Supporting Someone with Food Anxiety

Connection before correction

Food anxiety may involve sensory overwhelm, fear of choking, vomiting or allergy, traumatic experiences, eating-disorder thoughts, digestive symptoms or uncertainty. Pressure can make the threat response stronger. Support begins by understanding what feels unsafe and protecting reliable nourishment.

What food anxiety can look like

- Repeated checking, reassurance seeking or fear of contamination.
- Distress when brands, packaging, preparation or presentation change.
- Avoiding meals, restaurants, travel or eating with other people.
- Fear of choking, vomiting, allergic reaction, pain or loss of control.
- Freezing, crying, anger, shutdown or leaving the table.
- A narrowing range of accepted food or dependence on a few safe foods.
- Rigid rules linked to health, weight, ingredients or “clean” eating.

Why pressure usually increases fear

Persuasion, bargaining, surprise ingredients, hiding foods or insisting on “one bite” can confirm that meals are unsafe and that consent will not be respected. A person in threat mode has less access to curiosity, appetite and flexible thinking. Calm repetition and choice create better conditions for change.

Start by asking, not assuming

- What part feels difficult: smell, texture, swallowing, symptoms, uncertainty or being watched?
- Which foods, brands and presentations currently feel dependable?
- Would company help, or would quieter space feel safer?
- What words or behaviours from others increase pressure?
- What support has helped before?

Protect safe foods

A safe food is not something to remove as leverage. It may be the person’s most reliable source of energy and regulation. Keep enough available, respect exact preparation where possible and tell the person before any unavoidable change.

Safe food is not consent to alteration

Do not mix, disguise or fortify food without agreement. A hidden change can damage trust beyond that meal. If nutritional additions are needed, discuss transparent options with the person and a registered dietitian.

A helpful principle

Adequate intake and emotional safety come before variety. Progress may mean less fear or greater trust, not a new food eaten.

Language that reduces pressure

Try

- “You do not have to eat that. Your safe food is available.”
- “Would you like the foods on separate plates?”
- “Do you want information, practical help or quiet company?”
- “We can pause. You are not in trouble.”
- “What would make this one step easier?”

Avoid

- “You ate it last time.”
- “You will be hungry enough eventually.”
- “It is all in your head.”
- “Just try one bite for me.”
- Comparing intake, commenting on weight or praising restriction.

Supporting sensory safety

Reduce strong smells, kitchen noise and visual clutter where possible. Serve components separately. Respect preferred temperature, utensils, seating and packaging. Let an unfamiliar food remain nearby without expectation. Sensory exploration can begin with looking, tolerating, touching or smelling; eating is not the only valid step.

Fear of choking or vomiting

Take the fear seriously. Ask about previous incidents, swallowing difficulty, reflux, nausea or pain. Medical assessment may be needed. Reassurance alone often becomes a cycle; combine clear safety information with gradual, consent-led therapeutic support from appropriately qualified professionals.

Allergy and intolerance anxiety

Confirmed allergy requires a written safety plan, label checking and cross-contact precautions. Do not encourage exposure to a suspected allergen. Where fear has expanded beyond medical risk, an allergy clinician and anxiety-informed therapist can help distinguish necessary protection from fear-driven avoidance.

Supporting ARFID

ARFID may involve sensory sensitivity, fear of consequences or low interest in eating. It is not fussiness and is not driven necessarily by body image. Support may include medical monitoring, dietetic work, occupational or sensory input and therapy. Exposure must be individual, collaborative and adequately nourished.

Eating-disorder anxiety

Fear may focus on weight, calories, fullness or losing control. Avoid discussing diets, body shape or compensating for food. Follow the person's treatment plan. During recovery, structured eating may need to continue even when hunger cues are unclear.

Autism and communication

Use direct, concrete language and allow processing time. Avoid open-ended questions when overwhelmed; offer two genuine choices. Visual plans, advance warning and consistent routines can reduce uncertainty. A shutdown is not refusal to cooperate.

ADHD and overwhelm

Hunger may arrive late and intensely, while decision-making collapses. Help reduce steps: offer a known option, bring the food into sight, sit nearby, or begin preparation together. Do not mistake executive-function difficulty for a lack of motivation.

For parents and carers

Adults decide what food is available and when opportunities occur; the child or dependent person communicates what and how much is possible. Responsibilities vary where medical risk exists, but force and shame remain harmful. Keep mealtimes predictable and provide at least one accepted component.

After a difficult meal

Regulate first. Reduce questions and criticism. Later, ask what felt hard and what could change next time. Repair any pressure by acknowledging it clearly: "I pushed when you needed safety. I am sorry. We will make a different plan."

For partners and friends

Ask whether reminders, shared meals, shopping or sitting nearby are helpful. Respect autonomy. Do not become the food police or make the relationship revolve around intake. You can care, express concern and encourage professional support without controlling every meal.

For professionals and educators

- Offer privacy and additional time for eating.
- Permit safe foods, preferred utensils and non-standard meal times.
- Provide advance menus and ingredient information.
- Avoid public discussion of food, weight or progress.
- Record reasonable adjustments and emergency procedures clearly.
- Coordinate with the person and relevant clinicians with consent.

A low-pressure exploration ladder

- Food can be in the room.
- Food can be on a separate plate.
- The person can look at or describe it.
- They may choose to touch, smell or use a utensil.
- They may choose a tiny taste and remove it if needed.
- They decide whether and when a step is repeated.

Not every person needs exposure work, and it should not be improvised where allergy, swallowing, trauma or medical risk is present.

Create a shared support plan

- Current safe foods and exact preparation details.
- Medical risks, allergies and urgent procedures.
- Early signs of overwhelm or low intake.
- Words and actions that help or harm.
- Backup meals and drinks.
- Who to contact and when professional review is needed.

When to seek help

Seek clinical support when intake or fluid is inadequate, the range is narrowing, growth or weight is affected, there is faintness or weakness, or fear disrupts school, work, relationships or healthcare. Choking, breathing difficulty, collapse or suspected anaphylaxis requires emergency help; call 999.

A message from Maggie

> *When someone is frightened of food, pressure may look like care but feel like danger. Begin by listening. Protect the foods that make eating possible and be honest about changes. You do not need to force progress to show that you care. Safety, trust and connection create the foundation from which confidence may slowly grow.*

Maggie Learoyd MNCPS
Psychotherapist | ADHD, Autism & ARFID Specialist
Founder, Space to Breathe Therapy

Further information and sources

NHS - Eating disorders, food allergy and urgent care: nhs.uk
Beat - Eating-disorder and ARFID support: beateatingdisorders.org.uk
National Autistic Society - Eating and autism: autism.org.uk
British Dietetic Association - Find a Dietitian: bda.uk.com
Allergy UK - Food allergy information: allergyuk.org