

Episode 6: Food, Eating, and Autism

Jeanne: Hello, I'm Jeanne, the Actually Autistic Educator, and today we're going to be talking about something frequently misunderstood about autistics, food and eating issues. It's been well established for several decades that many autistics often struggle to find food they can eat and can find it a serious stressor, leading to many disagreements with parents and staff who assume this is a matter of picky eating and treat it as a behavioral issue. These misunderstandings regarding how autism interacts with food and eating are a huge source of trauma for autistics, and also almost certainly have influenced the incredibly concerning fact that multiple recent studies have found approximately 20% of women in treatment for anorexia meet criteria for an autism diagnosis.

This episode is going to look more into both some of the research and personal experiences around how autistics experience food and eating, joined by two previous guests, Gigi and Katie, as well as some other current research regarding the connection seen between autism and eating disorders. We're also going to check out some new studies that are actually examining this from an autistic perspective, and looking at real solutions, both academic research and from autistics directly, that center our autistic needs to break down barriers to access food, rather than focusing on ways to pressure someone into eating. This can reduce food stress and allow for more consistent food intake and pleasurable eating. I'm also going to share a couple of my favorite go-tos, including my recipe for a smooth textured chewy treat! It is important to note that not all autistics have these struggles, and for many it may be stress-dependent if at all, but it is a commonly enough expressed experience I think it's important to share, especially to non-autistics listening who may have made assumptions about how to treat an autistic who may struggle with food or eating.

Content warning in this episode for discussions of disordered eating, food intake goals, and negative interactions with medical personnel and others around these topics. As always, full transcripts are linked in the show notes and posted on our social media pages; reading is always a valid option for any reason, but especially if it makes it easier to engage with things that may be traumatic. Also the transcript gives the full citations for major articles I cite. And, disclaimer, I am a teacher, I am not a doctor, nutritionist, or psychologist - I am sharing some information to other autistics as a peer that I have seen either from research or fellow autistics, along with my own personal experience, but please check with professionals if you are struggling with these issues, and none of this should be considered medical advice.

I want to address something first. In quite a bit of the literature I have seen on this topic, and in other areas of autism research led by non-autistics, I've seen the words phobic and phobia used a lot regarding how we interact with our surroundings. This is really inaccurate; a phobia is usually thought of as something irrational, which is how many non-autistics see our actions, but with our sensory needs these are very real. I saw a textbook describe autistic reactions to fire alarms going off as "phobic" with proof that it's irrational being that the autistic in question was still in distress after the alarm was over. Well, like many autistics, I have hyperacusis, my ears are very sensitive and loud noises cause real pain that can sometimes last for hours, no exaggeration. It feels like something is stabbing my eardrums and it makes it incredibly hard to focus and has given me a serious hatred for fire alarms. Non-autistics often assume that everyone must experience the world like they do, and struggle to comprehend how things like sensory pain or intermittent mutism exist, that this isn't an exaggeration or a choice for us. It's not a "phobia" if it genuinely and consistently causes you

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harm so you try to avoid it, even if other people don't see it, and this applies to our reactions to food too.

So, the biggest thing that usually comes up in autistic spaces around food is all about texture - textures can often be incredibly upsetting in general, with certain clothes or material feeling highly unpleasant - certain types of acrylics feel sticky and gooey to me. I know they're not, but if I touch them that's how my brain interprets it. A lot of fabrics I cannot handle on my skin because of this, and many other autistics have reported similar experiences. It makes sense that in the same way the textures feel different to us when touching things, we likewise interpret food textures differently - things can create an awful feeling due to the texture it has as we eat. We'll go over several examples during the interviews, but what's interesting is many autistics specifically don't object to the flavors of some of these items, but the texture does something that makes our brains so "no, that is bad! Panic!" and suddenly it's like nails on a chalkboard and can trigger a strong gag reflex or a wave of nausea. Myself, if I am trying to power through for some reason sometimes my body just refuses to swallow, which is an incredibly frustrating feeling. I'm chewing and I know I need to eat, but I just can't seem to make myself swallow, or I finally do but then get incredibly nauseated. It's like if you suddenly smelled something rotten or otherwise awful while eating and your body just goes "nope, not doing this anymore" and if you try to fight it nothing good comes of it.

It's also important to note that there is evidence that autistics are more likely to be extra sensitive to bitter flavors, so the delightful caramel on creme brulee that a non-autistic may love may taste burnt and bitter or acrid to an autistic. A 2017 study titled "Is food refusal in autistic children related to TAS2R38 genotype?" found that autistics were more likely to be extra sensitive to bitter flavors associated with a specific gene difference compared to non-autistics, and that autistics who reported greater food selectivity struggles were much more likely to

also have this hyper sensitivity to bitterness. So if on a regular basis the things that other people swear taste delicious to you taste very bitter, and add this to texture issues, this is certainly going to impact your relationship with food. The creme brulee is a real world example by the way. I had a dinner party several years ago where we made it and all the autistics, myself included, individually asked for only light broiling because we couldn't take the flavors if it got dark brown and we were really amused that this was a trait we hadn't known about.

Stress is also often a major factor here. There is never a time when I can eat water chestnuts or coconut, I wince just at the thought, but what we can or cannot eat without triggering issues can sometimes vary dramatically depending on how stressed or out-sensored we already are. This is actually something I have been struggling a lot with off and on this past year. I have chronic joint issues but a major injury that left me in a lot of pain has made getting enough calories in me to be healthy a challenge. My pain creates sensory overload, and my body's response is to decide "nope, we're not eating." Have you ever been really stressed about something, or had a bad flu, and you knew you should eat, or even wanted to eat, but absolutely everything sounded awful or even made you feel nauseated to think of? Or the only thing that sounded edible was bland carbs like toast? I get that pretty much anytime I get out-sensored or stressed. So food that normally sounds great to me I suddenly can't handle. And this can be caused by social pressures too - for years if I was in a social situation for meals I would often stick to bread or light appetizers because I couldn't handle a full meal when there was so much social activity happening. A great article was published last month in *Autism in Adulthood* titled "Preference to Eat Alone: Autistic Adults' Desire for Freedom of Choice for a Peaceful Space" that specifically looked at the barriers that existed to eating in public for autistics and for ways to address them in the environment to improve autistic well-being. The article looked at struggles, such as a sensory unfriendly environment, struggling

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to multi-task with social interactions while eating, and others, and coping mechanisms that helped, including eating during off-hours, picking a quiet restaurant/table, limiting to places that catered to specific dietary needs, wearing headphones, etc., and gave suggestions for ways to cater to autistic needs through these environmental modifications.

This frankly was huge to me when I read it - everything else that I had seen on this topic in the past was mostly about autistics as a burden for refusing to eat “normally” and treated it as a behavior, something to be punished but which was clearly not understood. It is normally assumed that the goal should be to force autistics to change their behaviors to match expectations of normality, despite the impact to our mental and physical health. There are so many reasons why this is wrong, both pragmatically and morally. Trying to force feed someone who is in distress and nauseated or insisting on food that triggers a strong revulsion is so traumatic, especially when several studies, such as “Nutrient Intake From Food in Children With Autism” from 2012 have shown that despite greater food selectivity and other restrictions, autistics’ actual consumption of nutrients and vitamins is similar to non-autistics. There are several frankly horrific methods currently popular in certain autism therapies that treat this again as a behavior without an understanding of the real genetic and biological differences that impact our experience of food, many of which claim to help based on very small case studies, but I just ran across an article from 2019 titled “Failure to Replicate the Effects of the High Probability Instructional Sequence on Feeding in Children With Autism and Food Selectivity” that found “ Contrary to prior research, the HPS did not improve feeding responses” - many of these studies fail replication meaning that other scientists can’t copy the methods and get the same results, calling the ideas into question, and more importantly these techniques are almost always done with zero awareness or acknowledgement of what autism is actually like to experience.

All of these issues together are thought to be a partial contributor to the incredibly high rates of autistic traits seen in women treated for anorexia nervosa. While estimates vary between 1 and 2% of people being autistic, official estimates of autistic women are much lower, only .2-.3 percent (to be clear, there is definitely a diagnosis issue here, but we’ve previously addressed this in episode one, Rejecting the Blue). However, studies are finding 20 to even 30% of women in treatment for anorexia nervosa hit diagnostic markers for autism. All of these numbers are from a 2021 article, “It’s not that they don’t want to access the support . . . it’s the impact of the autism’: The experience of eating disorder services from the perspective of autistic women, parents and healthcare professionals” but similar reports are seen in numerous other studies too with different methods, with one finding as high as 37%, all discussed in the 2017 piece “Autism Spectrum Disorder in Anorexia Nervosa: An Updated Literature Review.” This is a huge difference - even if we took the highest baseline assumption of rates of autism and doubled it to account for underdiagnosis of women and others that’s still maybe 4% compared to 20-30%, and yet many autistics being treated for anorexia report a lack of understanding of their specific needs, with a focus on body-image and group therapies which were often either useless or even additional stressors. It is essential for providers to actively be learning from and listening to their patients about things that are and aren’t working in general, but especially with such percentages as these, anyone working with people with eating disorders should get autistic-led training on understanding autism.

Also, a note about gender here - I have seen one study looking at rates of eating disorders in autistic men which found elevated rates but not on par with those seen in autistic women, but it’s much less studied, and I haven’t see anything that even explicitly included trans or nonbinary perspectives, and so much of this data may not be accurately labling people. A recent study cowritten by a major name in autism research who has a documented

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history of sexism was published that looked at gender differences in autistics, but despite using the words “female” and “male” and allowing participants to list their self-reported gender, if you look at the methods researchers only used gender assigned at birth, so trans men and afab nonbinary people were grouped with women and trans women and amab non-binary people were grouped with men, and then actively misgendered in the paper by calling the entire groups males and females. And then the study was measuring social experiences like rates of sexual harassment experienced and comparing the groups, and pretended like their data was still valid. This is both very morally wrong to misgender people, especially those who agreed to give you their information for free while you are profiting from it, but it is also scientifically flawed because these social experiences, especially harassment, will be hugely influenced by gender presentation. Not all studies break down how they handle demographic information, and there is a lot of transphobia still in society, so even beyond the general disclaimer of “these are themes that may be good to be aware of but can exist regardless of gender” I also want to add a reminder that much gendered data published may be inaccurately labeled due to this tendency to misgender people in research studies.

So let’s swap from questionably-done non-autistic research to actual autistic experiences. First up I’m joined by past guest of the show Gigi. It’s always so great speaking with you. I’d love to get your perspective on this.

[00:17:26] **Gigi:** So I appreciate that my parents never really forced me to eat things that I didn’t want to. I do have a lot of quirks when it comes to eating that no one else in my family had. And I think, I don’t know, maybe by the time I was eight, there was a rule in our house. Like if, if I asked for it, had to eat it, but if they just put it on my plate and I did not, you know, I had not asked for it that I could say, I don’t want to eat this. And I, I really appreciate that graciousness on my mother’s part, because it could have been

very different. My parents were pretty strict in a lot of other ways, you know, so they could have taken me not wanting to eat certain things as being picky for no reason or being stubborn.

But I was, I guess my mother probably noticed that it was like almost a revulsion on my part. Like it wasn’t just, oh, I don’t want to eat greens cause I loved vegetables, but certain textures were really hard for... Certain certain color, especially when it came to like meat. So anything that had been alive, there were certain things that I just could not really deal with.

Although I like the taste of meat. I really needed my meat to be very. Like, if it was chicken and needed to be boneless and skinless, if it was pork, it needed to be like no fat on it or whatever. Cause I didn’t like the way that felt in my mouth. Yeah. My mom really was able to work with me on that. And like I said, I appreciate her realizing that something else was going on. It wasn’t just me being willful.

Adults are a lot less respectful about it. They assume it’s just because of. Eaten something a certain way or the right way or, oh, you’ve never had like pork belly, just stuff that’s done really well at a restaurant that I love to go to and you should have it. And I’m like, I don’t want to eat that. I just don’t. The texture is not going to be okay with me. I cannot eat it to be honest because now. It has to do with my autism, with my brain being different being neurodivergent I need to read more about why, like, why does that happen to us?

And, you know, it would be great to understand a little bit more about it. Not because I want to change it or, you know, some of my friends say, oh, you just need to push your boundaries and be a more adventurous eater. And I was like, it’s not that I really I’ve tried. All over the world. And I know that food is love in a lot of places. I’m from south Louisiana. So when someone cooks you gumbo or cooks you, you know, etouffee or shrimp Creole, like these things take a lot of time. And I have always associated that with love. And so I

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don't like overtly refuse food in a way that what hurt someone's feelings. I've even been known to pretend to eat it and then get rid of it discreetly. Yeah, because I, my goal isn't to offend or to put you down, it's just some things in my brain. It's funny to me because I think some people think, oh, I just don't want to eat it.

But if I put it in my mouth, there's a whole other reaction. There's all this stuff that happens with my body, like a revulsion. And then my brain, it, it just, I freak out if that's all I that's, the only way I can explain it is freaking out and I'm not showing it because I don't want to appear different. And I don't want people to know that I am freaking out, but it's very difficult.

So. You know, to preserve my host or hostess is dignity. I don't, I don't say, oh, I'm not eating that or get that away from me. Or, you know, I don't do that. I try to eat as much as I possibly can and I try to make the best of it. Like if they put three things on my plate and if there's one thing that I know I cannot eat, I'll eat the other two things and then cover it with a napkin.

And then... Misdirect over here so I can get rid of it. Right. Cause I don't want to be rude. And so I think that's one thing I do need to read more about like why, why does it happen to us? I don't know. There's so many questions I still have. And uh, so those are some of the experiences I've had. And I, if you know of any resources that actually talk about that stuff, I would love to maybe find some things to read on it.

[00:21:36] **Jeanne:** So it's interesting as you were saying that, I'm just like, oh my goodness. Exactly. I can't handle changes in meat texture. I love meat. I, it is very tasty. So what I found is like, I actually love like steak, tartare, carpaccio, you know, because it's raw and that's great, but there's no gristle and there's no weird bits of fat.

And there's no, like all of those things, there's

something about two different textures at the same time, from what is supposed to be the same food that just freaks me out. And I like how you said revulsion because. That's the thing it's not, oh, I don't like the flavor. There's a lot of stuff that I don't enjoy the flavor of, but I could eat.

If I had to, the problem is with certain textures, especially it triggers a full-on gag reflex where I have made myself actually throw up before when I was younger and tried to make myself eat things. It's I sometimes I'm chewing and I'm trying to swallow. What's... what's frustrating for me is I found the worst my sensory issue overload is, the less flexibility I have. So food that normally I could eat just fine. If I'm out, sensoried suddenly starts triggering it and I'm sitting there and I'm like, no, this is a burrito. I've had a bad day. I am going to eat this. And my body's just like, Nope, there are, there are like between the Pico and the beans that there are too many textures. This is bad and wrong. And I'm like, no, but I am hungry and I am tired and I would really just like to eat this. And I just, I can't make myself do it. And it just, I can't swallow. And I think people don't understand that this, it really is so different from just, oh, I don't like the flavor. I'm like, no, no, I wish it was a flavor thing.

This is my body will not let me swallow my, I will trigger a gag reflex. You know, it is, it is something that is outside of our control. And it's so hard to get people who've never experienced it. Understand that. And yeah, the multiple textures it's, it's, that's brutal for some reason, a bunch of people crunchy peanut butter have, uh, cause I could never handle it.

Some people can, some autistics can, but I've seen several autistics say that, you're like the third person who's mentioned the, the meat thing. And so it's really interesting finding these commonalities and things with. Was always treated like I was being so weird and even wasteful because my grandmother and great aunt were depression kids. And so every piece of me and I'm like, I can't eat the fat. I just can't eat it. It's gross. And people are like, no, the fats, the

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best part. I'm like, I get it. I get the flavoring use of it. I love cooking with it, but I can't eat that. It won't work.

[00:24:26] **Gigi:** It's so great to meet someone who understands. It's so great. I don't know anyone else who has ever understood that. And this conversation. So kind of awesome.

For those of you listening, believe us when we say it is not just because we want to be difficult. I've been physically ill after trying to force myself to do something, to keep up appearances.

[00:24:46] **Jeanne:** And I will actually introduce you to a group of neurodiverse people in our social group, that's been delightful because I actually posted a message there of a picture of me eating French toast with the crusts cut off. Cause crusts are hard for me, for some reason, like the texture difference. And it was just huge collection of people commenting who are autistic about going, oh my God, I had no idea other people have these same types of things. And everyone just listing all of these different foods that were problems for them. And it was so incredibly validating to realize, no, there really are other people out there who are like us who get this. And so, like you said, for, for people listening, who haven't experienced, please believe us when we talk about it, we desperately don't want to cause offense. This is not about you. This really is just something that can be so traumatic for us to have to try to push through and cause so much distress when it's really not necessary. Thank you so much, Gigi. It is always a pleasure.

Next I'm joined by another past guest, my sibling and licensed biology teacher, Katie. So I know. We've talked, not on the podcast, quite a bit about food and sensory issues and how they can go hand in hand. So I was wondering if you'd mind telling me a little bit about your experiences with food and autism?

[00:26:12] **Katie:** Absolutely. So for me, my biggest food issue is that I have an intense issue with a

lot of textures and that expresses in a lot of ways that can be from the back. I am almost completely compulsively, unable to stop myself from touching all of the fabrics and the fabric section to find soft fabrics to the fact that if there is a mushy food texture in particular, I can't, I can't handle it.

So. I've never been able to eat fish. It took me years to convince myself to eat potatoes, uh, even peanuts because they are crunchy, but they mush in your mouth.

[00:26:51] **Jeanne:** Oh my God. Peanuts. I'm like, I can handle peanuts in certain ways, but not if they're combined with anything else because peanut butter is. Or if I just shoot them and swallow them without grinding them so they get squishy. That is fine. But the combination of both squishy and not squishy at the same time is awful.

[00:27:13] **Katie:** It's terrible. But I love the flavor of like salted peanuts. I used to like suck on them and spit them out. It was terrible, Aunty you used to get so mad.

[00:27:20] **Jeanne:** Yeah, there's a bunch of things. I can't tell if I genuinely don't like the flavor of coconut or if it's just, the texture is so bad, I started associating it because a lot of candy, I wouldn't realize had coconut in it until I started eating or would be mixed into other food. And I just associated the flavor. Cause I don't think I actually dislike the flavor. It's just anytime I taste it, my brain goes on the high alert of going, wait, is there going to be coconut texture? I'm like, no, it's, it's in a like flavored green tea thing, it's syrup from a bottle. I guarantee there no texture here. And my brain is like, What if? It is bad, like coconut and water chestnuts, I cannot stand. I love the flavor. So like you grind them up into powder and put them up for, for General Gao's chicken delightful. But the texture is just, oh,

[00:28:17] **Katie:** That, and I also, I struggle with a lot of raw vegetables because they're too crunchy.

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And I don't know if that's just because I got used to eating them soft when I was young. And something in my brain went, no, that's not how that vegetable is supposed to be consumed because that happens a lot. So my brain goes in expecting one thing and get something else it's like, Nope, you're done now. That's it.

[00:28:42] **Jeanne:** Oh, my goodness. I can't handle every so often. I have friends who are like, you have to try this thing and I'm like, I don't know, what is it? No, no, just try it. And I'm like, you haven't even told me if it's sweet or savory. Like, I don't know if I'm getting a bite of something desserty or I have friends who would love to bring up and show me. And they're like here, you got to try that. I'm like, is that going to be like a Coke and something blend, uh, or like some other soda? Or is that going to be like, you know, something chocolate? No, no, If I don't know if it's going to be fruity versus like minty versus some like, no, no, I need to know what I'm going to do it.

[00:29:24] **Katie:** Yeah, no, absolutely.

[00:29:25] **Jeanne:** I think there's just a lot of misunderstandings because. I am the adult in the house that purchases the food I put in the grocery order. I do the cooking. I have full authority and control over what I eat. And if my sensory issues are tweaked, sometimes it is incredibly challenging to find absolutely anything at all that my body will agree is food. And there's an interesting study that I read that was looking at patients who had been in the hospital for anorexia nervosa. And found disproportionately high rates of autistics in the people hospitalized for it. And they had all of these questions trying to look at things. And this is another case where I'm like, oh my God, if you'd had an autistic researcher on this team, you could have gotten so much better data. They were really trying. It was, it was well attempted. Well-phrased in a lot of ways, but they had this one line that was like, um, something to the effect of several of the participants who are autistic. Uh, stated that the therapies they were being given around body

image were not helpful and didn't address their issues. And that was it. And that's great, I'm glad that they included that, but I'm like, how has no one made the connection between our food sensory issues sometimes mean I can't convince myself to eat? That is very different than, you know, body image, and I'm sure they can overlap and relate, but I'm like, This is a very, very important thing. If autistics can't make themselves eat, it's not necessarily a body image issue. And if autistics are reporting, Hey, this is this therapy you're giving me is not helping me. I need something else. Just brushing it off and saying, oh, it must be denial can be incredibly harmful.

[00:31:20] **Katie:** Yeah, I actually, I don't know if you remember back in college. My freshman year, I actually developed an eating disorder of anorexia nervosa for about our, or at least I was diagnosed with one when I shouldn't have been, because it was, I went two full weeks where I didn't consume any food. I could drink water. And that was about. I was really stressed and I was going through an emotionally hard time with a relationship. And I was in my first year of finals and I just, I, my body went, Nope, that's, it, you cannot consume food. Any food is bad. And when I went to the nurse two weeks later, because I was having stomach aches. Because I was starving. Uh, but I went to the nurse and I was like, can I have some, like antacid because I was hoping that I could convince my nauseous stomach to eat something.

So the nurse, like, wheedled it out of me, why I needed this, because she was like, I can't just give you medication. And I was like, well, I, you know, I haven't been eating. And she was like, well, that's a whole issue that we need to address and made me go to the therapist. And I was. I just wanted some antacid. It would have been fine.

Jeanne: And I think that's the thing. It's I understand why for a professional there's, there's all sorts of issues and you don't want to accidentally miss that, but there's a very, very real element here where yes,

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a therapist might help if they knew that's what was causing it was stress and sensory issues.

And, they happen to have a strong understanding of autism and the person happens to already have an autism diagnosis and know about this. Maybe that can help, but that's a lot of specifications to hope for, for this person to get found. Because if you just take someone who's struggling and give them the standard Oh, and here's the food you need to eat, you know, in the hospital. Like that's, that's not going to work. I have a hard time with strange food in general, like in general. It can be a challenge for me to find something that my body will read as food. It's probably why I like cooking so much because I then get to pick.

And it also varies from day to day. It varies depending on my pain levels, my stress levels, how social I've been, can all heavily influenced what types of food I can eat and the amounts of food I can eat. And it's very frustrating when I see scholarly literature. That treats it as a choice that I am, I'm choosing to not eat, or you see in some of the educational literature, you know, that of being just picky and I'm like, look, it's not picky.

I wish it was just an issue of being picky. I have friends who are picky eaters who have a couple of things in that works for them and they can always eat those. That would be great. For a while. I'll have something that I can always eat. And then if I eat too much of it, all of a sudden my body goes, Nope, we can no longer eat. So I have to cycle through for awhile. It was Graham crackers. I could do that. And then I ate too many Graham crackers. My body goes no. And then it was like, oh, well, maybe this other thing. And it's incredibly frustrating that it is very different from a behavior. It's not a choice. It's something that I have no control over and will literally start gagging and feel horrifically nauseated by, I think I mentioned to you before where I tried to make myself eat my favorite foods.

Uh, and my roommate got it for me cause she knew I was in pain and it was a very sweet gesture and it's my favorite type of burrito. And I really wanted to eat it. And my stomach went, no, you can't eat that. And I tried to power through and force myself. And then the smell of guacamole made me gag for six months and I had to train myself down, do stop gagging at the smell of guacamole, which I love. I love the flavor of guacamole and every time I smelled it, my stomach turned. And I had to go through a long process of starting with just straight avocado and eating plain sliced avocado, you know, with a little bit of salt and eating that and going okay. And then I could do mashed avocado on toast and it was this whole several month process just to get my body to stop gagging at the smell of something that I used to love. Because one time I tried to force myself to swallow.

[00:35:55] **Katie:** So I follow a content creator on Tik TOK that I really love. They're a non-binary parent of three kids, and one of their kids is on the autism spectrum and requires very distinct dietary needs because the child has a lot of sensory issues around food. And one of the reasons I really love this content creator is what they develop for their kids is a system where they make a meal for the family. And then the autistic child gets to say tonight, I would like, you know, grilled cheese or one of their safe foods.

[00:36:35] **Jeanne:** I love that idea! Thank you so much for sharing.

So, knowing all of this, what are some things that can actually help, both for autistics and caregivers?

First, internalizing the idea that fed is best - this is a philosophy that started in response to issues with breastfeeding - while it has many benefits, leading to the term "breast is best" there are some babies and parents for whom it can't work for a variety of medical and other reasons, and babies have ended up hospitalized for malnutrition and dehydration when it didn't. Some folks then countered with this idea that fed is best - sure, there may be more

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nutrient dense options, but if you can't eat them then they don't count. What matters is what works to get you fed. If that means frozen waffles because that's the only thing that doesn't make you nauseous, then that's better than not eating anything today. This can be really hard, and again please see a professional if you are struggling here - I am just a teacher and not a medical or psychological professional, but you have worth and value and your body deserves to eat, regardless of what weird morals society has placed on eating certain types of food.

Sensory and stress - as we mentioned before, this can heavily influence autistics. So if there is something you have to do that is stressful, can you eat ahead of time? If the environment is a challenge is there another place you can go? Whatever accommodations work for you is ok, you're not being rude if you need to eat alone to decompress.

I also have some suggestions regarding cooking, A study in 2020 titled "Using Physical Food Transformation to Enhance the Sensory Approval of Children with Autism Spectrum Disorders for Consuming Fruits and Vegetables" found that changing the texture of foods through different cooking methods, freezing, or blending and such can improve the amounts eaten. This is not remotely surprising - one of the biggest reported issues I have heard regarding fresh fruits and veggies is the inconsistency of both texture and flavor, some may be sweeter, some harder, some more bitter, and these small changes can trigger getting flustered. I've been doing a lot of these sorts of things for years, so here are some food prep ideas.

Reminder, your mileage may vary - there are textures that I absolutely love that other autistics shudder at, and vice-versa.

Best thing I have done personally is get an immersion blender - all the flavorful stuff that tastes great but I can't handle the texture of gets blitzed into oblivion by a blender blade on a stick in a safety thing. Mine

lives on my counter I use it so much. Can't handle the textures in salsa or other sauces? Blend for a great puree. Like the favors of onions or something for soup but not texture? Blend for a bisque instead! You can also use a traditional blender, but this just goes into the pot instead so it's faster.

Also, I use cheesecloth sometimes to leech the flavors and nutrients out of something without also having to have the bad texture thing itself, like celery. Great flavor, super important for cooking so much, I cannot handle the stringy texture.

If you need more fresh fruit and some veggies, smoothies can be great. Chuck some frozen strawberries and banana in with some yogurt or milk and possibly ice depending on the texture you like. (Strawberries do have seeds that can be a challenge sometimes for me so if I'm having a day I stick to seedless fruit or cook, puree, and then strain the strawberries to get rid of the seeds).

Check any fresh fruits and veggies for soft spots or anything that could indicate weird texture or flavor - the stem ends on tomato, a bruise on a pepper, or the stringy parts of avocado might be a real challenge to come across accidentally and result in a revulsion.

Sometimes large amounts of any food feel wrong, so I'm a big fan of keeping supplies for charcuterie on hand - some sliced meat, pickle relish, and cheese on a few crackers can be great!

Another thing is hot vs cold and smells - sometimes my senses go a bit wacky and the smell of hot food will trigger nausea, so I pop it in the fridge and can eat it cold, or I swap out for a bowl of cereal or something else that doesn't have strong scents. As long as I'm eating I can go with what works, even if it seems different.

If you're really struggling with food, there are non-dieting based shakes and drinks that can provide all the needed nutrients in a way that may be easier

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to access. Speak to a medical professional here as it's really important to make sure you're getting everything you need, but this can be great either as a supplement, especially for kids who are struggling, or as a total replacement depending on your needs.

Finally, here's my favorite "I know I need to get calories in me but everything sounds awful" recipe - microwave mochi! This is a cheat to make a delicious Japanese treat super fast. You can also just google this as a bunch of versions are online and most are roughly the same. You do need to plan ahead with buying glutinous rice flour, but it is easily available online. In a bowl mix two parts flour, two parts water, any food flavorings (my favorite is to sub half the water out with rosewater and then add matcha powder when it's almost done for rose and green tea, but just about any food-grade flavoring like vanilla or peppermint works) and one to one and a half parts sugar depending on how sweet you want it - I usually do half a cup flour and eat it all in one serving. Stir, cover, and microwave for 3-5 minutes, stirring occasionally, until it gets mostly clear. Warning, this is napalm, it is incredibly hot and incredibly sticky, if you touch it as is you will almost certainly cause damage. Once it's cool enough to handle dust heavily with cornstarch and split into pieces. Seal to keep softer, or let air dry a while for extra chewy. I love this because it's like a tasty chew toy with a totally smooth and consistent texture, just glorious.

So thank you all for listening and learning about this connection between autism and eating. For fellow autistics, your struggles here are incredibly valid and real. Your brain processes both taste and texture differently from others, and that doesn't make you childish or boring. For non-autistics listening, please understand that we are not just being picky, and often we are in incredible distress over the situation already. Understanding and acceptance goes a long way. I am about as privileged as you can get on this issue. I do the grocery orders for my house, all the cooking, I have relatively few other dietary limitations, and I still really struggle to get food in

myself sometimes. Have compassion, both for others and yourself. Good advice for life in general.

This is my 11th episode in just over five months and while I love doing this between research, writing, recording, editing, and making the transcript it's averaging about 12-16 hours of work per episode and I need a bit of a rest rather than making new episodes every two weeks, so mini episodes instead of being every month are moving to only when I'm feeling inspired, but full episodes will still be first of each month. As always I'd love to hear your thoughts on Twitter or Facebook at my pages, especially if you have any tips or recipes that you have found worked for you! The more we share the better we can make everyone's experiences.

This podcast as always is produced in conjunction with InterACTT, the International Alliance for Care and Threat Teams, supporting your day-to-day work in counseling, disability services, student conduct, law enforcement, CARE and threat teams, and diversity/equity and inclusion. Check us out at InterACTT.org

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