares food herself, she only heats it up to being lukewarm, and when eating out, she patiently waits until the dish cools down. Combinations of various ingredients, their textures and

consistencies are also problematic and anxiety-generating. For instance: she has nothing against minced meat and mashed potatoes, but their combination on a plate is entirely unacceptable to her. Eating foodstuffs that change their taste, consistency or sound during biting or chewing is an equally unpleasant experience. Sweet buns with a fruit filling are a case in point. This product has a layered structure: the soft and fluffy dough conceals a portion of gooey filling, so, while eating, the interviewee experiences radically different sensations: the delicate taste of the dough is combined with the sensation of the viscous goo gushing in her mouth. What is more, tiny fruit seeds emit a sound similar to the grating of sand, which irritates her. Some of fruit fillings have a special tart taste, which makes her think they are fermented, gone bad. Hence the interviewee consistently avoids all contrasting textures; this is because tasting them threatens her with the feelings of the loss of control and a sensory chaos. In addition, she does not eat things which do not look natural (e.g. have a too-intense, synthetic colour) or which have changed their structure during culinary processing (e.g. she would be happy to eat a raw apple, but apple mousse, compote or pie are unthinkable). The smell exuded by food is not without importance either; she likes mild, unobtrusive aromas. Her greatest enemy when it comes to smell is cinnamon; since her earliest childhood she has found its heavy, spicy odour revolting. She also avoids lumpy foods, because she is afraid of it sticking in her throat. For the same reason, she finds swallowing pills problematic. When she was little, her father would crush them for her between spoonfuls; now she crunches them in her mouth and then gulps water.

Yet the assorted obsessions and compulsions regarding food and its consumption are not the interviewee's only problem. Troubles with digestion caused by the fact that autists have a slightly different physiology constitute a separate issue. In principle, she should not eat foodstuffs containing gluten and casein; she does not follow this diet, however. Since she was little she has loved bread, pastas and chocolate, and she feels unable to renounce them. Alas, indulging her senses in this way, she increases not only her digestive problems, but also her psychological and emotional difficulties: she grows more erratic, is irritable and suffers

mood fluctuations. The fact that she does not follow her diet exposes her acquaintances to various vexations, as they have to bear with her caprices and outbursts of anger; yet the asocial personality traits related to ASD make her insensitive to other people's feelings and reactions.

The same traits – to pass on to the following stage of this analysis – make it difficult to motivate an ASD child to eat. A strategy which is deeply rooted in culture relies on such arguments as: “Eat this, or else mummy/daddy/granny will feel miserable”; but it fails completely when applied to people with autism. Their relations with others are usually purely pragmatic, based on shared occupations or interests, not on emotional closeness. The adults' “ritual lamentations”, which constitute an attempt to arouse an empathic reaction in the child, do not work in their case. A person with autism spectrum disorders does not aspire to making other people happy; their feelings and experiences are not entirely comprehensible to him/her. Hence, it is pointless to expect an autistic person to be concerned with the feelings of fellow eaters or (this is especially important to an anthropologist) to adhere to the limitations imposed by the system of values and norms referring to food ingestion. These essential skills are usually acquired in the process of enculturation/socialisation; their expression is, for instance, the prescribed order of precedence during consumption. This order was clearly defined already in ancient Greece, where it depended on gender and the individual's place in kinship structures [Węcowski 2011: 61–69]. In spite of the ongoing processes of democratisation and increased equality, in contemporary Western culture it is still accepted that a woman takes precedence while ordering a meal and that a man should be courteous and attentive to her. The ASD community is essentially insensitive to such cultural suggestions and directives. I discovered this myself, having gone to a restaurant with my acquaintance who suffers from Asperger's syndrome. Entirely heedless of my presence, he ordered his meal, abruptly dismissed the waitress, ate the food he had been served, and exited from the premises, leaving me at the table – alone, hungry and quite disconcerted.

Eating communal meals belongs to primary rituals, which fundamentally influence the essence of a group or community – its life, structure, continuity etc. This idea, very deeply rooted in the symbolic layer of culture, is

nevertheless at odds with the autistic experience of the world and finds no understanding in this group. This is confirmed by stories I was told by parents of children with ASD. One of the mothers confided that her son usually strove to eat his meals alone, and when there were other people at the table, he disregarded their presence. The boy was also in the habit of mixing, in the course of one act of consumption, dishes having diverse tastes, aromas, consistencies and temperatures; this goes entirely against the conventions accepted in our culture. As a result, his meals were a true symphony of diversity, as they might combine noodles, chips and various types of meat, sauces and liquids, including Coca-Cola with ice or hot tea. It must be added that the same boy was a very poor eater at the young age, and that his current problem is the speed of eating: he eats too fast and greedily. Almost all his senses are constantly focused on food. He usually does not hear when he is directly addressed,<sup>5</sup> but immediately reacts to all sounds associated with food, like the rustling of candy wrappers or noises from the kitchen. Whenever any family member goes to the kitchen, the boy follows at once, greedily looking for a snack.

Naturally, the above examples do not exhaust the broad spectrum of eating preferences associated with autism. The literature on the subject is full of accounts about ASD sufferers who, for example, eat only liquid or only dry foods (i.e. they shun sauces, dips, toppings, soups etc.), or accept only hard and crispy foodstuffs (cookies, crisps, fish fingers, cornflakes, meat in breadcrumbs) or soft and mushy ones (jellies, puddings, mashed potatoes). Some like their dishes to have an intense aroma, others do not tolerate culinary smells to such an extent that no food can be cooked when they are at home; otherwise they suffer from nausea or vomiting fits. What is more, some ASD sufferers experience a phenomenon known as sensory amalgamation, which occurs particularly when they are tired or overloaded with amassed sensory impulses. In these circumstances, an autist may have considerable problems with ordering and processing sensory data: tastes, smells, tactile sensations etc. Salt in food may seem bitter, or freshly brewed tea – ice cold. Thrown into confusion, his/

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5 Deficient or selective attention (looking, listening etc.) is a typical symptom of autism.

her senses no longer convey correct information concerning the ongoing experience.

It is thus obvious that somatic and sensory functions of the organism that are peculiar to autism powerfully influence the sphere of consumption practices. As a result, eating may bring about the state of utmost disorientation, acute suffering or supreme pleasure; it may cause the sufferer to select his/her food rigorously, to display anorexic or orthorexic behaviour, to hoard food or to eat with unstoppable greediness. It may also arouse surprising, and even socially undesirable reactions; this aspect is worthy of an anthropologist's attention. It is obvious that solutions embedded in culture usually quite precisely determine the ways of allaying appetite or hunger, which are regulated by means of the current economic system and through the consistent and organised patterns of behaviour referring to this area of life. People tend not to grab food or snatch a friend's sandwich, even if they might be inclined to do so, and taking a thing from a shelf in a shop or a stall without paying is strictly censured and considered unethical. Our cultural system offers various principles of exchange which may be used in such situations, such as asking or attempting to negotiate for the desired food [Ziółkowska-Kuflińska 2010: 63]. Autists occasionally do not heed these forms of cultural actions. A favourite colour, taste or aroma of food may provoke them to stealing the desired morsel from other person's plate<sup>6</sup> or to eating an amount of the given dish that shocks the onlookers. For the same reason, it is difficult for autistic people to respect cultural obligations such as periodical fasting or other restrictions in the menu required by ritual.

In addition, problems with the senses have significant consequences to the health of ASD sufferers. In order to avoid related health problems, it is advisable to attempt to develop proper eating habits and appetite control mechanisms, starting from the sufferer's earliest age. Thanks to this, he/she may later avoid serious health complications, such as being under- or overweight, obesity, growth retardation, eye diseases, caries, anaemia, diabetes, rickets and many others [Schreck et al. 2004: 433–435;

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6 The concept of ownership is an advanced social notion. People with ASD occasionally evince problems with understanding and internalising it.

Gale et al. 2011: 1383]. But how is this to be done? How to protect from harm a human body which is possessed by a disease and, in addition, to do this by means of culture, i.e. various tricks, techniques, long-term preventive and correctional strategies etc.? The possibilities are many; the size of this article prevents me from presenting them all, especially since their list is continually growing. The ASD milieus are constantly seeking, and finding, new ways of solving the dietary problems of ASD sufferers. Nevertheless, some fundamental principles regarding this issue are worth pointing out, for instance:

- autists are more willing to try new food when they are feeling unconstrained, safe and relaxed;
- autists may be tempted to eat a new foodstuff if they see other people eating various dishes, if they are invited to try a morsel from someone else's plate, or if the foodstuff is left in plain view so that they can get used to it;
- a novelty may be effectively introduced by mixing well-known food with unfamiliar one (e.g. favourite fruit with a new yoghurt or cream) or by serving dishes which resemble the familiar and accepted ones (e.g. potato purée may be a friendly path to vegetable purée; cooked cauliflower may be replaced with soft broccoli);
- language is always helpful in the process of getting used to the world and taming unfamiliarity; hence it is necessary to describe new foodstuffs in terms that are intelligible and pleasant to the autist, and to praise him/her after they are eaten;
- in order to overcome the narrow colour preference, it is worthwhile to introduce products in which the favourite hue is dominant, but with a touch of another hue (e.g. a red apple with a yellow or bright-green spot, broccoli covered with a slice of tomato, an orange jelly with a dollop of whipped cream);
- the resistance to change and sensual distrust towards new foodstuffs may be surmounted by serving variants of favourite dishes (e.g. many flavours of yoghurt, a range of cheeses, chips in varying temperatures, shapes and degrees of crispiness);

- if the fear of a given foodstuff is strong, it is worthwhile to start with presenting it in other contexts (as a decoration, a gift, a plaything, a forfeit in a game); it is also useful to place small amounts of the disliked foodstuffs on the autistic's plate and never to force him/her to eat, but to encourage him/her to look at it, smell it, cut it in pieces, lick or touch it;
- if a foodstuff proves too difficult to ingest, the caregiver should help the sufferer to remove it from his/her mouth and to rinse the mouth with water [Cornish 1998: 506–507; Williams, Wright 2004: 206–208].

It is very important to ensure that such sets of cultural tools (handbooks, companion books, various compendia and other sources of information) helping in the therapy of eating disorders in autism are prepared and broadly circulated. This is important not only for medical, but also for social reasons. In fact, we may risk the opinion that this practice has contributed to transforming the “ontology of the disorder” existing in culture and the symbolic status of the sufferer which resulted from it. On the one hand, due to an improved standard of everyday functioning, the sufferers are no longer doomed to isolation and stigmatization and they are prepared to deal with various social situations associated with eating. On the other hand, the application of tools that explicate and normalize the disorder helps the neuronormative environment to understand the specificity of ASD better; thus, instead of reacting to an autistic's behaviour at the table with consternation or disgust, people are more ready to assist and support him/her. Some time ago, the sight of a screaming autistic child who hurled away the plate and vomited was (to refer to a phrase used by Edyta Zierkiewicz) a source of “psychological and aesthetic horror” to me [Zierkiewicz 2012: 34]; now, however, as I understand the aetiology and mechanism of such reactions, I try to act in a logical and constructive manner instead of giving in to emotions and escape instincts.

In conclusion, two observations. In contrast to an illness, health is something we do not experience explicitly. As observed by Immanuel Kant, “as a matter of fact well-being is not felt” [Kant cited by Canguilhem 1991: 141]. Empirical material referring to sensual aspects of eating in ASD, which has been presented above, demonstrates that in this disorder the

transparency of experiencing the body is distorted. To the sufferer, his/her body becomes above all a subject, not a background to everyday functioning [Karczmarczyk, Nowakowski 2012: 62]. People with autism often live in the state of oppression exerted by their own bodies, which, controlled by alien forces, condemn them to suffering. The bodies distort or remove the sufferers' appetites, doom them to serious digestive problems, lower their psycho-motor skills, cause compulsions, obsessions and phobias.

On the other hand, the specificity of ASD makes the sufferers' somatic and sensory experiences somehow more individual, and their biological needs, including the need to obtain nourishment, are to a lesser degree transformed by culture. Joanna Femiak and Piotr Rymarczyk note that, in the contemporary Western culture, "corporeal-sensual experiences are perceived instrumentally, in a techno-manipulative way, and they serve to control compliance of bodily 'parameters' – both inner and experienced – with the established standards" [Femiak, Rymarczyk 2012: 86]. According to Richard Shusterman, promotion of false images of the body which underlies those phenomena is rigorously subordinate to the interests of the capitalist advertising industry and to political propaganda. Alienation and reification of the body are the consequences of this approach. The body is thus treated as "an external means and mechanism that is anatomized into separate areas of intensive labor for ostentatious measurable results" [Schusterman 1999: 305]; hence our preoccupation with the proportions and condition of our bodies, with the slimming or rejuvenating diets, dietary supplements and new culinary trends [Schusterman 1999: 305–306; cf. also Bauman 1995: 89, 95, 97]. It seems that autists, being less interested in self-promotion, following fashions or gaining social acceptance than the neuronormative majority, are also less susceptible to similar manipulative and objectifying influences of the post-modern culture. Subordinate to an ailment, and thus to the power of nature, the body becomes more resistant to pressure exerted by culture. This is actually a very peculiar paradox, because, in the absence of etiologic cures to autism, culture remains the chief mechanism applied in the therapy of this disorder, including the area of culinary practices and food consumption.

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